

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy

5(a) Physician's Services:

**The term physician services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under this plan.**

Elective cosmetic surgery is not a covered service. Exception: when significant redeeming medical necessity can be demonstrated, the Division shall consider a request from the patient's physician for prior authorization to perform such surgery.

Prior authorization is required for psychiatric services by a private practitioner, exceeding a payment of \$900 in a 12 month period. Prior authorization is required for psychiatric services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities after the first \$400 of Medicaid payments for services in a 12 month period.

Prior authorization is required for the processing, preserving, and transportation of corneal tissue used for transplant surgery (keratoplasty).

Physicians will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

HealthStart services are limited to pregnant women and independent children under the age of two.

Administration of approved injectable or inhalation drugs by a physician require no prior authorization. Other unapproved injectables are not covered as a physician service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

The limitations applicable to optometrists in 6 (b) are also applicable to ophthalmologists.

12-09-MA (NJ)

TN No. 12-09-MA (NJ)

Approval Date: MAR 20 2013

Supersedes TN 97-12

Effective Date : OCT 01 2012

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) \*Post-exposure prophylaxis; or
- (3) \*Selected high-risk groups.

\*Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not covered services.

12-09-MA (NJ)

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Addendum to  
Attachment 3.1-A  
Page 6(b)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy

6(b) Optometrists' Services:

Both low vision work-up and vision training work-up require prior authorization.

The limitations on eyeglasses and optical appliances apply when the optometrist dispenses these items.

**Optometrist services are only available to EPSDT-eligible children under age 21.**

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**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Medically Needy Groups  
Pregnant Women, Dependent Children, and the Aged, Blind or Disabled

5(a) Physicians' Services:

**The term physician services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under this plan.**

Elective cosmetic surgery is not a covered service. Exception: when significant redeeming medical necessity can be demonstrated, the Division shall consider a request from the patient's physician for prior authorization to perform such surgery.

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The limitations applicable to optometrists in 6 (b) are also applicable to ophthalmologists.

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- (2) \*Post-exposure prophylaxis; or
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\*Regardless of age

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Addendum to  
Attachment 3.1-B  
Page 5(a).1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Medically Needy Groups  
Pregnant Women, Dependent Children, and the Aged, Blind or Disabled

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not covered services.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Physician services are provided for all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

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TN No. 12-09-MA(NJ)  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Medically Needy Groups  
Pregnant Women, Dependent Children, and the Aged, Blind or Disabled

6(b) Optometrists' Services:

Both low vision work-up and vision training work-up require prior authorization.

The limitations on eyeglasses and optical appliances apply when the optometrist dispenses these items.

[Optometrists' services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).]

**Optometrist services are only available to EPSDT-eligible children under age 21.**

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Reimbursement for Services

PHYSICIAN SERVICES

(Includes Dentists, Osteopaths and Optometrists)

Reimbursement for covered services shall be on the basis of the customary charge, not to exceed an amount determined reasonable by the Commissioner of the Department of Human Services, and further limited by federal policy relative to practitioners and other providers. In no event shall the payment exceed the charge by the provider for identical services to other government agencies, or other groups or individuals in the community.

**The term physician services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under this plan.**

Physicians who are HealthStart providers will be reimbursed on a fee-for-service basis utilizing HCPCS codes developed for HealthStart. Physicians practicing in hospital outpatient departments may bill fee-for-services if they are unbundled, i.e., allowed to bill independently for professional services.

Reimbursement for immunizations services will be based on the formula of Average Wholesale Price (AWP) of the pharmaceutical plus 15 percent, plus \$2.00 for the physician's cost of dispensing the immunization.

Reimbursement of Level II HCPCS codes for practitioner-administered drugs shall be based on the Average Wholesale Price (AWP) less 12.5% of a single dose of an injectable or inhalation drug or the physician's acquisition cost, whichever is less, when the drug is administered in a physician's office. The Title XIX maximum fee allowance for these drugs will be adjusted periodically by the program to accommodate changes in the market cost.

Payment for Part B co-insurance and deductible shall be paid only up to the Title XIX maximum allowable (less any other third party payments).

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