



Newsletter

*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health
Services & the Division of Mental Health
and Addiction Services*

Volume 26 No. 05

July 2016

TO: Providers of Behavioral Health Services – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Changes in Reimbursement and Billing Procedures for Behavioral Health Services**

EFFECTIVE: Claims with service dates on or after July 1, 2016

PURPOSE: To provide New Jersey FamilyCare (NJFC) fee-for-service providers of behavioral health services: (1) new reimbursement rates for mental health and substance use disorder (SUD) treatment services; and (2) updated billing procedures.

BACKGROUND: The New Jersey Department of Human Services, in cooperation with the New Jersey Division of Mental Health and Addiction Services (DMHAS) and the New Jersey Division of Medical Assistance and Health Services (DMAHS), have worked closely to move forward the initiative, announced by Governor Chris Christie in his 2016 State of the State budget address, to invest \$127.5 million in enhanced behavioral health service rates for providers. This initiative is designed to strengthen the organizations that provide critical behavioral health services to vulnerable New Jersey consumers who have a mental illness and/or substance use disorder.

Rate study and rate setting processes, augmented with stakeholder input, a professional accounting firm and budget experts, were involved in establishing the new reimbursement rates announced in this Newsletter. The overall objective was to establish rates reflective of the full costs for providing behavioral health services. Generally, the established NJ rates were set at 100 percent of the prevailing Medicare rate.

DMHAS-approved providers are required to bill the State's fiscal agent, Molina Medicaid Solutions, for behavioral health services provided to Medicaid/NJFC-eligible consumers with service dates on or after July 1, 2016. This DMHAS policy decision is intended to ensure compliance with the Patient Protection and Affordable Care Act (PPACA) of 2010, otherwise referred to as the Affordable Care Act (ACA).

Current billing procedures for State-funded (non-Medicaid) consumers are not impacted by this policy change.

As part of this initiative, DMHAS re-evaluated its current policy regarding coverage and reimbursement for Medication Assisted Treatment (MAT) delivered by an Opioid Treatment Program (OTP). For claims with service dates on or after July 1, 2016, DMHAS has established new weekly bundled rates designed to cover MAT services delivered in an OTP.

The bundled rate will reimburse opioid treatment facilities for costs related to weekly MAT services provided to consumers. MAT services included in the weekly bundled rate include: medication dispensing, drug costs, individual or group counseling session(s), a case management session, and medication monitoring related to MAT. The bundled rates do not include transportation, intensive outpatient, intake or psychiatric evaluation. The same weekly bundled rates apply to Phase I –IV consumers.

ACTION: For claims with service dates on or after July 1, 2016, the behavioral health FFS rates listed in Table 1 (attached) have been established for covered behavioral health services.

Providers are required to report the appropriate service code or service code/modifier combination to identify the service provided, the provider type rendering the service or the place where a service was provided from as indicated below.

Service Code Modifier*	Purpose
Base code or base code with modifier(s) 22, 26, SA, SA/26, 52 or UC	Mental health service
SA	Service provided by an Advanced Practice Nurse
UC	Service provided in a mental health clinic setting
26	Outpatient hospital provided service
HF or HF/26	Service provided in a substance use disorder clinic or by a community-based provider

***AMHR-MH Group Homes & CSS have unique base code/modifier combinations**

FFS rates for Community Support Services (CSS) are provided for informational purposes only. DMHAS anticipates operationalizing the CSS program in 2016 soon after the regulations are promulgated. The CSS program shall be the subject of a follow-up Newsletter.

Medicaid/NJFC FFS Billing Considerations

- Providers must enroll or re-enroll in the Medicaid/NJFC FFS program to receive Medicaid/NJFC FFS payments or State funds for eligible behavioral health consumers. Prospective applicants may download an independent clinic provider application by visiting www.njmmis.com. Providers may also learn more

about the provider re-enrollment process by visiting www.njmmis.com and accessing the Medicaid Newsletter Volume 24, No. 04.

- The provider is responsible for ensuring that the Medicaid/NJFC FFS program is **first** billed for covered behavioral health services provided to eligible beneficiaries **prior** to requesting State or County funding.
- Certain SUD services must be prior authorized by the Interim Management Entity (IME) under contract with DMHAS. Additional information regarding IME procedures may be found in a follow-up DMHAS Newsletter.
- **Effective July 1, 2016,** providers are required to bill the Medicaid/NJFC FFS program for consumers 21 years of age or younger and consumers 65 years of age or older for providing short-term residential and a detox level of care in an IMD.
- Table 2 (attached) provides guidance to behavioral health Medicaid providers regarding the billing of Evaluation and Management (E/M) procedure codes in conjunction with certain psychiatric diagnostic and therapy codes.
- For mental health and substance use disorder outpatient services, there is a capped annual spend (per member per year), for those services provided by the same provider, of \$6,000 before prior authorization is required.

If you have any billing questions related to this Newsletter, please contact Molina Medicaid Solutions (formerly Unisys) Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

Behavioral Health Fee-for-Service Rates

Effective July 1, 2016

Service Type	Service Description	Service Codes	Current Rates	New Rates
	<i>Hospital Based Services</i>	'UC' MODIFIER FOR CLINIC USE ONLY		
Mental Health	Individual therapy (60 min)	914	\$50.00	\$68.21
Mental Health	Group therapy (60 min)	915	\$30.00	\$27.50
Mental Health	Psychological testing (1 hr; max 6 hrs)	918	\$62.50	\$62.50
Mental Health	Medication monitoring	919	\$42.00	\$42.00
Mental Health	Partial hospitalization	912	\$33.08	\$17.92
	*Assessment- MH			
Mental Health	Psychiatric diagnostic evaluation without medical Services	90791	\$68.09	\$157.94
Mental Health	Psychiatric diagnostic evaluation without medical services	90791 26	\$65.87	\$157.94
Mental Health	Psychiatric diagnostic evaluation without medical services	90791 SA	\$56.35	\$157.94
Mental Health	Psychiatric diagnostic evaluation without medical services	90791 SA 26	\$54.39	\$157.94
Mental Health	Psychiatric diagnostic evaluation without medical services	90791 UC	\$59.31	\$157.94
Mental Health	Psychiatric diagnostic evaluation with medical services	90792	\$75.69	\$325.00
Mental Health	Psychiatric diagnostic evaluation with medical services	90792 26	\$73.48	\$325.00
Mental Health	Psychiatric diagnostic evaluation with medical services	90792 SA	\$60.70	\$325.00
Mental Health	Psychiatric diagnostic evaluation with medical services	90792 SA 26	\$58.75	\$325.00
Mental Health	Psychiatric diagnostic evaluation with medical services	90792 UC	\$63.89	\$325.00
	OP-MH			
Mental Health	Individual therapy (20-30 min)	90832	\$33.92	\$68.21
Mental Health	Individual therapy (20-30 min)	90832 26	\$33.52	\$68.21
Mental Health	Individual therapy (20-30 min)	90832 SA	\$27.19	\$68.21
Mental Health	Individual therapy (20-30 min)	90832 UC	\$28.62	\$68.21
Mental Health	Individual therapy (20-30 min) concurrent with E/M services	90833	\$34.93	\$70.33

*Payment is limited to one claim per provider per year

Service Type	Service Description	Service Codes	Current Rates	New Rates
Mental Health	Individual therapy (20-30 min) concurrent with E/M services	90833 SA	\$27.84	\$70.33
Mental Health	Individual therapy (20-30 min) concurrent with E/M services	90833 UC	\$29.31	\$70.33
Mental Health	Individual therapy (45-50 min)	90834	\$44.50	\$90.26
Mental Health	Individual therapy (45-50 min)	90834 26	\$44.10	\$90.26
Mental Health	Individual therapy (45-50 min)	90834 SA	\$36.04	\$90.26
Mental Health	Individual therapy (45-50 min)	90834 UC	\$36.04	\$90.26
Mental Health	Individual therapy (45-50 min) concurrent with E/M services	90836	\$43.67	\$89.04
Mental Health	Individual therapy (45-50 min) concurrent with E/M services	90836 SA	\$36.04	\$89.04
Mental Health	Individual therapy (45-50 min) concurrent with E/M services	90836 UC	\$36.73	\$89.04
Mental Health	Special family therapy with patient present (45-50 minutes)	90847	\$37.00	\$113.94
Mental Health	Special family therapy with patient present independent clinic (45-50 minutes)	90847 UC	\$49.00	\$113.94
Mental Health	Special family therapy with patient present, independent practitioner service greater than 45-50 minutes	90847 SA	\$24.70	\$113.94
Mental Health	Group therapy (90 min)	90853	\$8.00	\$27.50
Mental Health	Group therapy (90 min)	90853 SA	\$5.70	\$27.50
Mental Health	Group therapy (90 min)	90853 UC	\$23.00	\$27.50
Mental Health	Family conference (25 min)	90887	\$19.00	\$22.91
Mental Health	Family conference (25 min)	90887 UC	\$24.50	\$22.91
Mental Health	Family conference (25 min)	90887 SA	\$12.40	\$22.91
	PACT			
Mental Health	Progressive Assertive Community Treatment (monthly rate; ≥ 2 hrs per month)	H0040 22	\$1,304.10	\$1,487.81
	MH-Partial Care			
Mental Health	Partial care (per hour; max of 5 hours/day)	H0035	\$14.55	\$17.92

Service Type	Service Description	Service Codes	Current Rates	New Rates
	TARGETED CASE MANAGEMENT (ICMS)			
Mental Health	Targeted Case Management with PATH Homelessness Transition and Justice Services (15 min)	T1017 52	\$19.92	\$38.12
	AMHR- MH GROUP HOMES			
Mental Health	Supervised residential group homes & crisis residences: level A+ (per diem)	H0019 U1	\$179.23	\$268.85
Mental Health	Supervised residential apartments: level A+ (per diem)	H0019 U1 52	\$179.23	\$268.85
Mental Health	Supervised residential group homes: level A (per diem)	H0019 U2	\$143.16	\$214.74
Mental Health	Supervised residential apartments: level A (per diem)	H0019 U2 52	\$72.13	\$214.74
Mental Health	Supervised residential group homes: level B (per diem)	H0019 U3	\$111.48	\$167.22
Mental Health	Supervised residential apartments: level B (per 15 min unit of service) individual	H0019 U3 52	\$4.10	\$13.33
Mental Health	Family care level D (per diem)	H0019 U5	\$43.71	\$17.55
	CSS			
Mental Health Band 5	Community Supports Services peer group (15 min unit)	H0036 HQ 52	\$3.91	\$4.16
Mental Health Band 5	Community Supports Services peer individual (15 min unit)	H0036 52	\$15.63	\$16.62
Mental Health Band 5	Community Supports Services HS group (15 min unit)	H0036 HQ	\$3.91	\$4.16
Mental Health Band 5	Community Supports Services HS individual (15 min unit)	H0036	\$15.63	\$16.62
Mental Health Band 4	Community Supports Services bachelor group (15 min unit)	H0039 HN HQ	\$5.17	\$6.94
Mental Health Band 4	Community Supports Services bachelor degree individual (15 min unit)	H0039 HN	\$20.69	\$27.74
Mental Health Band 4	Community Supports Services LPN group (15 min unit)	H0039 HQ TE	\$5.17	\$6.94
Mental Health Band 4	Community Supports Services LPN individual (15 min unit)	H0039 TE	\$20.69	\$27.74
Mental Health Band 5	Community Supports Services 2 yr associate degree group (15 min unit)	H0036 HM	\$3.91	\$4.16
Mental Health Band 5	Community Supports Services 2 yr associate degree individual (15 min unit)	H0036 HM HQ	\$15.63	\$16.62
Mental Health Band 3	Community Supports Services master's - no clinical License individual (15 min Unit)	H2015 HE	\$28.82	\$31.42
Mental Health Band 3	Community Supports Services licensed professional of the healing arts individual (15 min unit)	H2015 HE HO	\$28.82	\$35.85

Service Type	Service Description	Service Codes	Current Rates	New Rates
Mental Health Band 3	Community Supports Services RN Individual (15 min unit)	H2015 HE TD	\$28.82	\$31.42
Mental Health Band 2	Community Supports Services APN individual (15 min unit)	H2000 HE SA	\$50.11	\$53.93
Mental Health Band 3	Community Supports Services psychologist Individual (15 min unit)	H2015 AH HE	\$50.11	\$53.93
Mental Health Band 1	Community Supports Services physician individual (15 min unit)	H2000 HE	\$60.27	\$104.67
	*Assessment- SUD			
Addiction Services	Psychiatric diagnostic evaluation without medical services	90791 HF	\$67.75	\$157.94
Addiction Services	Psychiatric diagnostic evaluation with medical services	90792 HF	\$54.80	\$325.00
	OP - SUD			
Addiction Services	Individual therapy (20-30 min)	90832 HF	\$28.62	\$68.21
Addiction Services	Individual therapy (20-30 min) concurrent with E/M services	90833 HF	\$29.31	\$70.33
Addiction Services	Individual therapy (45-50 min)	90834 HF	\$49.00	\$90.26
Addiction Services	Individual therapy (45-50 min) concurrent with E/M services	90836 HF	\$36.73	\$89.04
Addiction Services	Family counseling / education in substance abuse facility (1 hr)	90847 HF	\$46.00	\$113.94
Addiction Services	Group therapy (90 min) up to 12 people in substance abuse facility	90853 HF	\$23.00	\$27.50
Addiction Services	Family conference (25 min)	90887 HF	\$24.50	\$22.91
Addiction Services	Urinalysis for drug addiction	H0003 HF	\$4.50	\$4.50
	SUD- IOP			
Addiction Services	Intensive outpatient treatment in substance abuse facility (per diem)	H0015 HF	\$71.00	\$109.48
	SUD- Partial Care			
Addiction Services	Partial care treatment in substance abuse facility (per diem)	H2036 HF	\$84.00	\$78.31

***Payment is limited to one claim per provider per year**

Service Type	Service Description	Service Codes	Current Rates	New Rates
	SUD- Residential (covered in Medicaid recipients aged 21 and younger and 65 and older)			
Addiction Services	Detoxification ambulatory or residential	H0010 HF	\$204.00	<i>\$408.08</i>
Addiction Services	Short-term residential	H0018 HF	\$147.00	<i>\$201.60</i>
	MEDICATION ASSISTED TREATMENT IN OTPs			
Addiction Services	Opioid treatment methadone - weekly bundled rate	H0020 HF 26	\$13.55	<i>\$91.15</i>
Addiction Services	**Opioid treatment non-methadone - weekly bundled rate	H0033 HF 26	\$0.00	<i>\$189.71</i>
Addiction Services	Methadone medication / dispensing (per diem)	H0020HF	\$4.25	<i>\$4.25</i>
Addiction Services	**Non-methadone medication / dispensing (per diem)	H0033HF	\$0.00	<i>\$13.55</i>
Addiction Services	Urinalysis for drug addiction	H0003 HF	\$4.50	<i>\$4.50</i>

****Includes Suboxone®, Naltrexone or other FDA-approved MAT drug provided in an opioid treatment program**

Table 2: Use of Evaluation and Management Codes

Description	Code	Medicaid MH Rate	E/M Code	E/M Rate	Description	Combined Payment Amount
					New Patient	
Psychiatric Diagnostic Evaluation Concurrent with E/M Services	90792	\$325.00	99201	\$24.63	Typically 10 minutes for problems that are self-limiting or minor in severity.	\$349.63
			99202	\$42.00	Typically 20 minutes for problems that are low to moderate in severity.	\$367.00
			99203	\$61.14	Typically 30 minutes for problems that are moderate in severity.	\$386.14
			99204	\$92.31	Typically 45 minutes for problems that are moderate to high in severity.	\$417.31
			99205	\$115.60	Typically 60 minutes for problems that are high to severe in severity.	\$440.60
					Established Patient	
Individual Therapy (20-30 min) Concurrent with E/M Services	90833	\$70.33	99211	\$16.00	Typically 5 minutes for problems that are minimal in severity.	\$86.33
			99212	\$24.63	Typically 10 minutes for problems that are self-limiting or minor in severity.	\$94.96
			99213	\$40.88	Typically 15 minutes for problems that are low to moderate in severity.	\$111.21
			99214	\$60.19	Typically 25 minutes for problems that are moderate to high in severity.	\$130.52
			99215	\$81.42	Typically 40 minutes for problems that are high in severity.	\$151.75
					Established Patient	
Individual Therapy (45-50 min) Concurrent with E/M Services	90836	\$89.04	99211	\$16.00	Typically 5 minutes for problems that are minimal in severity.	\$105.04
			99212	\$24.63	Typically 10 minutes for problems that are self-limiting or minor in severity.	\$113.67
			99213	\$40.88	Typically 15 minutes for problems that are low to moderate in severity.	\$129.92
			99214	\$60.19	Typically 25 minutes for problems that are moderate to high in severity.	\$149.23
			99215	\$81.42	Typically 40 minutes for problems that are high in severity.	\$170.46

					Established Patient	
Group Therapy (90 mins) Concurrent with E/M Services	90853	\$27.50	99211	\$16.00	Typically 5 minutes for problems that are minimal in severity.	\$43.50
			99212	\$24.63	Typically 10 minutes for problems that are self-limiting or minor in severity.	\$52.13
			99213	\$40.88	Typically 15 minutes for problems that are low to moderate in severity.	\$68.38
			99214	\$60.19	Typically 25 minutes for problems that are moderate to high in severity.	\$87.69
			99215	\$81.42	Typically 40 minutes for problems that are high in severity.	\$108.92