



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

Medicaid Alert

MA-2015-04

September 2015

TO: Acute Hospital Providers
SUBJECT: Social Necessity Claims
PURPOSE: To share consistent procedures for submission and processing of Social Necessity claims.
BACKGROUND: Currently, there are inconsistencies on claims submitted for Social Necessity days.

Effective Immediately, all social necessity claims must be submitted to:

NJ Division of Medical Assistance and Health Services.
Office of Reimbursement
P.O. Box 712
Trenton, NJ 08625-0712
Attention: Karen Chester, RN Room 302

Please submit the UB04 with a cover letter, Physician progress notes, MCO EOB and court order, if available.

The claim information below will remain consistent regardless of the child's coverage:

- 1) Mother's Medicaid number will always be used unless the Mother does not have Medicaid.
- 2) The Division of Child Protection and Permanency (DCPP) assigned number will be used only when there is not another number eligible for the claim service period.
- 3) The revenue code 191, and occurrence span code 75, will be used for all cases.
- 4) The condition code 42 is required on the UB04 to identify Social Necessity claims.

Reimbursement for claims with Social Necessity days:

If the Mother and/or child is enrolled in an MCO, the MCO's EOB must be presented showing the days and charges as denied. The claim will be manually priced at the current skilled nursing facility (SNF) rate for each social necessity day approved by the Division.

If there is no MCO involved, the payment for social necessity days are calculated within the DRG payment.

RETAIN THIS MEDICAID ALERT FOR FUTURE REFERENCE