

**TO:** Physicians, Clinical Nurse Practitioners and Clinical Nurse Specialists, and Health Maintenance Organizations (HMOs) - (To HMOs for Informational Purposes Only)

**SUBJECT:** New Medicaid Policy Regarding Coverage and Reimbursement for the Evaluation and Treatment of Postpartum Disorders

**EFFECTIVE:** Claims with Dates of Service on and after June 15, 1996

**BACKGROUND:** Recent studies have brought to the forefront the prevalence of mental health disorders in postpartum women, as well as the frequent failure in identifying and treating these disorders. Due to these concerns, the New Jersey Division of Medical Assistance and Health Services (DMAHS) is implementing improvements in Medicaid policy which are intended to ensure that women suffering from postpartum-related mental health disorders have access to prompt medical attention.

**ACTION:** For services rendered on and after June 15, 1996, the DMAHS is pleased to announce the availability of new HCPCS procedure codes to be used for the diagnosis and treatment of postpartum mental health disorders in women. The new procedure codes may be utilized during a pregnancy and/or after a delivery, miscarriage or the termination of a pregnancy. A description of these procedure codes and their maximum fee allowances are listed below. It is important to note that use of these procedure codes is restricted to qualified psychiatrists (enrolled as Specialists in the N.J. Medicaid Program), certified nurse practitioners and clinical nurse specialists who specialize in psychiatric/mental health disorders (see N.J.A.C. 10:54 and 10:58A) and who are NOT practicing in mental health clinic settings.

**HCPCS CODES**

**DESCRIPTION**

**MAXIMUM FEE ALLOWANCE**

### **Physicians**

**NOTE:** Use of these HCPCS codes is limited to services provided by physicians who are specialists in psychiatry/mental health. **NO PRIOR AUTHORIZATION IS REQUIRED.**

W9853	Initial Evaluation Visit and Two (2) Subsequent Visits for Treatment of Postpartum Mental Health Disorder	\$177.00
W9854	One (1) Additional Visit for Treatment of Postpartum Mental Health Disorder	\$ 37.00
W9857	Initial Evaluation Visit and One (1) Subsequent Visit for Treatment of Postpartum Mental Health Disorder	\$128.00

### **Certified Nurse Practitioners and/or Clinical Nurse Specialists (CNP/CNS)**

**NOTE:** Use of these HCPCS codes is limited to services provided by CNP/CNSs who are specialists in psychiatry/mental health. **NO PRIOR AUTHORIZATION IS REQUIRED.**

W9853 AV	Initial Evaluation Visit and Two (2) Subsequent Visits for Treatment of Postpartum Mental Health Disorder	\$143.00
W9854 AV	One (1) Additional Visit for Treatment for Postpartum Mental Health Disorder	\$ 29.90
W9857 AV	Initial Evaluation Visit and One (1) Subsequent Visit for Treatment of Postpartum Mental Health Disorder	\$103.00

These procedure codes are intended to reflect a comprehensive approach to the treatment of postpartum-related mental health disorders in women. This

approach includes an initial evaluation and one (1) or two (2) subsequent visits provided by the same practitioner. In situations in which more than one practitioner may be involved in the treatment of a postpartum-related mental health disorder, those practitioners must bill Medicaid the appropriate psychiatric HCPCS procedure codes, and not the procedure codes included in this Newsletter.

Use of procedure code W9853 shall be limited to one occurrence per pregnancy in the expectation that clients will become established in traditional treatment settings during that time. If a third follow-up visit is required, procedure code W9854 is to be used.

In the event that only one subsequent visit is required after the initial evaluation, providers must bill procedure code W9857 to the Medicaid program.

The above-mentioned procedure codes are exempt from prior authorization requests and are hence excluded from the \$900.00 threshold. Providers are reminded, however, of the necessity to submit claims on a timely basis as outlined at N.J.A.C. 10:49-7.2.

It is important to note that treatment for postpartum-related mental health disorders for Medicaid beneficiaries enrolled in Managed Care Organizations are considered "out-of-plan" services and may be reimbursed under a fee-for-service arrangement.

If you have any questions regarding this Newsletter, please contact the Chief Psychiatric Consultant at (609) 588-2751.

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