

New Jersey.

Department of Institutions and Agencies.

Division of Medical Assistance and Health Services.

Proposed medical supply manual of the New Jersey
Health Services Program.

Trenton Feb. 1971

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FOREWORD

The New Jersey Medical Assistance and Health Services Act (Chapter 413, Laws of 1968) established a program of assistance and services for defined groups of persons to enable them to secure quality medical care. This is the New Jersey version of a program commonly known as "Medicaid" or "Title XIX". In identifying persons eligible for such assistance and services this will be known as the New Jersey Health Services Program.

This manual is designed for use by providers billing for services furnished under the Program. It contains informational and procedural material needed to assist the provider in prompt and efficient payment of claims and to answer questions which patients may ask about the program. The procedures described in this manual have been devised to achieve the goals of the Program with due consideration to the needs of the covered persons and effective relationships with providers.

A careful effort has been made to insure that the provisions of the law and the regulations are accurately reflected. This issuance should help to assure that the law is uniformly applied without regard to where covered services are furnished.

The manual is designed to accommodate new pages as administrative changes in procedure are made. Accordingly, revised sections, pages, or chapters will be issued as the need presents itself.

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GENERAL INFORMATION ABOUT THE PROGRAM

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CHAPTER I

GENERAL INFORMATION ABOUT THE PROGRAM

100. WHO IS ELIGIBLE

In general, Medical Assistance will be available to the following individuals:

All individuals receiving financial assistance under the State programs of Old Age Assistance, Assistance for Dependent Children, Aid to the Blind and Assistance to the Permanently and Totally Disabled. (These are referred to as "categorical assistance" programs.)

Persons who would be eligible for financial assistance under one of the above programs except for a requirement that is specifically prohibited by Federal law or regulations, such as execution of a reimbursement agreement.

Persons who meet the standard of need applicable to their circumstances under one of the categorical assistance programs, but who are not receiving and do not apply for such assistance.

Children between 18 and 21 who, except for school attendance requirements, would be eligible for the State program of Assistance for Dependent Children.

Children under 21 years of age in foster placement under supervision of the Bureau of Children's Services for whom maintenance is being paid in whole or in part from public funds.

The spouse of a recipient of old age assistance, assistance for the permanently and totally disabled, or assistance for the blind who is living with such recipient and whose needs are taken into account in determining the amount of financial assistance for the recipient.

GENERAL INFORMATION

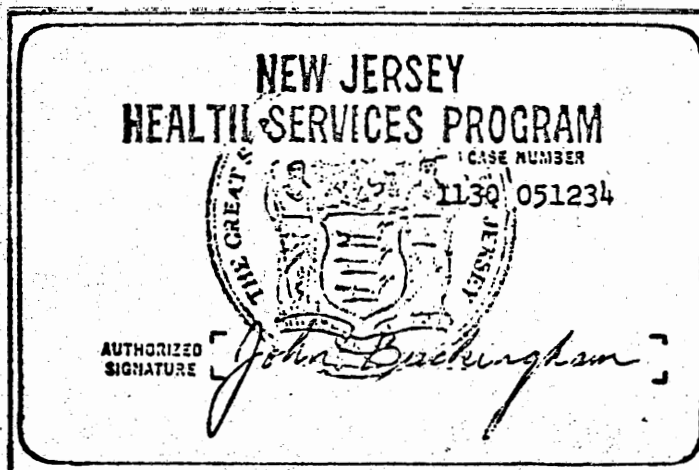
101. HOW TO IDENTIFY A COVERED PERSON

101.1 Plastic Identification Card (Exhibit I)

This card identifies an individual or head of a family group found eligible for payment for authorized health services under the New Jersey Health Services Program administered by the Division of Medical Assistance and Health Services, Department of Institutions and Agencies. It will contain the name of the individual or head of the household and the Health Services Program Case Number. This card is issued by the Division of Medical Assistance and Health Services. It will serve as an identification card only.

NOTE: THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, BUT MUST BE ACCOMPANIED BY A CURRENT MONTH VALIDATION FORM ISSUED BY A COUNTY WELFARE BOARD OR THE STATE OF NEW JERSEY (SEE SECTION 101.2).

Exhibit I



101.2 Validation Form (Exhibit II)

This validation for health services form is issued by the appropriate County or State Agency monthly and indicates the individual is currently eligible for coverage.

NOTE: THIS FORM IS THE SOLE INDICATOR OF ELIGIBILITY. THE PLASTIC IDENTIFICATION CARD ALONE IS NOT SUFFICIENT.

The sample shown contains all of the required information. However, the form itself may vary from county to county.

IMPORTANT: Be sure to enter name, H.S.P. Case Number, and Person Number, EXACTLY as it appears on the Validation form on all Requests for Authorization and claim forms.

GENERAL INFORMATION

102. AUTHORIZED SERVICES FOR COVERED PERSONS

The items and services provided to covered persons will not normally be limited in duration or amount. Any limitations imposed will be consistent with the medical necessity of the patient's condition, as determined by the attending physician or other practitioner, in accordance with standards generally recognized by health professionals and promulgated through the Division of Medical Assistance and Health Services. The following items and services, more specifically defined in subsequent sections of the appropriate manual, are authorized under the Program:

- (a) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases;
- (b) Inpatient hospital services for persons 65 and older in a public institution for tuberculosis or mental diseases;
- (c) Outpatient hospital services;
- (d) Clinic services, i.e., health services provided by an outpatient facility not administered or operated by a hospital;
- (e) Laboratory and x-ray services;
- (f) Skilled nursing home services;
- (g) Physicians' services, whether furnished in the office, patient's home, hospital, skilled nursing home or elsewhere;
- (h) Other practitioners' services, limited by State law to podiatrists and optometrists;
- (i) Dental services, including dentures;
- (j) Home health care services;
- (k) Pharmaceutical services - prescribed drugs (legend and non-legend)
- (l) Prosthetic devices and appliances, medical supplies and equipment; eyeglasses and hearing aids;
- (m) Rehabilitation services;
- (n) Transportation, i.e., ambulance service to and from a medical facility when the patient's condition precludes the use of other means of transportation.

GENERAL INFORMATION

103. ELIGIBLE PROVIDERS

Providers' of services means any individual, partnership, association, corporation, institution, or public agency designated below, meeting applicable requirements and standards for participation in the Program:

Medical and Surgical Supply Dealers;

Certified Independent Clinical laboratories;

Dentists;

Hearing Aid Dealers;

Home Health Agencies;

Hospitals;

Skilled Nursing Homes;

Opticians;

Optometrists;

Approved Clinics (Independent Outpatient Health Facilities);

Certified Orthotists;

Pharmacies;

Physicians;

Podiatrists;

Certified Prosthetists; (excluding dental)

Providers of Medical Transportation.

104. FREE CHOICE BY COVERED PERSONS

A covered person is free to choose qualified facilities, practitioners and providers of service which meet the Program standards. In the event that the patient has no personal practitioner, or none is available, the Local Medical Assistance Unit may assist in obtaining an appropriate practitioner or health resource.

GENERAL INFORMATION

105. CONTRACTORS

The Division of Medical Assistance and Health Services will process and make payment of claims for services by skilled nursing homes and eligible state and county mental and tuberculosis hospitals.

Contracts have been negotiated on behalf of the State of New Jersey with the Hospital Service Plan of New Jersey and the Prudential Insurance Company of America to function as its contractors.

The Hospital Service Plan of New Jersey will be responsible for the processing and payment of hospital inpatient, hospital outpatient, and home health agency claims for those providers who have selected the Plan as their intermediary under Title XVIII (MEDICARE). In addition, the Hospital Service Plan of New Jersey will process and pay all pharmaceutical services claims (i.e., legend and non-legend drugs), and claims for out of state hospitals and home health agencies. Hospitals who have not participated in Title XVIII are assigned to the Hospital Service Plan.

The Prudential Insurance Company of America will handle the processing and payment of hospital inpatient, outpatient and home health agency claims for those providers who have selected Prudential as their intermediary under Title XVIII (MEDICARE). In addition, the Prudential Insurance Company will process and make payment for all other health services covered by the program.

106. PRIOR AUTHORIZATION

Under the Program, payment for certain services will require prior authorization from the Local Medical Assistance Unit, except in an emergency. It is the responsibility of the specified person or institution providing such service to obtain prior authorization before furnishing or rendering service. Specific instructions are detailed in the appropriate manual sections.

107. POLICY ON OUT OF STATE MEDICAL CARE AND SERVICES

Prior approval of the Local Medical Assistance Unit shall be required for medical care and services which are to be provided outside New Jersey, except in the following situations:

1. Where necessary medical care is provided to a patient who is temporarily absent from the state.

GENERAL INFORMATION

2. When it is customary for persons in the area generally to use medical care resources and facilities outside the State of New Jersey.
3. When out of state care was provided in an emergency.

108. GENERAL EXCLUSIONS

The items listed here are general exclusions. There are certain additional specific exclusions and limitations which are detailed in the appropriate manual sections.

Payment is not made for:

1. Any service, admission or item which is not medically required for diagnosis or treatment of a disease, injury or condition;
2. Any services or items furnished in connection with elective cosmetic procedures;

Note: There are certain exceptions to this rule.

A written certification of medical necessity and a treatment plan must be submitted by the practitioner to the Local Medical Assistance Unit for consideration, and Prior Authorization is required.

3. Private duty nursing service;
4. Services or items furnished for any sickness or injury occurring while the Covered Person is on active duty in the military;
5. Services or items furnished for any condition or accidental injury arising out of and in the course of employment, for which any benefits are available under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law or similar legislation, whether or not the Covered Person claims or receives benefits thereunder, and whether or not any recovery is had against a third party for resulting damages;
6. That part of any benefits which are covered or payable under any health, accident, or other insurance policy, any other private or governmental health benefit system, or through any similar third party liability;
7. Services or items furnished prior to January 1, 1970, or prior to the period for which the patient presents evidence of eligibility for coverage;

GENERAL INFORMATION

8. Services or items furnished after the last day of the month in which the patient ceases to be eligible for coverage;
9. Any services or items furnished for which the Provider does not normally charge;
10. Any admission, service or item requiring Prior Authorization, where authorization has not been obtained or has been denied;
11. Services furnished by an immediate relative or member of the covered person's household.

109. CONFIDENTIALITY OF RECORDS

All individual medical records of covered persons acquired under this Program shall be confidential and shall not be released without the written consent of the covered person or his personal representative. This shall not preclude the release of statistical or summary data or information in which covered persons are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, Contractors and State or local official agencies.

110. UTILIZATION OF INSURANCE BENEFITS

Health, hospital, workmen's compensation, or accident insurance benefits shall be used to the fullest in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

1. Title XVIII

The Program, in most instances, shall cover the amount of any deductible or co-insurance liability under Title XVIII of the Social Security Act for all covered persons 65 years of age or older.

2. Workmen's Compensation

No Program payments shall be made for a patient covered by workmen's compensation.

3. Other Health Insurance

When a covered person has other health insurance, the Program requires that such benefits be used. Supplementation shall be made by the Program when necessary, but the combined total shall not exceed the amount payable under the Program in the absence of other coverage.

GENERAL INFORMATION

111. MEDICAL REVIEW AND EVALUATION (by Local Medical Assistance Units)

Under the provisions of Federal and State Law, the Division of Medical Assistance and Health Services must provide for continuing review and evaluation of the care and services provided in the Program. This will include review of utilization of services of practitioners and other providers.

112. PROVISION FOR APPEALS - FAIR HEARING

All providers of service or covered persons will be given the opportunity for a fair hearing concerning grievances arising from the claims payment process.

113. FRAUD

The State Agency will establish and maintain methods for identifying situations in which a question of fraud in the program may exist, and referring to law enforcement officials situations in which there is valid reason to suspect that fraud has been practiced.

114. CIVIL RIGHTS

Federal regulations require that services provided to covered persons are given without discrimination on the basis of race, color, religious belief, or national origin. Therefore, payments are limited to providers of service who are in compliance with the non-discrimination requirements of Title VI of the Civil Rights Act.

115. OBSERVANCE OF RELIGIOUS BELIEF

Nothing in the Program shall be construed to require any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under the Program for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health) if such person or his parent or guardian objects thereto on religious grounds.

CHAPTER II

PROSTHETICS, ORTHOTICS, MEDICAL SUPPLIES AND EQUIPMENT

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CHAPTER II

PROSTHETICS, ORTHOTICS, MEDICAL SUPPLIES AND EQUIPMENT

200. PROSTHETICS, ORTHOTICS, MEDICAL SUPPLIES AND EQUIPMENT

This section is concerned with all prosthetic appliances or orthotic devices and medical supplies and equipment. It is not concerned with dentures and eye aids, including eyeglasses and artificial eyes.

201. DEFINITIONS

201.1 Prosthetic Devices

"Prosthetic Devices" means devices prescribed for a patient by a physician or podiatrist within the scope of his practice as defined by State Law, for the purpose of artificially replacing a missing portion of the body.

201.2 Orthotic Devices

"Orthotic devices" means medically prescribed appliances to give support and increased function or as an aid in overcoming a physical impairment or defect - such as a brace, hearing aid, or nonelastic abdominal and other supports.

201.3 Medical Equipment

"Medical equipment" means a mechanical aid which is non-expendable and durable - such as a hospital bed, wheelchair, adjustable metal crutch, oxygen or suction equipment, walker, etc. for the use of patients not in a medical institutional setting.

NOTE: Items or services ordered by a participating medical institution are considered part of the institution's cost, and cannot be billed directly to the Program by the supplier.

201.4 Medical Supplies

"Medical supplies" means those expendable, disposable or durable items (other than dental, vision care, medicine chest, personal hygiene items, and hearing aids) prescribed by a physician as medically necessary for use by a covered person other than in a medical institutional setting.

PROSTHETICS, ORTHOTICS, MEDICAL SUPPLIES AND EQUIPMENT

202. ELIGIBLE PROVIDERS

202.1 Artificial Limbs and Custom-Made Braces

Artificial limbs and custom-made braces shall be purchased only from certified prosthetists or orthotists, or from those facilities having a certified limb shop and certified personnel who have demonstrated their ability to manufacture devices in a superior manner. (See Chapter IV for a listing of certified providers.)

202.2 Medical Supplies and Equipment

All pharmacies operating under a valid permit issued by the Board of Pharmacy of the State of New Jersey or of the state in which they are located, and all medical-surgical suppliers located in New Jersey may participate in the Program providing:

1. All services and supplies are furnished in accordance with the policies, procedures and payment allowances established by the Division of Medical Assistance and Health Services;
2. Payment by the Health Services Program shall constitute full payment for the equipment or supplies furnished and no additional charge will be made to or on behalf of the covered person;
3. Providers shall not solicit, display signs, or advertise in any media to the effect that they accept or dispense medical supplies to persons covered under the Health Services Program.
4. Properly identified representatives of the Division may inspect the original prescription or order on file and may audit records pertaining to costs of medical supplies provided to covered persons;
5. Providers located in another state are eligible to participate providing they conform to all policies, procedures, regulations and allowances that apply to New Jersey providers.

203. PRESCRIPTION POLICIES

1. Prosthetics, orthotics, medical supplies and equipment require a personally signed and dated order by the practitioner on his personal prescription blank.
2. Only one prosthetic or orthotic device, or item of durable medical equipment may be requested on each personal prescription blank.

PROSTHETICS, ORTHOTICS, MEDICAL SUPPLIES AND EQUIPMENT

203.1 Non-Refillable Medical Supplies

The following types of medical supply items are allowable but not refillable.

1. Hypodermic syringes, (one)
2. Enema bag or combination enema bag and fountain syringe
3. Nasal syringe, ear syringe or rectal syringe, etc.
4. Bed pan
5. Urinal
6. Invalid ring
7. Atomizer, nebulizer, vaporizer
8. Elastic bandage (Ace, etc.)
9. Elastic stocking(s)
10. Elastic abdominal support
11. Elastic supports such as wrist, ankle, knee, etc.
12. Heating pad
13. Thermometer - rectal, oral, stubby

203.2 Refillable Medical Supplies

The following items are refillable if so indicated on the original prescription but may not be renewed for more than TWO times within six months from the date of the original order.

1. Re-usable hypodermic needles (not to exceed four) for patient administration of insulin.
2. Catheter (not to exceed two).

204. PRIOR AUTHORIZATION

Suppliers providing any of the following items must first obtain prior authorization from the patient's Local Medical Assistance Unit.

1. Supply items for which the charge to the Program exceeds \$20.
2. Any expendable medical supply items required in an excessive or unusual amount, i.e., surgical dressings, under pads, etc.

PROSTHETICS, ORTHOTICS, MEDICAL SUPPLIES AND EQUIPMENT

3. Disposable hypodermic syringes and needles.
4. Durable medical equipment.

NOTE: Durable medical equipment under \$20 shall be purchased. If the charge exceeds \$20, the item may be rented or purchased, depending upon duration of need, etc., at the discretion of the Local Medical Assistance Unit.

5. Prosthetic and custom-made Orthotic devices.

NOTE: It is the prescriber's responsibility to obtain prior authorization for any prosthetic or custom-made orthotic device, and to include on the prescription the patient's name and H.S.P. case and Person number, and the authorization number.

Upon receipt of the prescription, the supplier must contact the patient's Local Medical Assistance Unit for approval of the amount to be charged, and must attach a copy of the signed authorization form when submitting the claim form (MC-11) to the contractor. (See Section 306)

205. NON-COVERED ITEMS

Payment will not be authorized for the following:

1. Personal incidentals, including items for personal cleanliness, body hygiene, and grooming. (e.g., mouth washes, dentifrices, deodorants, shampoos, plain and deodorant soaps, cosmetics, sanitary pads, shaving items, etc.)
2. Supplies administered or directly furnished by practitioners.
3. Items available without charge through programs of other public or voluntary agencies (e.g., New Jersey State Department of Health, Heart Association, etc.).
4. Hearing Aid Batteries.
5. First aid supplies (i.e., sterile gauze, adhesive tape, adhesive bandage, cotton).

EXCEPTION: When a covered person requires an unusual or excessive amount of any first aid supplies for use in the home care of an illness or injury, prior authorization should be requested from the Local Medical Assistance Unit.

206. BASIS OF PAYMENT

Reimbursement shall be on the basis of the customary charge, not to exceed an allowance determined reasonable by the Commissioner (Institutions and Agencies), and further limited by Federal policy relative to reimbursement of practitioners and other individual providers. In no event shall the allowance exceed the charge by the provider to other governmental agencies, or other groups or individuals in the community.

CHAPTER III

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CHAPTER III

BILLING PROCEDURES

300. BILLING PROCEDURES

This chapter contains basic information necessary for the submission of a claim. Included is a sample claim form approved for use in submitting bills for covered items or services; and appropriate instructions for the proper completion of the form.

301. GENERAL POLICY

Billing should be done on a monthly basis. In all cases, claims should be submitted no later than ninety (90) days after the last date services were rendered.

302. PATIENT IDENTIFICATION

Verify that the patient is a covered person on the first visit and each visit thereafter. This is done by viewing the patient's Validation Form (see Section 101) which is issued on the first day of each month. It is especially important to review a patient's Validation form on each visit when extended plans of treatment have been authorized. Prior authorization is no guarantee that an individual is covered.

303. PRIOR AUTHORIZATION

Items or services requiring prior authorization should not be provided until the authorization is received. When submitting claims for payment make certain all authorizations have been properly signed by the Local Medical Assistance Unit and are attached. To assure prompt claim consideration always furnish the prescribing physician's or practitioner's name and Social Security number when requested to do so.

304. COMBINATION MEDICARE/MEDICAID CLAIMS

There will be many patients who also have Medicare Supplementary Medical Insurance benefits (Part B). In such cases the Medicare claim form SSA-1490 will also serve as the Health Services Program claim form, where possible. The patient's Program Case Number should be entered in Item 5 of the Medicare form.

NOTE: In cases where prior authorization is required for the Health Services Program, it must be obtained and submitted with the Medicare claim.

BILLING PROCEDURES

305. COUNTY WELFARE BOARDS

Following is a list of the counties, their identification numbers and their addresses. Except for Bureau of Children's Services cases, it should be noted that the County Code Number comprises the first two (2) positions of the Health Services Program (H.S.P.) Case Number, and indicates which Local Medical Assistance Unit has jurisdiction.

<u>County Code</u>	<u>County</u>	<u>Address</u>
01	Atlantic	Morris Guards Armory, 12 South New York Ave., Atlantic City, 08404
02	Bergen	Administration Building, 133 River Str., Hackensack, 07601
03	Burlington	County Office Building, 49 Rancocas Rd., Mount Holly, 08060
04	Camden	745 Market Str., Camden, 08102
05	Cape May	Crest Haven, Cape May Court House, 08210
06	Cumberland	27 Fayette Str., Bridgeton, 08302
07	Essex	Hall of Records, Newark, 07102
08	Gloucester	42 Delaware Str., Woodbury, 08096
09	Hudson	John F. Kennedy Office Bldg., 100 Newkirk Str., Jersey City, 07306
10	Hunterdon	Hall of Records, Main Street, Flemington, 08822
11	Mercer	Court House, Trenton, 08607
12	Middlesex	County Administration Bldg., 70 Paterson Str., Box 509, New Brunswick, 08900
13	Monmouth	141 Bodman Place, Red Bank, 07701
14	Morris	Court House, Morristown, 07960
15	Ocean	954 State Highway 166, Toms River, 08753
16	Passaic	64 Hamilton Str., Paterson, 07505
17	Salem	85 Market Str., Salem, 08079
18	Somerset	Administration Bldg., Somerville, 08876

BILLING PROCEDURES

19	Sussex	Box 218, 18 Church Str., Newton, 07860
20	Union	7 Bridge Street, Elizabeth, 07201
21	Warren	Court House, Belvidere, 07823

306. MEDICAL SUPPLIES AND EQUIPMENT, PROSTHETICS, ORTHOTICS AND DEVICES (MC-11)

This form is to be used for the purpose of billing for medical supplies and equipment. THIS FORM MUST BE ACCOMPANIED BY A SIGNED AUTHORIZATION FORM, WHEN REQUIRED, BEFORE IT MAY BE CONSIDERED FOR PAYMENT.

306.1 Instructions for Completion of Form MC-11 (See Exhibit)

1-4 NAME, ADDRESS, CASE NO. and PERSON NO. - Copy Patient's Name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form. (See Section 101.)

5-6 Self Explanatory

7-8 Leave Blank

9 Name and Address of Provider - (This information may be preprinted)

10 A. Enter date provided

B-C. Enter item number and description of items furnished. IN ADDITION TO THE DESCRIPTION, USE OF SUPPLY CODES, DESCRIBED IN CHAPTER IV, ALSO IS REQUIRED. THESE COPIES MAY ALSO BE USED FOR MEDICARE CLAIMS.

D. Quantity

Enter charge for each service or procedure.

E. If the equipment is rented, check block (10E) to identify the item as being rented and enter the charge for only the rental period billed.

F. Enter charges

11 PRESCRIBING PRACTITIONER - Give the NAME and Social Security Number of the physician or practitioner prescribing the equipment or supplies.

12 LONG TERM CARE - If the patient is confined to a long term facility such as an Extended Care Facility or a Skilled Nursing Home check the appropriate block and give the name and address of the facility in the space provided.

13-14 CERTIFICATIONS - The patient or his authorized representative and the Provider MUST sign and date their respective certifications before the claim may be considered. The statement should be read to a patient who signs by mark, and witnessed by a person who knows the patient. Enter the name and address of the witness. If the patient is a minor, or cannot sign because of his physical or mental condition, a parent or guardian should sign and indicate relationship.

BILLING PROCEDURES

306.2 Mailing Instructions

Mail the Original Copy (Contractor's Copy) together with any authorization forms (where appropriate) to:

The Prudential Insurance Company of America
P. O. Box 1900
Millville, New Jersey 08332

Retain the second copy (Provider Copy) for your records.

PLEASE TYPE OR PRINT

EXHIBIT I



STATE OF NEW JERSEY
Department of Institutions and Agencies
Division of Medical Assistance and Health Services

MEDICAL SUPPLIES AND EQUIPMENT, PROSTHETICS, ORTHOTICS AND DEVICES

1. Patient's Last Name		First Name		2. Patient's Street Address		Telephone Number		
3. Health Services Program Case No.			4. Patient Person #	5. Age	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			City, State, ZIP Code
7.				8.				
9. From: Name and Address of Provider					Social Security or Employer I.D. Number			
					Telephone Number			
10. A.	B.	C.				D.	E.	F.
DATE PROVIDED	ITEM NO.	DESCRIPTION OF ITEM PROVIDED				QUANTITY	CHECK (✓) IF RENTAL ITEM	CHARGES
								\$
						TOTAL CHARGES \$		
11. Name and Number of Prescribing Practitioner Name Social Security Number				12. Is Patient in a long term care Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give the Name and Address of the Facility.				
13. PATIENT'S CERTIFICATION, Authorization to Release Information, and Payment Request. I certify that the service(s) covered by this claim has been received, and I request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the Division of Medical Assistance and Health Services or its authorized Agents any information needed for this or a related claim.								
Signature (Patient or authorized representative)						Date		
14. PROVIDER CERTIFICATION. I certify that the services covered by this claim and the amount charged therefore are in accordance with the regulations of the New Jersey Health Services Program; that no part of the net amount payable under this claim has been paid; and that payment of such amount will be accepted as payment in full without additional charge to the patient or to others on his behalf. I also certify that the services have been furnished in full compliance with the provisions of Title VI of the Federal Civil Rights Act.								
Provider Signature					Date Signed			

FOR PAYMENT MAIL TO: The Prudential Insurance Co. of America - P.O. Box 1900 - Millville, N.J. 08332

MC-11A (1-70)

CONTRACTOR'S COPY

COMB 32916A ED 1-70
Printed in U.S.A.

MC-11B (1-70)

PROVIDER'S COPY

COMB 32916B ED 1-70
Printed in U.S.A.

CHAPTER IV

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MEDICAL SUPPLY CODES

<u>CODE</u>	<u>ITEM</u>
0010	Hospital Bed (Standard)
0020	Hospital Bed (Sears Standard with Rails)
0050	Hospital Bed (Hi Lo)
0060	Hospital Bed (Hi Lo with Mattress & Rails)
0070	Hospital Bed (Bi Level)
0080	Hospital Bed (Multi Height with Rails)
0090	Hospital Bed (Multi Height with Mattress & Rails)
0100	Hospital Bed (Electric)
0110	Hospital Bed (Electric)
0140	Wheelchair (Standard)
0170	Wheelchair (Standard with commode)
0180	Wheelchair (With detachable foot rests)
0200	Wheelchair (With elevating leg rests)
0220	Wheelchair (Wooden)
0240	Wheelchair (Lightweight)
0260	Wheelchair (Lightweight with detachable leg rests)
0280	Wheelchair (Heavy duty)
0300	Wheelchair (Amputee)
0320	Wheelchair (One hand drive)
0350	Wheelchair (Electric)
0380	Suction Pumps
0420	Aspirators (Mechanical)
0470	Siderails
0500	Overbed Tables
0530	Safety Strap
0550	Tilt Table
0570	Trapeze Bars (overbed)
0610	Mattress
0640	Alternating Pressure Pads (full bed)
0670	Alternating Pressure Pads (small)
0690	Alternating Pressure Pads (Wheelchair)
0710	Bedboards
0730	Mattress Raisers
0810	Geriatric Chairs
0820	Mobile Lounge
0830	Glidabout
0850	Hemodialysis Machine
0870	Hemodialysis Equipment
0950	Bed Pans (Plastic)
0960	Bed Pans (Fracture)
0970	Bed Pans (Stainless Steel, Fracture)
0980	Bed Pans (Enamel)
1010	Commode (Standard or Heavy Duty)
1030	Commode (E & J Pivot Arm)
1040	Commode (With Adjustable Legs)
1050	Commode (Stationary Chair)
1060	Commode (Pivot Arm Mobile Chair)
1070	Wheelchair Commode

MEDICAL SUPPLY CODES

<u>CODE</u>	<u>ITEM</u>
1080	Commode (Folding Chair)
1090	Commode (Kazek padded)
1130	Whirlpools
1170	Whirlpools (Aqua Spa)
1180	Whirlpools (Imperial)
1190	Whirlpools (Thermo Jet, Arm or Foot)
1200	Whirlpools (Federal)
1210	Whirlpools (Portable E & J)
1240	Toilet Seats (Hi John)
1250	Toilet Seats (With Rails)
1260	Toilet Seats (Ejector)
1300	Toilet Rails
1310	Toilet Rails (Safety Frame)
1330	Bathtub Rails
1340	Bath Seats
1360	Sitz Baths (Regular U. Temp., overtoilet)
1370	Sitz Baths (Chair)
1400	Walkers (Non-adjustable)
1410	Walkers (Adjustable)
1420	Walkers (Folding, Non-adjustable)
1430	Walkers (Folding, Adjustable)
1440	Walkers (Non-adjustable with seat)
1450	Walkers (Adjustable with seat)
1460	Walkers (Open end with seat)
1470	Walkers (Open end with seat and crutch attach.)
1480	Walkers (Closed end with seat)
1510	Canes (Wooden)
1520	Canes (Aluminum Adjustable)
1530	Canes (Quad)
1540	Canes (Canadian)
1550	Canes (Tripod)
1590	Crutches (Wooden)
1600	Crutches (Aluminum, Adjustable)
1610	Crutches (One crutch)
1620	Crutches (Forearm Aluminum, Adjustable)
1630	Crutches (Canadian)
1670	Patient Lift
1680	Patient Lift (Bath Lift)
1710	Parallel Bars
1730	Restorators
1740	Restorators
1750	Exercycle
1760	Hand Grips
1790	Stimulators
1800	Stimulators (Birtcher)
1810	Stimulators (Minalators)
1820	Stimulators (Medcolator)
1840	Heating Pads
1850	Hydrocollators (Standard)
1860	Hydrocollators (Contoured)
1870	Aqua K Pads (With Heating Unit)

MEDICAL SUPPLY CODES

<u>CODE</u>	<u>ITEM</u>
1900	Heat Lamps (Hanova-Neptune)
1910	Heat Lamps (Infra Red)
1940	Diathermy (Sanitex)
1950	Diathermy
1960	Diathermy
1970	Diathermy
2000	Mastectomy Sleeve
2010	Jobst Lymph Sleeve
2020	Lymphedema Sleeve
2060	Surgical Stockings (Bauer & Black)
2070	Surgical Stockings (Jobst)
2080	Single Leg Leotard
2130	Stump Shrinker
2160	Therabath
2210	IPPB (P-B Series Mod. TV2P-330 or PV3P330)
2230	IPPB (Model TV4)
2240	IPPB (AP4-440)
2250	IPPB (AP5)
2260	IPPB (AP5B)
2270	IPPB (Bird Port. with Nebulizer)
2280	IPPB (Bird with Mark 7)
2290	IPPB (Hand E Vent)
2300	IPPB (Monaghan M500)
2310	IPPB (Monaghan M510)
2320	IPPB (Monaghan M520)
2350	Respirators (Emerson Series 4AJ Tank 4AO Wall)
2370	Respirators (4AF Port Compressor)
2380	Respirators (P-B Series Model PR-1)
2390	Respirators (Model PR2)
2420	Oxygen (Standard or K Cylinder)
2430	Oxygen (H Cylinder)
2440	Oxygen (G Cylinder)
2450	Oxygen (M Cylinder)
2460	Oxygen (S Cylinder)
2470	Oxygen (LC3-3000 cubic feet)
2480	Oxygen (With Cascade Aerosol)
2510	Oxygen Tents (With daily oxygen)
2540	Oxygen Regulator & Mask
2560	Oxygen Regulator
2590	Oxygen Cannula
2610	Nebulizers (Pocket Size)
2620	Nebulizers (With Oxygen Regulator)
2630	Nebulizers (Mistogen)
2640	Nebulizers (DeVilbiss Ultrasonic)
2650	Nebulizers (DeVilbiss Compressor)
2660	Nebulizers (DeVilbiss Steam)
2690	Vaporizer (Croupaire)
2720	Humidifier (Cool mist with oxygen equipment)

MEDICAL SUPPLY CODES

<u>CODE</u>	<u>ITEM</u>
2730	Humidifier (Microtherm)
2760	Emergency Oxygen (Lif O Gen)
2770	Emergency Oxygen (Lif O Gen Refill)
2780	Emergency Oxygen (E Cylinder)
2790	Emergency Oxygen (E Cylinder Refills)
2800	Emergency Oxygen (Breath O Life)
2810	Emergency Oxygen (Breath O Life Refills)
2820	Emergency Oxygen (Port a Gen)
2880	Ileal Bladder Sets (#800)
2890	Ileal Bladder Sets
2920	Ureterostomy Set (Single)
2930	Ureterostomy Set (Double)
3030	Irrigation Equipment
3100	Colostomy Belts
3110	Colostomy Belts
3120	Colostomy Belts
3140	Colostomy Clamps
3290	Slings (Ranch Armsling)
3370	Traction Sets (Cervical)
3380	Traction Sets (Pelvic)
3390	Traction Sets (Pelvic with Bucks)
3400	Traction Sets (Camp Pelvic)
3410	Traction Sets (Zimmer)
3420	Traction Sets (Overhead Pulley)
3430	Traction Sets (Shoulder, overdoor)
3440	Traction Sets (Camp-Varco Pelvic)
3460	Traction Sets (Electric, leg)
3490	Sand Bags (4)
3510	Exercise Boot
3530	Laryngectomy Tubes
3550	I.V. Stand

SUPPORTS

<u>CODE</u>	<u>ITEM</u>
3600	Supports (Misc.)
3601	Molded Leather Wrist Support
3602	Molded Leather Ankle Support
3603	Abdominal or Surgical Support
3604	Dorso-Lumbar Spinal Support
3605	Lumbar-Sacral Spinal Support
3606	Sacro-Iliac Spinal Support
3607	Orthopedic Corset with Steel Stays
3608	Rib or Abdominal Belt
3609	Hernia Support, Unilateral
3610	Hernia Support, Bilateral
3611	Scrotal Truss, Unilateral
3612	Scrotal Truss, Bilateral

MEDICAL SUPPLY CODES

HEARING AIDS

<u>CODE</u>	<u>ITEM</u>
3625	Behind the Ear
3626	In the Ear
3627	Eyeglass, Binaural
3628	Eyeglass, Uninaural (With dummy)
3629	Body

CERTIFIED PROSTHETISTS AND ORTHOTISTS

Nu-Way Limb & Brace, Inc.
1412 Haddon Avenue
Camden, N.J. 08101

Kessler Associates, Inc.
10 South Harrison St.
East Orange, N.J. 07018

Ernst Orthopedics
625 Pennsylvania Avenue
Elizabeth, N.J. 07201

Cosmevo Surgical &
Orthopedic Corp.
236 River St.
Hackensack, N.J. 07602

Amsterdam Brothers, Inc.
1060 Broad Street
Newark, N.J. 07102

Arthur A. Beitman, Inc.
44 William Street
Newark, N.J. 07102

Ace Orthopedic Appliance Co.
34 French Street
New Brunswick, N.J. 08901

North Jersey Orthopedic Co.
39-43 Broad Avenue
Palisades Park, N.J. 07650

John R. Cocco, Inc.
333 Chambers Street
Trenton, N.J. 08609

Vineland Surgical Co.
516 Landis Avenue
Vineland, N.J. 08360