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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.

Effective Date: February 17, 2026.

New Expiration Date: February 17, 2033.

Take notice that N.J.A.C. 10:95, Vocational Rehabilitation Program of the Commission for the Blind and Visually Impaired (Commission), was scheduled to expire on April 2, 2026. The Department of Human Services (Department) recognizes that further rulemaking is necessary to update this chapter to be consistent with best practices; incorporate any relevant updates from the Rehabilitation Services Administration, 29 U.S.C. §§ 702 et seq., Vocational Rehabilitation Services, 29 U.S.C. §§ 720 et seq., the Workforce Innovation and Opportunity Act, 29 U.S.C. §§ 3101 et seq., and 34 CFR Parts 76, 77, 79, 82, 86, 361, 363, 395, and 397; and update organizational changes. To that end, the Department is preparing a notice of proposal with substantive amendments to be published in a future issue of the New Jersey Register following this readoption.

N.J.A.C. 10:95 establishes the general policy provisions for vocational rehabilitation (VR) services at the Commission, which derive from a Federally funded program emanating out of the Rehabilitation Act of 1973, as amended, which is Title IV of the Workforce Innovation and Opportunity Act of 2014 (the Act). The services provided pursuant to the Act are designed to assess, plan, develop, and provide a full array of vocational rehabilitation services for individuals who are blind, vision-impaired, or deaf-blind, consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that they may gain competitive integrated employment.

The following is a summary of the subchapters at N.J.A.C. 10:95:

Subchapter 1, Overview of Vocational Rehabilitation, provides an overview of the vocational rehabilitation program, the purpose and scope of the program, as well as the definitions that are utilized throughout the chapter.

Subchapter 2, Eligibility Standards for Vocational Rehabilitation Services, describes the eligibility standards for vocational rehabilitation, including the purpose of the eligibility determination and how eligibility is determined.

Subchapter 3, Diagnostic and Evaluation Services, describes the diagnostic and evaluation services available. This includes the preliminary diagnostic study, comprehensive assessment, extended evaluation, and trial work.

Subchapter 4, Informed Choice, details the purpose and scope of informed choice and includes the consumer choice principles, as well as a description of how informed choice is implemented in the agency.

Subchapter 5, Individualized Plan for Employment, explains the purpose and scope of the Individualized Plan for Employment (IPE), the development of the IPE, the need to annually review the IPE, and describes how amendments can be made to the IPE.

Subchapter 6, Physical and Mental Restoration Services, provides a description of the physical and mental restoration services provided by the Commission, including low-vision services, as well as the provision of prosthetic, orthotic, and other assistive devices.

Subchapter 7, Training Services, describes the general purpose, as well as the scope of training services and the services that are available to eligible individuals.

Subchapter 8, Commission Operated Vocational Services, describes the Commission operated vocational rehabilitation services available to individuals. This includes orientation and mobility services, rehabilitation teaching, college services, on the job training services, deaf-blind services, transition summer services, services provided at the Commission-operated Joseph Kohn Rehabilitation Center, as well as reader/amanuensis and book/supplies services.

Subchapter 9, Provision of Training and Adaptive Equipment, describes the provision of training and adaptive equipment, as well as the replacement of equipment in the client's last year of high school.

Subchapter 10, Counseling and Guidance Services, describes the general purpose and scope of guidance and counseling services, transition services, and career development services.

Subchapter 11, Maintenance Services, describes the general purpose and scope of maintenance services.

Subchapter 12, Placement Services, describes the general purpose and scope of placement services, as well as describes the business enterprise

and small business programs. Competitive, non-competitive, and extended (sheltered) employment are also explained in this subchapter.

Subchapter 13, Post-Employment Services, describes the purpose and scope of post-employment services.

Subchapter 14, Services to Clients' Families, describes the general purpose and scope of services available to clients' families.

Subchapter 15, Transportation Services, describes the general purpose and scope of transportation services.

Subchapter 16, Other Services, describes other training and placement-related services that are available.

Subchapter 17, Criteria for Case Closure, describes the criteria for case closure in referral and applicant status, competitive and non-competitive case closure, homemaker closure, and closure as not rehabilitated after the initiation of services.

Subchapter 18, Follow-Up Review, describes the follow-up for ineligibility decisions and reviews of individuals in extended employment.

Subchapter 19, Client Appeal Rights, is a description of the client appeal rights and procedures, including the right to an administrative review, mediation, and/or fair hearing.

While the Department is readopting these rules, the Commission has prepared proposed amendments that will be submitted to the Office of Administrative Law for publication in due course.

The Department has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required pursuant to Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:1-12 and 30:4-27.5, 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.

INSURANCE

(a)

DIVISION OF INSURANCE

Notice of Readoption Administration

Readoption with Technical Changes: N.J.A.C. 11:1

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, 17:17-1 et seq., 17B:17-1 et seq., and 34:15-103 et seq.

Authorized By: Susan Ochs, Acting Commissioner, Department of Banking and Insurance.

Effective Dates: February 18, 2026, Readoption;
March 16, 2026, Technical Changes.

Expiration Date: February 18, 2033.

Take notice that, pursuant to the provisions at N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:1 were scheduled to expire on April 22, 2026. The Department of Banking and Insurance (Department) proposes to readopt N.J.A.C. 11:1, Administration, with technical changes as discussed below. This chapter includes rules related to different areas of insurance, including life/health and property/casualty and the organization of the Department. Rules concerning the following subjects are codified in this chapter, listed by subchapter.

1. Organization of the Department;
2. Filings: property/casualty (filing of rates, manual rules, rating plans, policy forms, and endorsements);
- 2A. Personal lines filings: rate filing review procedures;
3. Disability discrimination grievance procedure;
4. Unfair discrimination;
5. Fire and casualty insurance;
6. New Jersey property—liability insurance guaranty association assessment premium surcharge;
7. Medical malpractice reporting requirements;
8. Admission requirements for foreign and alien property and casualty insurers;
9. Conduct constituting violations by brokers and agents;