



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

NEWSLETTER

Volume 14 No. 9

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TO: Hospitals, Please route to Partial Hospitalization Providers – **For Action**
Independent Clinics, Health Maintenance Organizations – **For Information Only**

SUBJECT: **Changes to Reported Service Units for Partial Hospitalization**

EFFECTIVE: Claims with service dates on or after May 1, 2004

PURPOSE: To notify providers of partial hospitalization services of changes to reporting requirements.

BACKGROUND: On February 17, 2004, the New Jersey Division of Medical Assistance and Health Services (DMAHS) adopted changes to the New Jersey Administrative Code (N.J.A.C.) 10:52-2.10 and N.J.A.C. 10:66-1.2, 1.4, 2.7, and 6.2. To view the updated version of these rules please visit:

www.state.nj.us/humanservices/dmahs/manuals.html

This Newsletter is intended to announce the implementation of changes to only the reporting of service units for partial hospitalization. Similar changes for partial care will be announced by DMAHS at a later date.

ACTION: **Effective for partial hospitalization claims and/or prior authorization requests for service dates on or after May 1, 2004,** the smallest unit of partial hospitalization that may be billed or prior authorized by Medicaid/NJ FamilyCare shall be one (1) hour, with a minimum of two (2) hours per day and a maximum of five (5) hours per day.

Services billed as less than two (2) hours are considered individualized therapy and shall not be billed as partial hospitalization. Five (5) hours of service per day is the maximum number of hours allowed per date of service for partial hospitalization.

See the following examples:

Partial Hospitalization Service	Service Date/Period	Service Date prior to May 1, 2004	Service Date on or after May 1, 2004
Full-Day Session	April 1, 2004	1 Unit	
Full-Day Session	May 2, 2004		5 Hours
2 Hours	May 2, 2004		2 Hours
2.5 Hours	May 2, 2004		2 Hours
5 Full-Day Sessions	April 5, 2004 to April 9, 2004	5 Units	
5 Full-Day Sessions	May 2, 2004 to May 6, 2004		25 Hours

Important Reminders:

1. **Reporting number of service units for partial care remains unchanged. Similar changes will apply to partial care at a future date.**
2. These changes will allow providers to report actual number of hours of service provided that exceed two (2) hours, but are less than six (6) hours.
3. For services in which the number of hours of service is fractional (for example 2.5 hours), providers must “round-down” the units reported to the lower whole number (i.e. 2 hours).
4. Units of service reported as less than two (2) hours per date of service or greater than five (5) hours per date of service will be denied by Error Code 374, “Reported Service Units must be greater than 1 and less than 6.”
5. Partial Hospitalization may be billed/authorized using Revenue Codes 912 or 913.
6. “From-To” dates reported on claims must be reported as individual service dates or consecutive dates of actual services. **This information will be monitored by the State to determine if hours of partial hospitalization are being properly reported.**

If you have any questions concerning this Newsletter, please contact the DMAHS Mental Health Unit at (609) 588-2743.

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