



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

NEWSLETTER

Vol. 11 No. 69

AUGUST 2001

TO: Providers of Partial Hospitalization Services

SUBJECT: **Change in Prior Authorization Procedures for Partial Hospitalization Services**

EFFECTIVE: For claims with service dates on or after August 15, 2001

PURPOSE: To notify providers of partial hospitalization services of a change in procedure for requesting prior authorization for partial hospitalization services provided to Medicaid and NJ FamilyCare fee-for-service beneficiaries.

BACKGROUND: N.J.A.C. 10:52-2.10 describes Medicaid and NJ FamilyCare fee-for-service requirements for coverage of partial hospitalization services. Partial hospitalization services are billed under Revenue Codes 912 (daytime) and 913 (evening). See Medicaid Newsletter Volume 11, No. 63, dated July 2001 for additional information. Currently, prior authorization requests for these services are processed by DMAHS' Mental Health Unit, Office of Utilization Management, located in Quakerbridge Plaza, Trenton, New Jersey 08625. For services to be rendered on or after August 15, 2001, however, the Division is transferring the prior authorization function from the Office of Utilization Management to the ten Medical Assistance Customer Centers (MACCs), which will now be responsible for issuing prior authorization for partial hospitalization services rendered in their counties.

ACTION: For requests for service dates on or after August 15, 2001, providers must submit prior authorization requests for partial hospitalization services to the Medical Assistance Customer Center in the county where the services are provided. The prior authorization requests must be made on the form "Requests for Prior Authorization for Mental Health Services" (form FD-07) and/or the form "Request for Prior Authorization Supplemental Information" (form FD-07A). A list of MACC office locations, with the counties covered by each office, is attached.

If you have any questions concerning this Newsletter, please contact the Office of Customer Services at (609) 631-4642.

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**MEDICAL ASSISTANCE CUSTOMER CENTER
(MACC)**

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(03) BURLINGTON (11) MERCER	Nancy Weber, Director (856) 787-3855 FAX#(856) 787-3877	Mt. Laurel Corporate Park 1000 Howard Blvd, Suite 303 Mt. Laurel, NJ 08054-2355
(04) CAMDEN (08) GLOUCESTER (17) SALEM	Eileen Calabro, Director (856) 614-2870 FAX#(856) 614-2575	1 Port Center, Suite 401 2 Riverside Dr. Camden, NJ 08103-1018
(06) CUMBERLAND (01) ATLANTIC (05) CAPE MAY	Barbara Smith, Director (856) 690-5208 FAX#(856) 690-5223	Giles Building 1676 East Landis Ave PO Box 1513 Vineland, NJ 08362-1513
(07) ESSEX	Kate Buckley-Straussl, Director (973) 648-3700 FAX#(973) 642-6468	153 Halsey St 4 th Floor Newark, NJ 07101-8004
John Russell, Northern Regional Administrator		
(09) HUDSON	Robert Dueben, Director (201) 217-7100 FAX#(201) 217-7122	438 Summit Ave 6 th Floor Jersey City, NJ 07306-3186
(12) MIDDLESEX (20) UNION	Susan Simon, Director (732) 603-3151 FAX#(732) 603-5643	25 South Main St Bldg. B, Suite 5&6 Edison, NJ 08837-3417
(13) MONMOUTH	Carol Coyle, Director (732) 761-3600 FAX#(732) 761-3621 or 3623	Juniper Business Plaza 3499 Highway 9 North Suite 1H-A Freehold, NJ 07728-3287
Thomas Rafferty, Southern Regional Administrator		
(14) MORRIS (10) HUNTERDON (18) SOMERSET (19) SUSSEX (21) WARREN	Stewart Klaus, Director (973) 631-6440 FAX#(973) 631-6448	10 Park Place Suite 340 Morristown, NJ 07960-7101
(15) OCEAN	Gail Dempsey, Director (732) 255-0731 FAX#(732) 255-0743	1510 Hooper Ave Suite 130 Toms River, NJ 08753-2295
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