



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

NEWSLETTER

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TO: Independent Clinics Mental Health and Hospitals– **For Action**
Managed Care Organizations – **For Action**

SUBJECT: Termination of Per Diem Partial Care/Partial Hospital Telehealth Payment

EFFECTIVE: August 15, 2022

PURPOSE: Notification of the Termination of Partial Care/Partial Hospital Per Diem Telehealth Payments

BACKGROUND: As a result of the public health emergency related to the COVID-19 pandemic, partial care and partial hospitalization providers were encouraged to continue to provide mental health services via telehealth. The use of telehealth reduced unnecessary exposure to individuals who may have been infected with COVID-19. Since partial care and partial hospital programs normally provide five hours per day of face-to-face group-based services, the provision of telehealth services required modifications to the methods by which these services could be safely provided and billed. Providers were required to contact members via an accepted mode of telehealth and to provide medically-necessary services intended to assist members. Partial care providers were allowed to bill using the newly-created per diem HCPCS telehealth code H0035GTUC. Since the revenue code billing system does not permit modifiers, partial hospitals were permitted to bill using 5 units of Acute Partial Hospital (APH) or Partial Hospital (PH) while providing a coverage equivalent to H0035GTUC.

ACTION: Partial care and partial hospital providers have already begun bringing clients back for face-to-face services. As facilities continue to reopen across the state, members will be offered the option to return to on-site services or a hybrid of on-site and telehealth services. This allowance will be permitted to continue through August 15, 2022; However, on that date the code used for per diem services (H0035GTUC) will be terminated. Billing for services with a date of service after August 15, 2022 shall be denied. Claims submitted after August 15, 2022 for a date of service prior to August 15, 2022 shall be paid. Hospital providers should continue to bill only for the actual number of units provided.

In the interim, providers should work with members to accommodate an appropriate transitional schedule. Some members may choose to return to on-site service sooner, or more frequently, than others. Providers are expected to consider individual preferences whenever possible. For those instances in which it is not practical or medically appropriate for an individual to return to face-to-face services, telehealth services may continue to be provided following the guidance provided in the Medicaid Newsletter Vol.

30, No. 11. These services must meet all the same requirements as face-to-face services and shall be billed using H0035UC or the appropriate revenue code for each full hour of therapeutic time.

If you have any policy questions regarding this Newsletter, please contact the Division of Medical Assistance and Health Services, Office of Behavioral Health, at 609-631-4642.

RETAIN THIS NEWSLETTER FOR FURTHER REFERENCE