



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

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**TO:** Certified Nurse Practitioners, Federally Qualified Health Centers (FQHC), Hospitals, Physicians, Mental Health Clinics, JCAHO-Accredited Residential Treatment Centers, Psychologists, Partial Care /Partial Hospitalization Providers, Community Mental Health Rehabilitation Providers, Behavioral Health Services, and Personal Care Assistance Services Providers (Mental Health) – **For Action**  
Care Management Organizations – **For Information Only**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **Prior Authorization Procedures for Behavioral Health Services Provided to Beneficiaries Receiving Care Management Organization (CMO) Services**

**EFFECTIVE:** For claims with dates of service on or after **April 1, 2002**

**PURPOSE:** The purpose of this newsletter is to reiterate for providers the details of the prior authorization (PA) procedures for Medicaid/NJ FamilyCare-reimbursable services authorized by the Children's System of Care Initiative (CSOCI) for children enrolled in the CSOCI. Providers were notified via Remittance Advice beginning on 04/22/02 that the PA number issued by ValueOptions should be entered in block 23 of the HCFA 1500 claim form before submitting the claim to Unisys.

**BACKGROUND:** CSOCI Newsletter Volume 2, No. 1, dated February 2002, introduced providers to ValueOptions, the Contracted Systems Administrator (CSA) for the CSOCI, explaining that the function of the CSA is to provide technical and administrative support for CSOCI services. As part of its responsibility regarding care utilization management, ValueOptions will be reviewing the Individual Service Plan (ISP) developed by the Care Management Organization (CMO) for the child, authorizing

the services contained in the ISP and issuing Prior Authorization letters for the those services. For specific information related to the CMO, please refer to CSOCI Newsletter Volume 1 No. 4, dated December 2001.

Consistent with CSOCI Newsletter Volume 2 No. 2, dated March 2002, PA for most mental health services provided to children enrolled with the CMOs is required for all Medicaid/NJ FamilyCare eligible children/youth for claims with dates of service on or after April 1, 2002. To implement the ISP developed by the Child/Family Team and the CMO, the CSA and the CMO have been issuing PA numbers that must be used on claims.

Claims for services that require a PA number that do not have a PA entered on the claim will be rejected for Error Code 423 (PA number required). This means the claim will not be paid.

Claims for services that require a PA number that have a PA number entered on the claim form may also deny, showing Error Code 774 (PA number not on file). If a claim is denied for Error Code 774, verify that the PA number you submitted was the correct number to use. The correct PA number will be on the letter that was sent to you by either ValueOptions or the CMO.

**ACTION:** Effective for claims with dates of service on or after April 1, 2002, on behalf of the CSOCI, ValueOptions is authorizing the Medicaid/NJ FamilyCare-reimbursable services included in the ISP that has been developed by the Child/Family Team, for each child enrolled in each CMO. ValueOptions is issuing prior authorization (PA) numbers to the CMO and the individual providers to use when filing claims with Unisys.

### ***Individual Service Plans***

An Individualized Service Plan (ISP) is a plan of treatment developed to address the needs of a child/family enrolled in the CSOCI and receiving CMO Services. The ISP is developed by a Child/Family team in conjunction with the CMO staff, and the services included in the plan are delivered in the community in which the child and his or her family lives, works and attends school. All behavioral health services provided to the child must be included in the ISP and authorized by the Child/Family team.

### ***The Initial ISP***

Within 7 days after enrollment into a CMO, the Child/Family team develops an initial ISP to address the immediate needs of the child and his or her family. The Child/Family team then develops a comprehensive ISP, which must be completed and registered within 30 days of the referral.

Upon registration of a child's ISP, ValueOptions will issue a PA number to the CMO for use when filing claims with Unisys for their provision of care management services for that child. For specific Medicaid/NJ FamilyCare reimbursable services included in the ISP that are provided by Medicaid/NJ FamilyCare enrolled providers, the CMO will provide this PA number to the provider as authorization for their claim as well. When submitting the claim to Unisys, the provider must enter this PA number in the appropriate block on the claim form to ensure proper reimbursement.

Providers may occasionally receive a PA number directly from the CMO, with the CMO as the indicated provider. In this case, providers should use the PA number given to them by the CMO and bill for services under *their own* provider number, *not* the CMO's provider number.

For example, upon enrollment into the CMO, there is an immediate need for services while the comprehensive ISP is completed. To assure access to services during this period, the CSA will authorize 30 units of outpatient and 31 units of residential services, as appropriate, to the CMO for each child. In some instances where the provider is not yet known, the PA number will be issued to the CMO, using the CMO's provider number. The CMO will give the provider this PA number to use on the claim when they authorize the provision of services. Providers must bill using their own provider number and the PA number provided by the CMO for these claims.

### ***ISPs and Authorization for Continuing Services***

The length of each PA period will vary, but is designed, over time, to be consistent with the time period for each Individual Service Plan (ISP). Upon initial enrollment into the CMO and working with the CMO, the CSOCI will authorize a number of outpatient and residential services for the first 30 days of enrollment. These services will be authorized to continue the current services while the comprehensive ISP is being developed. Once the comprehensive ISP has been developed, the CMO will work with the CSA to authorize continued services included in the ISP, as approved by the Child/Family Team. Providers will be given PA numbers for the time period covered under the ISP and Prior Authorization letters which will include the 10-digit PA numbers for needed services included in any new or revised version of the child's ISP, as developed and approved by the Child/Family Team.

### ***Non-Medicaid/NJ FamilyCare-Reimbursable Services***

Services that are included in the ISP that are **not** Medicaid/NJ FamilyCare-reimbursable **will not** have a PA number assigned to them. Do not submit claims for these services to Unisys. Reimbursement for these services is provided directly from the CMO to the provider that they have contracted with to provide the service.

**For example:**

The CMO registers an ISP for Manfred W. with ValueOptions that includes family therapy, enrollment in a partial care program, and a mentor for the weekends, membership in the local YMCA, a tutor for schoolwork, and continued CMO services.

Upon registration of Manfred's ISP, ValueOptions issues PA numbers to the providers who will be providing Medicaid/NJ FamilyCare reimbursable services and filing claims with Unisys for reimbursement.

In Manfred's case, the family therapist and the partial care program **would** each receive their own PA number to use for requesting reimbursement, because the services they will provide are Medicaid/NJ FamilyCare-reimbursable.

The mentor program, the YMCA and the tutor **would not** receive a PA number because they are providing services that are not Medicaid/NJ FamilyCare-reimbursable, and those providers will not be filing claims with Unisys for reimbursement.

***Specific Billing Requirements, Authorization Letters & Billing Codes***

Providers will receive a PA letter that indicates in the procedure code field a bundled procedure code of either CSC02 (Ambulatory Care, including outpatient hospitals) or CSC05 (Structured Living Residences). When completing the claim, the provider should use the code that is specific to the service provided and is consistent with the authorization letter. That is, if the authorization letter was for the bundled code CSC02, then the specific service billed must be an ambulatory care code, if the authorization letter was for the bundled coded CSC05, then the specific service billed must be a structure living residence code. Attached to this newsletter is a listing for the HCPCS codes that are covered under either CSC02 or CSC05.

**\*\*\*REMEMBER\*\*\***

**When filing a claim for reimbursement of services, the provider MUST enter the following information on the claim form:**

- **Their own Medicaid/NJ FamilyCare provider number**
- **The PA number provided to them by either ValueOptions or the CMO.**
- **The unique HCPCS Code(s) for the service(s) rendered.**

**DO NOT ENTER the bundled CSC02 or CSC05 or the claim will deny.**

**\*\*ALL SERVICES MUST BE INCLUDED IN THE CHILD'S ISP \*\***

***Where to Call If you Have Questions***

If you have any questions regarding the receipt of your PA number, please contact ValueOptions at 1 877 NJCSOCI (652 7624)

If you have any questions regarding billing for prior authorized services, please contact Unisys Provider Services at 1-800-776-6334.

If you have any other questions, please contact Gregory Karlin of the DMAHS Office of Utilization Management at 609-588-4610.

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

## PRIOR AUTHORIZATION BUNDLED SERVICE CODES

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### **CSC02 – Ambulatory Care (including O/P Hospital)**

Revenue Codes	OP513	Psych clinic
	OP900	Psych/psychol treatment; general
	OP901	Psych/psychol treatment; electric
	OP902	Psych/psychol treatment; milieu
	OP903	Psych/psychol treatment; play therapy
	OP909	Psych/psychol treatment; other
	OP910	Psych/Psychol services, general
	OP912	Psych/Psychol services, day care
	OP913	Psych/Psychol services, night care
	OP914	Psych/Psychol services, individual
	OP915	Psych/Psychol services, group
	OP916	Psych/Psychol services, family
	OP917	Psych/Psychol services, biofeedback
	OP918	Psych/Psychol services, testing
	OP919	Psych/Psychol services, other
	OP961	Professional Fees Psychiatric

HCPCS for psychotherapeutic services (Physicians, Psychiatrists, Psychologists, Advance Practice Nurses, Mental Health Clinics, and FQHCs); Includes all modifiers including AV and ZI

	90801	Initial Comprehensive Psychiatric Evaluation
	90804	Individual Psychotherapy - appx. 20 to 30 minutes
	90805	Individual Psychotherapy - w/medical evaluation
	90806	Individual Psychotherapy - appx. 45 to 50 minutes
	90807	Medical Psychotherapy
	90846	Family Medical Psychotherapy 1 hr
	90847	Special Family Therapy
	90847 22	Family Therapy 80 minute session
	90853	Group Medical Psychotherapy
	90862	Pharmacological Management psych
	90870	Electroconvulsive therapy
	90871	Electroconvulsive therapy
	90887	Consultation with family
	90899	Unlisted procedure/service
	96100	Psychological Testing
	96105	Assessment of aphasia
	96111	Extended developmental testing
	96115	Neurobehavioral status exam
	96117	Neuropsychological testing battery
	99313	Subsequent nursing facility care
	99333	Domiciliary or rest home visit
	H5025	Psychotherapy, group
	Z0100	Off Site Crisis Intervention
	Z0130	Psychological Testing
	Z0170	Half Day-Partial care

## **PRIOR AUTHORIZATION BUNDLED SERVICE CODES**

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Z0180	Full Day-Partial care
90847 AV 22	Special Family Therapy
90862 AV	Pharmacological Management
90887 AV	Consultation with family
H5025 AV	Group therapy

### **CSC05 – Structured Living Residences**

Y9933	Mental health rehabilitation services provided in non-JCAHO accredited community psychiatric residences for youth licensed by the Division of Mental Health Services
Y9934	Mental health rehabilitation services provided in therapeutic foster care facilities licensed by the Division of Youth and Family Services
Y9935	Mental health rehabilitation services provided in group homes (serving 6 to 12 children) licensed by the Division of Youth and Family Services
Y9936	Mental health rehabilitation services provided in supervised transitional living homes licensed by the Division of Youth and Family Services
Y9937	Mental health rehabilitation services provided in teaching family homes licensed by the Division of Youth and Family Services
Y9938	Mental health rehabilitation services provided in treatment homes licensed by the Division of Youth and Family Services
Y9939	Mental health rehabilitation services provided in alternative care homes licensed by the Division of Youth and Family Services
Y9943	Mental health rehabilitation services provided in non-JCAHO accredited child care facilities licensed by the Division of Youth and Family Services
Y9944	Room and board for mental health rehabilitation services provided in facilities licensed by the Division of Youth and Family Services
Y9945	Room and board for mental health rehabilitation services in facilities licensed by the Division of Mental Health Services
Y9946	All other room and board for mental health rehabilitation services

## **PRIOR AUTHORIZATION BUNDLED SERVICE CODES**

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Y9947	Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Mental Health Services
Y9948	Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Youth and Family Services
Y9949	Therapeutic Leave for beneficiaries residing in JCAHO accredited RTCs licensed by DMHS
Y9950	Hospital leave for beneficiaries residing in JCAHO accredited RTCs licensed by DMHS
Y9951	Therapeutic Leave for beneficiaries residing in JCAHO accredited RTCs licensed by DYFS
Y9950	Hospital leave for beneficiaries residing in JCAHO accredited RTCs licensed by DYFS
Y9992	Therapeutic leave for rehabilitation services provided to beneficiaries residing in non-JCAHO accredited facilities under contract with the Division Mental Health Services
Y9993	Room and board for therapeutic leave provided to beneficiaries residing in non-JCAHO accredited facilities under contract with the Division of Mental Health Services
Y9994	Hospital leave for beneficiaries residing in non-JCAHO accredited facilities under contract with the Division of Mental Health Services
Y9995	Room and board services for hospital leave for beneficiaries residing in non-JCAHO accredited facilities under contract with the Division of Mental Health Services
Y9996	Therapeutic leave for patients residing in non-JCAHO accredited facilities under contract with the Division of Youth and Family Services
Y9997	Room and board services for therapeutic leave for beneficiaries residing in non-JCAHO accredited facilities under contract with the Division of Youth and Family Services
Y9998	Hospital leave for beneficiaries residing in non-JCAHO accredited facilities under contract with the Division Youth and Family Services
Y9999	Room and board services for hospital leave for beneficiaries residing if non-JCAHO accredited facilities under contract with the Division of Youth and Family Services