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DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**Notice of Readoption
Physician Services****Readoption: N.J.A.C. 10:54**

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Authorized By: Dr. Stephen Cha, Acting Commissioner, Department of Human Services.

Effective Date: February 17, 2026.

New Expiration Date: February 17, 2033.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10:54, Physician Services, was scheduled to expire on April 29, 2026. N.J.A.C. 10:54 provides requirements related to the provision of physician services pursuant to the New Jersey Medicaid/NJ FamilyCare fee-for-service program.

The chapter sets forth nine subchapters and two appendices, described as follows:

Subchapter 1, General Provisions, includes the purpose and scope of the chapter, definitions used throughout the chapter, criteria for provider participation, reimbursement for specialists, certification of services, and provider signature requirements.

Subchapter 2, Physician Services—General, sets forth rules related to ensuring the patient's choice of provider; the direction of physician services; the direction and/or collaborative relationships between physicians and certified registered nurse anesthetists, certified nurse midwives, and advance practice nurses; general recordkeeping requirements; minimum documentation required for initial visits, new and established patients, and for services provided during home visits and house calls, and at hospitals or nursing facilities, as well as for hospital discharge medical summaries, and mental health services.

Subchapter 3, Provision of Services, sets forth rules related to the medical justification program, prior authorization, and reimbursement for out-of-State hospital services, out-of-State elective services, out-of-State emergencies, and interstate transfers.

Subchapter 4, Basis of Payment, sets forth rules related to general payment methodology; personal contribution to care requirements for specified beneficiaries; the use of physician reimbursement codes; the use of Healthcare Common Procedure Coding System (HCPCS) codes for new and established patient visits, home visits and house calls, emergency department services, critical care services, neonatal intensive care, neonatal care for well-baby services and sick newborns, and general surgical procedures; as well as for reimbursement in special situations. The subchapter also addresses requirements for pre-surgical consultation and evaluation, simultaneous visits, multiple surgical procedures done in one session, repeating or revisiting a surgical procedure, the ligation of fallopian tubes, anesthesiology, various types of radiological services, consultation services, concurrent care and/or collaboration with physicians or certified nurse specialists, and physician services provided in birthing centers.

Subchapter 5, Policies and Procedures for Provision of Services Prescribed or Rendered by a Physician, sets forth rules related to the provision of a variety of physician services or services prescribed to the patient. These services include: apnea monitors, clinical laboratory services, cosmetic surgery, diagnostic endoscopic procedures, services provided to minors through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, and family planning services. The subchapter also includes rules relating to various home care services providers and programs, including home and community-based waiver services; hospice services; medical supplies and durable medical equipment (DME) services; nursing facility services; organ procurement and transplantation services; orthopedic footwear; prosthetic and orthotic services; various physical rehabilitative services; a second opinion program for elective procedures performed in a hospital or ambulatory surgical center; sterilization services; termination of pregnancy services; transportation services; and vision care services.

Subchapter 6, HealthStart-Maternity and Pediatric Care Services, sets forth rules related to the HealthStart program, including the purpose, scope of services, provider participation criteria, standards to maintain a HealthStart maternity care provider certificate, termination of a HealthStart certificate, access to HealthStart services, a description of the plan of care and available maternity and health support services, professional maternity staff requirements, documentation and confidentiality requirements, standards to maintain a HealthStart pediatric care provider certificate, professional pediatric care staff requirements, preventive services for HealthStart pediatric care providers, referral services for pediatric care providers, documentation and confidentiality requirements, and the reimbursement policy for HealthStart maternity and pediatric services.

Subchapter 7, Physician Services Provided in Hospitals and Nursing Facilities, sets forth rules related to pre-admission screening and annual resident reviews (PASARR) for nursing facility placement, PASARR identification criteria for serious mental illness (SMI) and intellectual disability, PASARR screening after psychiatric hospitalization or for Alzheimer's or dementia, physician services to hospital patients, and psychiatric services, including the need for prior authorization, in a variety of settings.

Subchapter 8, Pharmaceutical Services, sets forth rules related to provider participation criteria for pharmaceutical services, restrictions affecting payment for prescribed drugs, the medical exception process, physician-administered drugs, and the New Jersey Vaccines for Children program.

Subchapter 9, Healthcare Financing Administration (HCFA) Common Procedure Coding System (HCPCS), sets forth rules related to the procedure coding system used by providers when seeking reimbursement for services. The subchapter includes an introduction, describes and defines the elements of the HCPCS procedure codes and any modifiers used, and provides the HCPCS codes and reimbursement amounts for medicine, surgery, radiology/ultrasound, pathology, and laboratory services, as well as descriptions and qualifiers associated with the procedure codes.

N.J.A.C. 10:54 Appendix A sets forth information related to the Fiscal Agent Billing Supplement.

N.J.A.C. 10:54 Appendix B sets forth information related to the Electronic Media Claims (EMC) Manual.

While the Department of Human Services (Department) is readopting these rules without change to avoid expiration of the chapter, it recognizes that further rulemaking may be necessary to update these rules to reflect current program requirements and any applicable Federal rules. Thus, the Department will continue to review the rules and may consider proposing substantial amendments as deemed necessary.

An administrative review of the rules has been conducted, and a determination has been made that N.J.A.C. 10:54 should be readopted because the rules are necessary, reasonable, adequate, efficient, understandable, and responsive to the purposes for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

(b)

COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED**Notice of Readoption
Vocational Rehabilitation Program of the
Commission for the Blind and Visually Impaired****Readoption: N.J.A.C. 10:95**

Authority: N.J.S.A. 30:6-11; 29 U.S.C. §§ 701 et seq.; and CFR Parts 76, 77, 79, 82, 86, 361, 363, 395, and 397.

Authorized By: Dr. Stephen Cha, Acting Commissioner, Department of Human Services.