



State of New Jersey
Department of Human Services
Children's System of Care Initiative

Volume 1 No. 3

April 2001

TO: Non-JCAHO Accredited Psychiatric Community Residences
for Youth – **for action**
Non-JCAHO Accredited Residential Childcare Facilities – **for action**
Non-JCAHO Accredited Children's Group Homes – **for action**
Personal Care Assistance Services Providers (Mental Health) – **for action**
Health Care Maintenance Organizations – **for information only**

SUBJECT: 1. Health Care Financing Administration (HCFA) Common Procedure
Coding System Procedure Codes (HCPCS) for Mental Health
Rehabilitation Services Provided in Non-JCAHO Accredited Facilities

2. Billing Procedures Using the HCFA 1500 Claim Form

EFFECTIVE: January 1, 2001

The Children's System of Care Initiative

The Children's System of Care Initiative (CSOCI) has been developed by the Department of Human Services to provide a comprehensive system of care to the children, adolescents and young adults of New Jersey who are in need of mental health services and related supports. The Initiative addresses the needs of children with emotional and behavioral disturbances, and their families, served by the Department of Human Services and other child-serving systems throughout the State. Reimbursement for the services provided as part of this Initiative will be processed through Unisys, the fiscal agent of the Division of Medical Assistance and Health Services (DMAHS). For additional details concerning the CSOCI, please refer to the CSOCI Newsletter, Volume 1, No. 1, dated March 2001.

Mental Health Rehabilitation Services

Mental health rehabilitation services provided to children, adolescents and young adults in certain residential settings that are currently licensed by, and under contract with, the Division of Mental Health Services (DMHS) or the Division of Youth and Family Services (DYFS), are services that are covered as part of the CSOCI. This includes services which are provided in psychiatric community residences for youth (as defined in N.J.A.C. 10:37B), residential childcare facilities (as defined in N.J.A.C. 10:127), and children's group homes (as defined in N.J.A.C. 10:128).

Children eligible for these services include:

- Children who are covered under Medicaid or NJ FamilyCare;
- Children that have been determined in clinical need of these services by the standards used in DYFS or DMHS contracts; or
- Children who have been prior authorized by DHS or any authorized and contracted agent of the Department to be in need of these services.

The requirements pertaining specifically to mental health rehabilitation services for Medicaid/NJ FamilyCare beneficiaries are contained in the Rehabilitative Services Chapter (N.J.A.C. 10:77). A copy of the Provider Manual, which contains the DMAHS Administration Manual (N.J.A.C. 10:49), the Rehabilitative Services Chapter (N.J.A.C. 10:77), all relevant Medicaid and Children's System of Care Newsletters, Medicaid Alerts, and the Fiscal Agent Billing Supplement will be issued to all providers by Unisys and updated information shall be distributed to providers when necessary.

Attached to this Newsletter is a copy of the Rehabilitative Services Chapter (N.J.A.C. 10:77), which will be adopted in the New Jersey Register in the near future. Please carefully review subchapters 1, 3 and 4, as they are most applicable to these new services. Please insert the copy of the chapter behind the orange tab in your provider manual.

ACTION: Effective for dates of service on or after **January 1, 2001**, those providers who have been advised by either DYFS or DMHS that they are required to be enrolled as Medicaid/NJ FamilyCare providers shall submit their claims to Unisys, the Division's fiscal agent, to receive reimbursement for services rendered to children in their facility who are in beds that are contracted by DYFS or DMHS.

Providers must use the HCFA 1500 claim form and the appropriate Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) procedure code(s) when seeking reimbursement.

Providers submitting claims to Unisys as Medicaid/NJ FamilyCare providers are no longer required to submit claims to their contracting Divisions, either the Division of Mental Health Services (DMHS) or the Division of Youth and Family Services (DYFS). The total reimbursement amount remains the same as specified in the contracts that the individual providers have negotiated with either DYFS or DMHS, although the providers will have to bill the rate using two separate HCPCS procedure codes, one for rehabilitative services and one for room and board, to receive the entire reimbursement amount.

Beginning on the date of admission and for each subsequent whole day that a child is under the care of the facility, the provider shall bill the appropriate HCPCS procedure code as defined below. Providers are required to bill two separate HCPCS procedure codes per day for each child, one for therapeutic services and one for room and board. This includes billing for days that the child may spend in the facility on a trial admission.

Providers shall receive reimbursement for services provided on the date that the child is admitted to the facility, but shall not receive reimbursement for services provided on the date that the child is discharged from the facility.

Providers must use the HCPCS codes listed below in sections 1 through 5. The HCPCS are separated by the type of facility. A facility must only use those codes listed under the appropriate facility type. For example, a facility that is a Non-JCAHO accredited community psychiatric residence must use the codes listed under “1. Non-JCAHO Accredited Community Psychiatric Residences.”

| <u>HCPCS CODE</u> | <u>DEFINITION</u> | <u>MAXIMUM FEE ALLOWANCE</u> |
|--|---|--------------------------------------|
| 1. <u>Non-JCAHO Accredited Community Psychiatric Residences</u> | | |
| Y9933 | Mental health rehabilitation services provided in community psychiatric residences for youth licensed by the DMHS, (non - RTCs) | Contract Pricing |
| Y9945 | Room and board for mental health rehabilitation services provided in facilities under contract with DMHS | Contract Pricing |
| Y9992 | Therapeutic Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| Y9993 | Therapeutic Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |

| | | |
|-------|---|------------------|
| Y9994 | Hospital Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| Y9995 | Hospital Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |

2. Group Homes Under Contract with DYFS

| | | |
|-------|--|------------------|
| Y9935 | Mental health rehabilitation services provided in group homes (serving 6 to 12 children) licensed by DYFS | Contract Pricing |
| Y9944 | Room and board for mental health rehabilitation services provided in facilities under contract with DYFS | Contract Pricing |
| Y9996 | Therapeutic Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9997 | Therapeutic Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9998 | Hospital Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9999 | Hospital Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |

3. Transitional Living Homes

| | | |
|-------|--|------------------|
| Y9936 | Mental health rehabilitation services provided in supervised transitional living homes licensed by DYFS | Contract Pricing |
| Y9944 | Room and board for mental health rehabilitation services provided in facilities under contract with DYFS | Contract Pricing |
| Y9996 | Therapeutic Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |

| | | |
|-------|--|------------------|
| Y9997 | Therapeutic Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9998 | Hospital Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9999 | Hospital Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |

4. Treatment Homes Under Contract with DMHS

| | | |
|-------|--|------------------|
| Y9938 | Mental health rehabilitation services provided in treatment homes licensed by the DYFS, but under contract with the DMHS | Contract Pricing |
| Y9945 | Room and board for mental health rehabilitation services provided in facilities under contract with DMHS | Contract Pricing |
| Y9992 | Therapeutic Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| Y9993 | Therapeutic Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| Y9994 | Hospital Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |
| Y9995 | Hospital Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DMHS | Contract Pricing |

5. Non-JCAHO Accredited Residential Childcare Facilities

| | | |
|-------|--|------------------|
| Y9943 | Mental health rehabilitation services provided in non - JCAHO accredited residential child care facilities | Contract Pricing |
| Y9944 | Room and board for mental health rehabilitation services provided in facilities under contract with DYFS | Contract Pricing |

| | | |
|-------|--|------------------|
| Y9996 | Therapeutic Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9997 | Therapeutic Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9998 | Hospital Leave for Rehabilitation Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |
| Y9999 | Hospital Leave for Room and Board Services provided in non - JCAHO accredited facilities under contract with DYFS | Contract Pricing |

On the dates that the child is listed as being under the care of the facility, but is not physically present in the facility for the 24-hour period starting and ending at midnight, due to an authorized therapeutic leave or for inpatient admission to a hospital for acute care, the applicable HCPCS procedure codes listed above must be used. There are two HCPCS procedure codes that need to be used per child for each day, one for the services and one for the room and board. Providers should use these HCPCS procedure codes only if the child is not in the facility for the entire 24-hour period starting at midnight. If the child is present in the facility for any part of the day, the regular HCPCS procedure codes should be used.

Providers can bill for consecutive dates of service on the same line, but shall not include dates from more than one month on the same line. Dates of services shall not span dates that are being billed as therapeutic leave or hospital leave days; these dates must be indicated on separate lines. Each date or span of dates should have two separate HCPCS procedure codes on two separate lines: one for therapeutic services and one for room and board.

For example:

- 01/01/01 – 01/15/01 15 days of service (child on therapeutic leave after midnight on 1/15/01)
- 01/16/01 – 01/18/01 3 days of therapeutic leave (child was absent from midnight of 1/16/01 through midnight of 1/18/01)
- 01/19/01 – 01/31/01 12 days of service (child returned to the facility sometime after midnight on 1/19/01)
- 02/01/01 – 02/05/01 5 days of service in the next month

Examples of a properly completed HCFA 1500, showing the break for a therapeutic leave, are attached to this Newsletter.

Therapeutic leave is defined as those instances where the resident is absent from the facility for a limited time for reasons determined to be therapeutic by the facility staff. Reasons for such absences from the facility include, but are not limited to, visits with parents, foster parents, or other caregivers, attendance at a residential camp, or residence in a temporary shelter. Hospital leave is defined as temporary absence from the facility due to inpatient treatment in a hospital.

A DMHS provider shall not seek reimbursement for mental health personal care services and mental health rehabilitation services for the same child on the same day of service. The reimbursement for the mental health personal care services is included in the mental health rehabilitation reimbursement.

Individual providers are being advised by DMAHS of the appropriate HCPCS procedure code(s) to use upon enrollment as a Medicaid/NJ FamilyCare fee-for-service provider; other providers are being informed by this Newsletter. Attached to this Newsletter is an example of the HCFA 1500 claim form and a copy of the fiscal agent billing supplement (FABS).

In addition to the use of the appropriate HCPCS procedure code, providers will be required to enter the applicable diagnosis code(s) on the HCFA 1500 for each child. These codes can be found in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). A list of the ICD-9-CM codes that are most frequently used for mental health rehabilitation services is attached to this Newsletter for your reference, as well as a general list of the ICD-9-CM mental/behavioral health diagnosis codes that are acceptable to the Unisys system.

Billing can either be done independently by the provider or through a billing agent that the provider has contracted with. Electronic billing procedures are available. Providers who wish to bill electronically should contact Unisys for the necessary instructions.

ATTACHMENTS: As previously mentioned in this Newsletter, the following are attached for your reference:

Rehabilitative Services Chapter (N.J.A.C. 10:77)
ICD-9-CM mental health codes (2 charts)
HCFA 1500 claim form examples
The Fiscal Agent Billing Supplement (FABS).

If you have any questions regarding the billing procedures or the completion of the HCFA 1500 claim form, please contact Unisys Provider Services at 1-800-776-6334.

If you have any questions regarding the Children's System of Care Initiative call Constance Thomas at (609) 588-2629 or visit our website at <http://www.njkidsoc.org>.

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

ICD-9-CM Codes Frequently Used for Children and Adolescents

(excerpts from attached General Mental Health Diagnosis Codes table)

The codes listed below from the ICD—9—CM (International Classification of Diseases, 9th Revision, Clinical Modification) correspond generally to diagnostic codes listed in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition). Most children and adolescents within your programs will have at least one Axis I, DSM-IV diagnosis. Many children will have more than one diagnosis.

Please enter the primary diagnosis and secondary diagnosis (if known) in Locator 21 of the HCFA 1500 claim form. Please consult the attached listing of general mental health ICD-9-CM Codes if the child or adolescent's diagnosis is not listed here.

| <u>Diagnosis Code</u> | Description |
|------------------------------|---|
| 309 | Adjustment reaction (Includes 3090-3099 DSM IV—Adjustment Disorders w/ anxiety or mood or conduct disturbances, separation anxiety disorder, post traumatic stress disorder, and unspecified) |
| 312 | Disturbance of conduct, not otherwise classified (Includes 3120 to 3129 DSM IV—impulse control and conduct disorders) |
| 313 | Disturbance of emotions specific to childhood and adolescence (Includes 3130 to 3139 DSM IV—Selective mutism, oppositional defiant disorder, identity problem, reactive attachment disorder of infancy or early childhood) |
| 314 | Hyperkinetic syndrome of childhood (Includes 3140-3149, including attention deficit disorder, |
| 3140 | Attention deficit disorder |
| 3141 | Hyperkinesis with developmental delay |
| 3142 | Hyperkinetic conduct disorder |
| 3148 | Other specified manifestations of hyperkinetic disorder |
| 3071 | Anorexia nervosa |
| 3075 | Other and unspecified disorders of eating (Includes 30750-30759 DSM IV—bulimia, pica) |
| 3076 | Enuresis |
| 3077 | Encopresis |
| 30023 | Social phobia |
| 30029 | Other isolated or simple phobias |
| 3003 | Obsessive-compulsive disorders |
| 3004 | Neurotic depression (DSM IV-Dysthymic Disorder) |
| 30000 | Anxiety states, unspecified |
| 30001 | Panic disorder |
| 30002 | Generalized anxiety disorder |
| 301 | Personality disorders (for older adolescents) |
| 2967 | Bipolar affective disorder, unspecified |
| 2963 | Major depressive disorder, recurrent episode |

GENERAL MENTAL HEALTH DIAGNOSIS CODES

| Diagnosis Code | Description |
|-----------------------|---|
| V40 | Mental and behavioral problems |
| V400 | Problems with learning |
| V401 | Problems with Communication (including speech |
| V402 | Other Mental Problems |
| V403 | Other behavioral problems |
| V409 | Unspecified mental or behavioral problems. |
| V7101 | Observation for suspected mental conditions not found |
| V7102 | Adult antisocial behavior |
| V7109 | Childhood or adolescent antisocial behavior |
| V711 | Other suspected mental condition |
| V716 | Observation following rape or seduction (including observation of victim or culprit) |
| V717 | Observation following other inflicted injury (including observation of victim or culprit) |
| V610 | Family disruption (divorce estrangement) |
| V611 | Counseling for marital and partner problems |
| V6121 | Counseling for victims of child abuse |
| V663 | Convalescence and palliative care - Following psychotherapy and other treatment for mental disorder |
| V673 | Flu exam following psychotherapy and other treatment for mental disorder |
| V701 | General psychiatric exam, requested by authority |
| V702 | General psychiatric exam, other and unspecified |
| V710 | Observation for suspected mental condition |
| V790 | Special screening for depression |
| V170 | Family history of certain chronic disabling diseases - psychiatric condition |
| 29020 | Senile dementia with delusional features |
| 29021 | Senile dementia with depressive features |
| 29042 | Arteriosclerotic dementia with delusional features |
| 29043 | Arteriosclerotic dementia with depressive features |
| 29381 | Transient organic delusional syndrome |
| 29382 | Transient organic hallucinosis syndrome |
| 29383 | Transient organic affective syndrome |
| 29384 | Transient organic anxiety disorder |
| 29389 | Other specified transient organic mental disorder |
| 2939 | Unspecified transient organic mental disorder |
| 2950 | Schizophrenia, simple type |

| | |
|-------|--|
| 2951 | Schizophrenia, disorganized type |
| 2952 | Schizophrenia, catatonic type |
| 2953 | Schizophrenia, paranoid type |
| 2954 | Schizophrenia, acute schizophrenic episode |
| 2955 | Schizophrenia, latent |
| 2956 | Schizophrenia, residual |
| 2957 | Schizophrenia, schizo-affective type (DSM IV- Schizoaffective Disorder) |
| 2958 | Schizophrenia, other unspecified types |
| 2959 | Schizophrenia, unspecified |
| 2960 | Affective psychoses, manic disorder, single episode |
| 2961 | Affective psychoses, manic disorder, recurrent episode |
| 2962 | Major depressive disorder, single episode |
| 2963 | Major depressive disorder, recurrent episode |
| 2964 | Bipolar affective disorder, manic |
| 2965 | Bipolar affective disorder, depressed |
| 2966 | Bipolar affective disorder, mixed |
| 2967 | Bipolar affective disorder, unspecified |
| 29680 | Manic-depressive psychosis, unspecified |
| 29681 | Atypical manic disorder |
| 29682 | Atypical depressive disorder |
| 29689 | Manic-depressive psychosis, mixed type |
| 29690 | Unspecified affective psychosis |
| 29699 | Other specified affective psychoses |
| 2970 | Paranoid state, simple |
| 2971 | Paranoia |
| 2972 | Paraphrenia |
| 2973 | Shared paranoid disorder |
| 2978 | Other specified paranoid states |
| 2979 | Unspecified paranoid states |
| 2980 | Depressive type psychosis |
| 2981 | Excitative type psychosis |
| 2982 | Reactive confusion |
| 2983 | Acute paranoid reaction |
| 2984 | Psychogenic paranoid psychosis |
| 2988 | Other and unspecified reactive psychosis |
| 2989 | Unspecified psychosis |
| 2990 | Infantile autism |
| 2991 | Disintegrative psychosis |
| 2998 | Other specified early childhood psychoses (DSM IV— Pervasive developmental disorder NOS, Asperger's disorder, Rett's Disorder) |
| 2999 | Unspecified psychoses with origin specific to childhood |
| 3000 | Anxiety states |

| | |
|-------|---|
| 30000 | Anxiety states, unspecified |
| 30001 | Panic disorder |
| 30002 | Generalized anxiety disorder |
| 30009 | Other anxiety states |
| 3001 | Hysteria |
| 30010 | Hysteria, unspecified |
| 30011 | Conversion disorder |
| 30012 | Psychogenic amnesia |
| 30013 | Psychogenic fugue |
| 30014 | Multiple personality |
| 30015 | Dissociative disorder or reaction, unspecified |
| 30016 | Factitious illness with psychological symptoms |
| 30019 | Other and unspecified factitious illness |
| 3002 | Phobic disorders |
| 30020 | Phobia, unspecified |
| 30012 | Agoraphobia with panic attacks |
| 30022 | Agoraphobia without mention of panic attacks |
| 30023 | Social phobia |
| 30029 | Other isolated or simple phobias |
| 3003 | Obsessive-compulsive disorders |
| 3004 | Neurotic depression (DSM IV-Dysthymic Disorder) |
| 3005 | Neurasthenia |
| 3006 | Depersonalization syndrome |
| 3007 | Hypochondriasis |
| 3008 | Other neurotic disorders |
| 30081 | Somatization disorder |
| 30082 | Undifferentiated somatoform disorder |
| 30089 | Other neurotic disorders |
| 301 | Personality disorders |
| 3010 | Paranoid personality disorder |
| 30110 | Affective personality disorder, unspecified |
| 30111 | Chronic hypomanic personality disorder |
| 30112 | Chronic depressive personality disorder |
| 30113 | Cyclothymic disorder |
| 3012 | Schizoid personality disorder |
| 30120 | Schizoid personality disorder, unspecified |
| 30121 | Introverted personality |
| 30122 | Schizotypal personality |
| 3013 | Explosive personality disorder |
| 3014 | Compulsive personality disorder |
| 3015 | Histrionic personality disorder |
| 30150 | Histrionic personality disorder, unspecified |
| 30159 | Other histrionic personality disorder |
| 3016 | Dependent personality disorder |
| 3017 | Antisocial personality disorder |
| 3018 | Other personality disorders |

| | |
|-------|---|
| 30181 | Narcissistic personality |
| 30182 | Avoidant personality |
| 30183 | Borderline personality |
| 30184 | Passive-aggressive personality |
| 30189 | Other personality disorders |
| 3019 | Unspecified personality disorder |
| 302 | Sexual deviations and disorders |
| 3020 | Ego-dystonic homosexuality |
| 3021 | Zoophilia |
| 3022 | Pedophilia |
| 3023 | Transvestitism |
| 3024 | Exhibitionism |
| 3025 | Transexualism |
| 3026 | Disorders of psychosexual identity |
| 3027 | Psychosexual dysfunction |
| 30270 | Psychosexual dysfunction, unspecified |
| 30271 | Psychosexual dysfunction with inhibited sexual desire |
| 30272 | Frigidity, impotence |
| 30273 | Psychosexual dysfunction with inhibited female orgasm |
| 30274 | Psychosexual dysfunction with inhibited mal orgasm |
| 30275 | Psychosexual dysfunction with premature ejaculation |
| 30276 | Psychosexual dysfunction with functional dyspareunia |
| 30279 | Psychosexual dysfunction with other specified psychosexual dysfunctions |
| 3028 | Other specified psychosexual disorders |
| 30281 | Fetishism |
| 30282 | Voyeurism |
| 30283 | Sexual masochism |
| 30284 | Sexual sadism |
| 30289 | Nymphomania, satyriasis |
| 306 | Physiological malfunction arising from mental factors (includes 3060 to 3069) |
| 307 | Special symptoms or syndromes, not elsewhere classified |
| 3070 | Stammering and stuttering |
| 3071 | Anorexia nervosa |
| 3072 | Tics |
| 3073 | Stereotyped repetitive movements |
| 3074 | Specific disorders of sleep or nonorganic origin (includes 30740-30749) |
| 3075 | Other and unspecified disorders of eating (Includes 30750-30759 DSM IV—bulimia, pica) |
| 3076 | Enuresis |
| 3077 | Encopresis |
| 3078 | Psychalgia |

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|-------|---|
| 30780 | Psychogenic pain, site unspecified |
| 30781 | Tension headache |
| 30789 | Psychogenic backache |
| 3079 | Other and unspecified special symptoms or syndromes, not elsewhere classified |
| 308 | Acute reaction to stress (Includes 3080-3089) |
| 309 | Adjustment reaction (Includes 3090-3099 DSM IV— Adjustment Disorders w/ anxiety or mood or conduct disturbances, post traumatic stress disorder, and unspecified) |
| 3101 | Organic personality disorder |
| 311 | Depressive disorder, not elsewhere classified |
| 312 | Disturbance of conduct, not otherwise classified (Includes 3120 to 3129 DSM IV—impulse control (3123 and conduct disorders 3128) |
| 313 | Disturbance of emotions specific to childhood and adolescence (Includes 3130 to 3139 DSM IV— Selective mutism, oppositional defiant disorder, identity problem, reactive attachment disorder of infancy or early childhood) |
| 314 | Hyperkinetic syndrome of childhood (Includes 3140-3149, including attention deficit disorder, |
| 3140 | Attention deficit disorder |
| 3141 | Hyperkinesis with developmental delay |
| 3142 | Hyperkinetic conduct disorder |
| 3148 | Other specified manifestations of hyperkinetic disorder |
| 7992 | Nervousness "Nerves" |
| V110 | Schizophrenia |
| V111 | Affective disorders |
| V112 | Neurosis |
| V118 | Other mental disorders |
| V119 | Unspecified mental disorder |

PLEASE
DO NOT
STAPLE
IN THIS
AREA

SAMPLE

PICA PICA
HEALTH INSURANCE CLAIM FORM

| | | | | | |
|--|--|--|--|--|-------|
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> | | | 1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 036034935420 | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DAVIS JOSEPH R. | | | 3. PATIENT'S BIRTH DATE MM DD YY 11 04 94 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | |
| 5. PATIENT'S ADDRESS (No., Street) 45 SOUTH 19TH STREET | | | 6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | |
| CITY WESTBORO | | STATE NJ | CITY | | STATE |
| ZIP CODE 64080 | | TELEPHONE (Include Area Code) 609-555-7200 | | ZIP CODE () TELEPHONE (INCLUDE AREA CODE) () | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | 10. IS PATIENT'S CONDITION RELATED TO: | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | | a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> | | | b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| c. EMPLOYER'S NAME OR SCHOOL NAME | | | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | | 10d. RESERVED FOR LOCAL USE | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | |
| SIGNED SIGNATURE ON FILE DATE 02/01/01 | | | SIGNED _____ | | |

| | | | | | |
|---|--|--|---|--|--|
| 14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | | 17A. I.D. NUMBER OF REFERRING PHYSICIAN | | |
| 19. RESERVED FOR LOCAL USE | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) | | | 20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 21. . 312 3. . | | | 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. | | |
| 21. . 312 3. . | | | 23. PRIOR AUTHORIZATION NUMBER | | |

| A | | B | C | D | | E | F | | G | H | I | J | K |
|--------------------|-------------|------------------|-----------------|--|----------|----------------|------------|----|---------------|-------------------|-----|-----|------------------------|
| DATE(S) OF SERVICE | | Place of Service | Type of Service | PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) | | DIAGNOSIS CODE | \$ CHARGES | | DAYS OR UNITS | EPSDT Family Plan | EMG | COB | RESERVED FOR LOCAL USE |
| From MM DD YY | To MM DD YY | Service | Service | OPT/HCPCS | MODIFIER | | | | | | | | |
| 01 01 01 | 01 16 01 | 99 | 09 | Y9935 | | 1 | 2400 | 00 | 15 | | | | |
| 01 01 01 | 01 16 01 | 99 | 99 | Y9944 | | 1 | 1600 | 00 | 15 | | | | |
| 01 17 01 | 01 20 01 | 99 | 09 | Y9996 | | 1 | 600 | 00 | 04 | | | | |
| 01 17 01 | 01 20 01 | 99 | 99 | Y9997 | | 1 | 400 | 00 | 04 | | | | |
| 01 21 01 | 01 31 01 | 99 | 09 | Y9935 | | 1 | 1650 | 00 | 11 | | | | |
| 01 21 01 | 01 31 01 | 99 | 99 | Y9944 | | 1 | 1100 | 00 | 11 | | | | |

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|---|--|----------------------------------|--|--|---|---|--------------------------------------|--|--------------------------------|--|-------------------------------------|--|
| 25. FEDERAL TAX I.D. NUMBER | | SSN EIN <input type="checkbox"/> | 26. PATIENT'S ACCOUNT NO. 12345DAV | | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO | | 28. TOTAL CHARGE \$7750 00 | | 29. AMOUNT PAID \$ 0 | | 30. BALANCE DUE \$7750 00 | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Original Signature | | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office) | | | 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # 609-555-7200 MR. JOHN SMITH GROUP HOME 45 SOUTH 19TH STREET WESTBORO, NJ 64080 | | | | | | |

SIGNED

DATE

PIN #

GRP #

1234567

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)
REORDER FROM STANDARD REGISTER FORM NO. HC0001R-1

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90)

FORM ORDER 1500 FORM 1500

