



Newsletter

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TO: All Providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **New Billing Procedures for NJ FamilyCare Coverage of
Substance Use Disorder (SUD) Treatment Services**

EFFECTIVE: Claims with service dates on or after July 1, 2016
(Prior authorization procedures - immediately)

PURPOSE: To provide NJ FamilyCare (NJFC) fee-for-service (FFS) providers of substance use disorder (SUD) treatment services: (1) follow-up information regarding the role of the Interim Management Entity (IME), introduced to providers in Newsletter Volume 25, No. 06; and (2) an updated list of SUD treatment codes.

BACKGROUND: On January 1, 2014, DMAHS expanded the NJFC program to offer healthcare to parents, single adults and childless couples aged 19 to 64, with incomes up to 133% of the Federal Poverty Level (FPL). The new federal healthcare law created an Alternative Benefit Plan (ABP) for the NJFC expansion population. The ABP included all NJFC State Plan benefits, as well as certain SUD services.

DMHAS contracted with Rutgers University Behavioral Health Care, the IME, to provide certain administrative services required to support the call line announced by Governor Chris Christie in his State-of-the-State address. The call line provides 'one-stop' access for individuals with SUDs. The IME is responsible for providing reviews and issuance of prior authorizations for certain treatment, answering individual and provider phone calls regarding prior authorizations, referrals, care coordination, confirming NJFC eligibility, and data collection. With the exception of mental health Community Support Services (CSS), to be announced in a future Newsletter, UBHC will not be managing other mental health services as part of its administrative responsibilities.

Currently, the IME coordinates SUD treatment services provided to the ABP population, as well as medication-assisted treatment for SUDs provided to NJFC Plan A beneficiaries. The IME also authorizes services for State-funded SUD treatment services. These services are funded by DMHAS for New Jersey residents not eligible to receive NJFC coverage and for certain SUD treatment services not covered by NJFC.

Effective July 1, 2016, access to SUD treatment services will be expanded to include NJFC Plan A beneficiaries. All SUD treatment services listed in this Newsletter will be available as FFS benefits for NJFC Plan A and ABP beneficiaries, with the exception of those services indicated below.

- **For NJFC Plan A and ABP managed care members enrolled in Managed Long Term Services and Supports (MLTSS)**, the managed care plan is currently responsible for providing the following SUD treatment services: methadone medication and dispensing (per diem), buprenorphine/buprenorphine-naloxone medications and dispensing, Vivitrol® (injectable naltrexone), medication monitoring – medication assistance treatment (MAT), physician visits with certain time limitations, collection of urine drug screens, collection of oral swab drug screens, collection of pregnancy tests, liver functioning tests – blood draw and evaluation, TB testing, and cognitive behavioral motivational therapy – group (MAT only).
- **For NJFC Plan A and ABP managed care members not enrolled in MLTSS**, the managed care plan is **not** responsible for SUD treatment services, including diagnosis, treatment, and detoxification, as well as costs for methadone maintenance and administration. Acute detoxification provided in a medical setting is covered by managed care.

Also, pending State budget approval, reimbursement rates for behavioral health services, including SUD and mental health treatment services, will be increased effective July 1, 2016. If approved by the State budget, rate changes for behavioral health services will be communicated to providers in a separate DMHAS/DMAHS Newsletter.

The New Jersey Substance Abuse Monitoring System (NJSAMS), administered by DMHAS, utilizes the DMHAS addiction provider data network and is the primary State source of information regarding access to and utilization of SUD treatment services by residents of New Jersey. **All providers of SUD treatment services shall continue to fulfill their licensing responsibilities and utilize NJSAMS/Division of Addiction Services Income Eligibility (DASIE) in accordance with DMHAS requirements.**

The National Council on Alcohol and Drug Dependence (NCADD-NJ) Work First New Jersey Substance Abuse Initiative and Behavioral Health Initiative (WFNJ SAI/BHI), sponsored by the New Jersey Division of Family Development (DFD), continues to provide SUD treatment and behavioral health services to qualified individuals under the WFNJ program. The WFNJ program is not managed by the IME and will not require prior authorizations through the IME. WFNJ SAI/BAI procedures are unchanged by the IME implementation.

Additionally, each County Alcoholism and Drug Abuse Director administers Alcohol Education, Rehabilitation and Enforcement Funds, AEREF, funds in accordance with their County's Comprehensive Plan. These funds are not managed by the IME and will not require prior authorization through the IME. Accordingly, accessing resources for these services remain unchanged by the IME implementation.

ACTION:

General Information

1. The requirements outlined in the DMHAS/DMAHS Newsletter, Volume 25, No. 06, shall continue to apply for SUD treatment services provided with service dates prior to July 1, 2016.
2. Effective for claims with service dates on or after July 1, 2016, the following changes shall apply:
 - With the exception of withdrawal management and short term residential services for consumers 21 to 64 years of age, both NJFC Plan A and ABP beneficiaries 18 years of age and older are eligible to receive coverage for SUD treatment services.
 - Consumers of SUD treatment services eligible for NJFC Plan A and ABP coverage shall have access to the State-sponsored program for SUD treatment services by calling the IME at 1-844-276-2777. To learn more, providers should go to <http://www.state.nj.us/humanservices/dmhas/initiatives/managed/>.
3. Providers are reminded of the importance of verifying NJFC Plan A and ABP eligibility prior to providing a NJFC-covered service. For example, for incarcerated individuals, the message “*the benefit package is limited to inpatient acute care, FFS only*” is reported by the Medicaid Eligibility Verification System (MEVS) or the Recipient Eligibility Verification System (REVS) response indicating that an eligible FFS beneficiary may only access a limited service plan, in this case only inpatient hospitalization and certain inpatient-related professional services. For additional information regarding the verification of NJFC Plan A eligibility, please see the Medicaid Newsletter Volume 25, No. 04 which may be found at www.njmms.com.
4. Detoxification and short-term residential treatments provided by an Institution for Mental Disease (IMD) are **not** covered by Medicaid for consumers 21 to 64 years of age.
5. Medicaid automatically disenrolls providers who have not demonstrated any claim activity with Medicaid in eighteen (18) months. A billing provider must re-apply to the Medicaid FFS program by completing the Medicaid Provider Enrollment Application (FD-20). The application is available on-line at www.njmms.com; select **Provider Enrollment Application**; under **Provider Type** select **Independent Clinic – Narcotic & Drug Abuse** application. Applicants may download a pdf version of the application or provide a mailing address. For questions, applicants may contact the Molina Medicaid Solutions Provider Enrollment Unit at 1-609-588-6036.

Procedure Code Changes

- The procedure codes listed as Substance Use Disorder Treatment Codes in this Newsletter shall be effective for claims with service dates on or after July 1, 2016.

- CPT codes 90791 HF and 90792 HF billed for comprehensive assessments do not require prior authorization.
- DMHAS is introducing the concept of new weekly 'bundled' rates for MAT, including methadone, buprenorphine/buprenorphine-naloxone or other MAT medications, for service dates on or after July 1, 2016. The bundled rate will reimburse opioid treatment facilities for costs related to MAT services provided weekly 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.
- Absent from this Newsletter is the assignment of the '22' modifier to distinguish between those services provided to NJFC Plan A and ABP-eligible consumers. Effective July 1, 2016, both NJFC Plan A and ABP-eligible consumers may access the same SUD treatment services. The 22 modifier assigned to SUD treatment services, as required in the Newsletter Volume 25, No. 06, **is no longer necessary**.
- The list of service codes for new and established physician visits has been expanded to accommodate the billing of third party payers.
- **CPT procedure 90792 HF should only be billed by a psychiatrist when a comprehensive assessment is performed. All other physician services should be billed using CPT procedure codes 99201 HF through 99215 HF.**

DMHAS Prior Authorization (PA) Policies

Certain SUD services provided to a NJFC Plan A or ABP consumer with a service date on or after July 11, 2016 shall require prior authorization. Certain claims with service dates on or after July 11, 2016 without prior authorization shall be denied payment by the State of New Jersey.

- NJSAMS shall continue to be the on-line tool for communicating a consumer's treatment service.
- American Society of Addiction Medicine (ASAM) criteria, as well as ICD/DSM supportive diagnoses, shall be used to determine medical necessity for SUD treatment services.
- PA is not a guarantee of payment. PA is confirmation that the IME, as an agent of the State, has determined that a SUD treatment service is medically necessary.
- Only providers who are affiliated with the IME through a formal Affiliation Agreement shall be issued a PA by the IME.
- Independent clinics providing SUD treatment services are required to obtain a PA for certain SUD services. Independent clinics must report the appropriate authorized service code with the 'HF' modifier when billing claims for these services.
- **Practitioners in private practice must report the 'HF' modifier and request PA for certain SUD services. PA for SUD services provided by a practitioner must be**

requested from a Medical Assistance Customer Center (MACC), not from the IME. MACC contact information is available at http://www.nj.gov/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf.

- **Prior authorization is required when aggregate payments for routine outpatient treatment services, including 90832 HF, 90833 HF, 90834 HF, 90836 HF, 90847 HF, 90853 HF and 90887 HF exceeds a \$6000 cap/threshold in a 12-month period. All MAT and IOP treatments shall require prior authorization.**
- Upon referring a consumer to an IME-affiliated provider, the provider is required to conduct a full consumer assessment. The assessment when provided for a NJFC Plan A or ABP beneficiary and billed under CPT procedure codes 90791 HF or 90792 HF do not require an IME authorization.
- A face-to-face assessment of the SUD consumer shall be performed by the affiliated provider. This type of assessment is required for those accessing the IME by the toll-free telephone number, as well as “walk-ins.”
- Decisions rendered by the IME may be appealed directly, or on behalf of a consumer, to the IME by following the IME internal appeal process. If the requested appeal is for a reason(s) not related to medical necessity, or if a client or a provider on behalf of a client is not satisfied with the outcome of the appeal process conducted by the IME, a provider has the right to initiate a fair hearing with DMAHS.

Prior Authorization (PA) Procedures

In order to effectively transition to a fully-implemented prior authorization process for SUD treatment services, DMHAS and the IME have developed an implementation plan to ensure the efficient management of authorizations for consumers receiving SUD treatment services that extend beyond July 11, 2016 and for those newly enrolled in a SUD treatment program on or after July 1, 2016. **The IME will request the required information from providers.**

To support the implementation plan, the IME shall issue two (2) types of prior authorizations, an “administrative PA” and a “managed clinical authorization.”

An “administrative PA” is not a determination of medical necessity. These authorizations offer the IME the opportunity to establish authorization records that are essential for ensuring claim payments for authorized services when the formal PA process is initiated for claims with service dates on or after July 11, 2016.

“Managed clinical authorizations”, also referred to as “full utilization management,” are issued after the IME has completed a comprehensive review of supportive clinical documentation to determine medical necessity and the appropriateness of requested SUD treatment.

- The IME has issued **administrative PAs** for currently-enrolled and newly-enrolled NJFC Plan A and ABP consumers in Intensive Outpatient (IOP) and Partial Care (PC) **between April 1, 2016 and May 24, 2016.**

- The IME requested and received information from providers to issue **administrative PAs** for opioid treatment and routine outpatient treatment services for NJFC Plan A and ABP consumers currently receiving treatment and those entering treatment **between April 1, 2016 and May 24, 2016.**
- The IME shall only issue **managed clinical authorizations** for SUD services provided **on or after May 24, 2016.** This includes NJFC Plan A and ABP consumers newly admitted to withdrawal management and short term residential (based on age), as well as NJFC Plan A and ABP consumers entering IOP treatment, PC and outpatient opioid treatment services. Routine outpatient services, including 90832 HF, 90833 HF, 90834 HF, 90836 HF, 90847 HF, 90853 HF, and 90887 HF, **after a \$6000 cap/threshold is exceeded will also be subject to managed clinical authorizations.** Procedure codes 90791 HF and 90792 HF do not require prior authorization.

The IME has begun the process of assigning administrative PAs for MAT services delivered in an OTP to Medicaid enrollees. OTP providers have been issued a Medicaid Administrative PA from the IME for the bundled weekly opioid treatment service code for Medicaid-enrolled consumers in treatment as of May 23, 2016. They also received a PA for the bundled weekly opioid treatment code on and after May 24, 2016 for all newly-admitted consumers. The PA numbers that providers receive have been stored in the Molina system to allow the billing of claims for the bundled code with service dates on or after July 1, 2016. **OTP providers will continue to bill using the current procedure codes for service dates prior to July 1, 2016. Only claims for the bundled rate reporting a PA number with service dates on or after July 1, 2016 shall be covered by the Medicaid Program.**

- Services prior authorized by the IME shall be issued a 10-digit Medicaid/NJFC PA number that will be displayed in a notation field in the NJSAMS response.
- Providers issued a PA number shall also receive a NJFC PA letter from Molina Medicaid Solutions confirming the status of the PA decision issued by the IME. PA numbers for SUD treatment services shall all have the number '17' in the first two positions of the PA number.
- Providers must report the PA number on claim forms when requesting NJFC payments.

If there are any policy questions regarding this Newsletter, providers may contact the IME at 1-844-276-2444. If there are any questions regarding the submission of FFS claims, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

SUBSTANCE USE DISORDER TREATMENT CODES EFFECTIVE 070116

Service Code	Description	Credentials	Clinical Criteria	PA Required
90791 HF	Comprehensive assessment in a SA treatment facility (1 hour)	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist <ul style="list-style-type: none"> • A MD, DO or APN shall not bill this CPT code. 	Assessment to determine appropriate level of care at admission	N
90792 HF	Comprehensive assessment in a SA treatment facility (1 hour) with medical service	<ul style="list-style-type: none"> • ONLY a Licensed MD, DO, or APN may bill this CPT code. • This assessment code is billed for psychiatric evaluations only. Other E & M codes are billed for medically-appropriate follow-up care. 	Assessment to determine appropriate level of care at admission	N
90832 HF	Psychotherapy with patient and/or family member, 30 minutes	See N.J.A.C. 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	S*
90833 HF	Individual therapy with patient and/or family member when performed with an evaluation and management (E&M) service, 30 minutes	See N.J.A.C. 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	S*
90834 HF	Psychotherapy with patient and/or family member, 45 minutes	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	Under development	S*
90836 HF	Individual therapy with patient and/or family member when performed with an E&M service, 45 minutes	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	S*
90847 HF	Outpatient – Family Counseling/Education in a SA treatment facility, 1 hour	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	S*
90853 HF	Group therapy, 90 minutes	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	S*
90887 HF	Family conference to interpret or explain results of psychiatric, other medical examinations and procedures or other accumulated data to family or other responsible persons, or advising them how to assist patient	See NJAC 10:37E-2.6 Outpatient Services Standards staffing requirements	ASAM level I (unbundled) ASAM level II.1 and II.5 (bundled)	S*
99201 HF	Physician visit, all three key visit components met – new patient (10 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT can be concurrently enrolled in other level(s) of care	N

Service Code	Description	Credentials	Clinical Criteria	PA Required*
99202 HF	Physician visit, all three key components met – new patient (20 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	N
99203 HF	Physician visit, all three key components met – new patient (30 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	N
99204 HF	Physician visit, all three key components met – new patient (45 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	N
99205 HF	Physician visit, all three key components met – new patient (60 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	N
99211 HF	Physician visit, 2/3 key components met – established patient (5 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	N
99212 HF	Physician visit, 2/3 key components met – established patient (10 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	N
99213 HF	Physician visit, 2/3 key components met – established patient (15 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	N
99214 HF	Physician visit, 2/3 key components met – established patient (25 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	N
99215 HF	Physician visit, 2/3 key components met – established patient (40 minutes)	Licensed MD, DO or APN	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	N
H0003 HF	Urinalysis for drug addiction in an OTP	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	Assessment to determine appropriate level of care at admission	N
H0010 HF	Detoxification level III.7, per diem	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level III.7D	Y
H0015 HF	Intensive outpatient (IOP) treatment in a substance use disorder facility	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level II.1	Y
H0018 HF	Short term residential treatment, per diem	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level III.7	Y

Service Code	Description	Credentials	Clinical Criteria	PA Required*
H0020 HF	Methadone medication and dispensing in a licensed opioid treatment facility (per diem)	Registered Nurse	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	Y
H0020 HF 26	Methadone medication and dispensing in a licensed opioid treatment facility (New Weekly Bundled Rate)	Registered Nurse	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	Y
H0033 HF	Other medication administered with direct observation, other than methadone (per diem)	Registered Nurse	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	Y
H0033 HF 26	Other medication administered with direct observation, other than methadone (New Weekly Bundled Rate)	Registered Nurse	Consumer meets criteria for MAT – can be concurrently enrolled in other level(s) of care	Y
H2036 HF	Partial care treatment in a SA treatment facility (per diem)	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level II.5	Y

***S is when PA is required after the cap/threshold is met. See DMHAS Prior Authorization (PA) Policies (pg 4)**