



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

Volume 3 Number 5

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TO: Certified Nurse Practitioners/Clinical Nurse Specialists, Federally Qualified Health Centers (FQHC), Hospitals, Physicians, Mental Health Clinics, JCAHO-Accredited Residential Treatment Centers, Psychologists, Partial Care/Partial Hospitalization Providers, Psychiatric Community Residences for Youth, Residential Child Care Facilities and Children's Group Homes – **For Action**
Care Management Organizations and Health Maintenance Organizations– **For Information Only**

SUBJECT: **Prior Authorization for Mental Health Services for Non-Medicaid/NJ FamilyCare-Eligible Individuals Enrolled in the Partnership for Children (PFC) Transitioning Out of Care Management Organization (CMO) Services**

EFFECTIVE: Effective for all service plans and requests for services received by ValueOptions on or after **October 1, 2003**

PURPOSE: The purpose of this Newsletter is to inform providers that non-Medicaid/NJ FamilyCare-eligible children, youth or young adults who are transitioning from receiving Care Management Organization (CMO) services to receiving non-CMO community based services provided by other entities remain enrolled in the Partnership for Children (PFC). All services provided to these children continue to require prior authorization.

BACKGROUND: An important part of the continuum of care provided by the PFC is ensuring that appropriate service plans are developed for each individual and that appropriate services are provided. Effective April 1, 2002, ValueOptions, the Contracted Systems Administrator (CSA) for the PFC began issuing prior authorization (PA) numbers for Medicaid/NJ FamilyCare-reimbursable services included in the service plans developed by the Child/Family Team, for each child receiving CMO services. See CSOCI Newsletter Vol. 2, No. 6, dated September 2002 for more details.

As children, youth and young adults who are enrolled in the PFC but are not eligible for Medicaid/NJ FamilyCare (children whose ID numbers begin with "3560") transition from the CMO level of care services to services provided by other entities, they will continue to be enrolled in the Partnership for Children and their service plans will continue to be authorized by ValueOptions. However, these service plans may be developed by a number of entities in the community, including Youth Case Managers.

ACTION: Effective for all service plans and requests for services received by ValueOptions on or after October 1, 2003 prior authorization numbers will be issued to providers for mental/behavioral health services provided to children, youth and young adults enrolled in the PFC who have transitioned from CMO services who are not eligible for Medicaid/NJ FamilyCare, that is, those children whose identification numbers begin with "3560."

To receive prior authorization, the provider should call the CSA at 1-877-652-7624 and ask to speak to a Care Coordinator (CC) regarding obtaining prior authorization. The CSA CC will review the request for services with the provider to determine the clinical appropriateness and necessity for the services requested. The provider may be asked to submit written clinical documentation, if needed.

If the child/youth has been transitioned from the CMO to a community-based Youth Case Manager (YCM) who is coordinating the child/youth's care, the provider must request the prior authorizations through the YCM. The CSA CC will conduct the review directly with the YCM.

Upon completion of the review (either with the provider or the Youth Case Manager), the CSA CC will enter the prior authorization number into the system and the provider will be mailed a copy of the prior authorization letter.

Providers must receive the actual prior authorization number from ValueOptions before providing the services included in service plans for 3560 children.

When filing claims, providers must enter the prior authorization number exactly as it appears on the authorization letter for the service in Box #23 of the CMS 1500 claim form. Failure to correctly complete this section will result in the claim being denied.

Claims for services that require a prior authorization number that do not have a prior authorization number entered on the claim will be rejected for Error Code 423 (authorization number required). Claims for services that require a prior authorization number that have a prior authorization 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 prior authorization number you submitted was the correct number to use.

To ensure that proper reimbursement is received:

- **ALWAYS** check the PFC Identification Card presented by the beneficiary each time services are rendered. If a child is enrolled in the PFC, but is not a Medicaid/NJ FamilyCare beneficiary, the identification number will begin with "3560."
- **ALWAYS** verify the beneficiaries eligibility by calling the Recipient Eligibility Verification System/REVS at 1-800-676-6562 before rendering services.
- **ALWAYS** contact Value Options in order to secure authorization before rendering services, if you have not been outreached by a care coordination entity, such as a youth case management entity to provide services.

If you have any questions regarding the receipt of your prior authorization number, please contact ValueOptions at 1-877-652-7624.

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

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB
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