



*State of New Jersey  
Department of Human Services  
Partnership for  
Children:*

*NJ Children's System of Care Initiative*

*Partnership for Children*

Volume 3 No. 1

June 2003

**TO:** Certified Nurse Practitioners, Federally Qualified Health Centers (FQHCs), Hospitals, Physicians, Mental Health Clinics, Residential Treatment Centers, Psychologists, Residential Community Living Arrangements, Treatment Homes, Group Homes and Community Psychiatric Residential Care Facilities – **For Action**  
Care Management Organizations – **For Information Only**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **UPDATED INFORMATION REGARDING:**  
**Authorization Procedures for Mental/Behavioral Health Services Provided to Beneficiaries Receiving Care Management Organization (CMO) Services**

**EFFECTIVE:** **IMMEDIATELY**

**PURPOSE:** The purpose of this newsletter is to update the Authorization Procedures that were described in the CSOCI Newsletter Volume 2, No. 6, dated September 2002, to include additional directives about the Medicaid Provider ID number and claims payment.

**BACKGROUND:** CSOCI Newsletter Volume 2, No. 6, dated September 2002, informed providers that ValueOptions would 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 Authorization letters for those services. Some providers have been having difficulty with claims being pended or denied payment. The additional information in this newsletter will help to remedy that situation.

**THE INFORMATION IN CSOCI NEWSLETTER VOL. 2, NO. 6, HAS NOT CHANGED.**  
**THIS NEWSLETTER PROVIDES ADDITIONAL INFORMATION.**

**ACTION:** Effective for claims with dates of service on or after April 2002, ValueOptions began authorizing the Medicaid/NJ FamilyCare reimbursable services included in the ISP developed by the Child/Family Team, for each child enrolled in each CMO. ValueOptions issues authorization numbers to the CMO and the individual providers to use when filing claims with Unisys.

**Authorization and Provider Medicaid ID numbers**

When ValueOptions issues an authorization number, it is linked to the specific service included in the Individual Service Plan (ISP) developed by the Child/Family Team and/or the specific site that the service will be provided. ValueOptions' provider file includes many providers that provide several different services or provide services at more than one location and, therefore, may have more than one Medicaid/NJ FamilyCare ID number on file. Therefore, it is of utmost importance that the correct provider number be identified for the specific service receiving authorization.

The Provider ID number submitted by the provider during the development of the ISP to the CMO by the provider during the ISP development process is the Provider ID number that the CMO will provide to ValueOptions for use when generating the authorization number. In order to ensure reimbursement for authorized services:

- It is the *Provider's responsibility* to communicate to the CMO the appropriate Provider ID number for the service(s) included in the ISP and the site(s) the service(s) will be rendered.
- It is the *CMO's responsibility* to include that same provider ID in the ISP submitted to ValueOptions as part of the service request.

Claims submitted with an incorrect provider ID number or a number that does not match the number the CMO used in the ISP may be denied. If the number on the PA letter does not correspond to the Provider ID number associated with the specific program/service location that will be billing Medicaid/NJ Family Care for service, the provider must contact the CSA Client/Provider Services Department at 1-877-652-7624 immediately so that the discrepancy can be rectified.

During the ISP development process, the provider should supply, in writing, the following information to the CMO for each service to be rendered:

1. The provider name or agency name;
2. A contact person and correct billing address;

3. The name of person rendering the service, the service provided and the location of the provision of services; and
4. Medicaid/NJ FamilyCare/Partnership for Children ID appropriate for the service(s) as included in the ISP.

Attached to this Newsletter is an example of a Provider Information Billing form that the providers/CMOs may use as a tool for communicating the correct Medicaid ID number for each of their services/programs/sites as included in the ISP.

**To ensure that proper reimbursement is received for each claim, this information must be provided for each service included in the Individual Service Plan to be sure that the CMO has the correct Medicaid/FamilyCare provider number for the services to be provided.**

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

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

- **The appropriate Medicaid/NJ FamilyCare provider ID number for the service authorized by the ISP.**
- **The authorization number provided to them by either ValueOptions or the CMO**
- **The unique HCPCS Code(s) for the service(s) rendered**

**\*\*THE PROVIDER MUST ENSURE THAT THE CMO IS PROVIDED WITH THE CORRECT MEDICAID/NJ FAMILYCARE PROVIDER NUMBER\*\***

**\*\*ALL SERVICES MUST BE INCLUDED IN THE AUTHORIZED ISP\*\***

**Where to call if you have questions**

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

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

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

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

# Provider Billing Information Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Child/Family Team Meeting: \_\_\_\_\_

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MEDICAID PROVIDER ID NUMBER: \_\_\_\_\_  
(as it will appear on claims for the specific service requiring authorization)

Provider/Agency Name: \_\_\_\_\_

Program/Service/Department (if applicable): \_\_\_\_\_

Service Type: \_\_\_\_\_

Address of Service Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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Billing Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

