



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

NEWSLETTER

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

SUBJECT: Rounding of Service Units

EFFECTIVE: Immediately

PURPOSE: To provide clarification concerning the time component of billing codes and what constitutes a “unit” for billing purposes.

BACKGROUND: The electronic submission of billing codes requires the use of Health Insurance Portability and Accountability Act (HIPAA)-compliant codes. Multiple codes include time in their definitions and several providers have expressed questions on what these times actually mean and when “rounding” of time is allowable for NJ FamilyCare (NJFC) billing.

ACTION: NJFC requires HIPAA-compliant coding for electronic submission of claims. Multiple HIPAA-compliant codes have a required time value. In order to ensure consistency among providers, for those codes that do have a required time value, NJFC requires that only full units of service be provided and billed for face-to-face encounters and no “rounding up” is allowed. Face-to-face time, for coding purposes, is defined as only that time spent face-to-face with the client and/or family. Work spent performing such tasks as reviewing records and tests and communicating with other professionals via written reports or telephone contact is considered non-face-to-face. Non-face-to-face time is not directly reimbursable but is accounted for in the base rate.

Evaluation and Management (E/M): E/M codes have a time component included in their Current Procedural Terminology (CPT) definition. However, it should be noted that the inclusion of time in the definitions of E/M codes was added to assist in selecting the most appropriate level of E/M services and that the times expressed in the descriptions are averages. The actual times may be higher or lower depending on clinical circumstances.

Psychiatric and Psychotherapy Diagnostic Procedure Codes: NJ FamilyCare utilizes codes described in the Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS). Psychiatric diagnostic procedure codes 90791 and 90792 do not have a time component in their description. They are used for the diagnostic assessment or reassessment of psychotherapeutic services. Psychotherapy

codes 90832-90838 do have times listed as descriptors and NJFC requires the full face-to-face time for billing purposes. If the procedure code descriptor states it is a 50 minute session, the provider must provide and bill for 50 minutes. Certain codes such as 90853 do not have a time descriptor in their definition but do have times listed in regulations that address the provider type. Any code with a specific time listed in regulation shall take precedence and the full amount of face-to-face time listed shall be required for billing purposes.

Home Care: Home care has explicit time requirements listed in N.J.A.C. 10:60. If a unit of service is defined as a 15 minute interval of face-to-face service, the provider must provide the required 15 minutes and rounding up is not allowed. For example, one unit of service shall be billed for services provided from the first minute through 29 minutes. The second unit of service shall be billed for services provided from 30 minutes through 44 minutes. The third unit of service shall be billed for services provided from 45 minutes to 59 minutes, etc.

Supports Program/Community Care Program: Due to the nature of their services, the Division of Developmental Disabilities (DDD) allows their community providers to add non-continuous units of billable sessions together. This requires careful documentation supporting the time the individual sessions were provided. These times may not be estimated. The provider may then add non-continuous units together to reach a total. Since units are 15 minutes in length, the initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half of the unit shall be rounded down while service time equal to or greater than half shall be rounded up. For example, 53 minutes would consist of 3 full fifteen minute units and a partial unit of 8 minutes. Eight minutes is greater than half. This total may be rounded up to 4 full units. A total of 52 minutes would consist of 3 full fifteen minute units and a partial unit of 7 minutes. Seven minutes is less than half of the unit. This total would be rounded down to 3 full units. The total used for rounding may only include services provided that calendar day.

The Division of Medical Assistance and Health Services anticipates proposing regulations to address these issues.

If there are any questions regarding the information listed in this newsletter, please contact The Office of Customer Service 609-631-4642.

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