



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 14 No. 01

January 2004

- TO:** ALL PARENTERAL NUTRITION PROVIDERS - **For Action**  
All other Providers - **For Information Only**
- SUBJECT:** Prior Authorization Requests for Total Parenteral Nutrition (TPN) and Intradialytic Parenteral Nutrition (IDPN)
- EFFECTIVE:** **IMMEDIATELY**
- PURPOSE:** To notify Medicaid/NJ FamilyCare (NJFC) fee-for-service (FFS) providers of a change in prior authorization for TPN/IDPN
- BACKGROUND:** Currently, prior authorization requests for TPN/IDPN services provided to fee-for-service beneficiaries are sent to the Medical Assistance Customer Center (MACC) which services the beneficiary's county of residence.
- ACTION:** Effective immediately, **ALL** prior authorization requests for fee-for-service beneficiaries receiving TPN/IDPN services are to be mailed to Dr. Francine Cirelly at the following address:

**Cumberland Medical Assistance Customer Center  
Giles Building  
1676 East Landis Avenue  
PO Box 1513  
Vineland, New Jersey 08362-1513**

If you have questions concerning this Newsletter, please contact the Cumberland MACC at (856) 690-5208.

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