



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

Medicaid Alert

MA-2016-04

December 2016

TO: Providers of Behavioral Health Services – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Proper Reporting of Span Dates on Behavioral Health Claims**

EFFECTIVE: Claims received on or after February 1, 2017

ACTION: When completing a Medicaid/NJ FamilyCare fee-for-service claim for a behavioral health service, providers have the option of reporting the date(s) of service as a single date of service reporting the same date as the 'From Date' and the 'To Date' on the claim; or a span date reporting different dates as the 'From Date' and the 'To Date' on the claim to reflect a service period.

The New Jersey Division of Mental Health and Addiction Services, as well as the New Jersey Division of Medical Assistance and Health Services, have established rules that determine when reporting the date(s) of service as a single date or a span date is appropriate. When the rule requires that a provider only report a single date of service and a service has been provided over a time period, a unique claim must be submitted for each date of service within the service period. Please find attached the rules for reporting dates of service on behavioral health claims.

If you have any questions concerning this Medicaid Alert, please contact Molina Medicaid Solutions Provider Relations at 1-800-776-6334.

RETAIN MEDICAID ALERT FOR FUTURE REFERENCE

Service Description	Service Codes	Is Span Date Reporting Allowed?
Assessment- MH		
Psychiatric diagnostic evaluation without medical Services	90791	No
Psychiatric diagnostic evaluation without medical services	90791 26	No
Psychiatric diagnostic evaluation without medical services	90791 SA	No
Psychiatric diagnostic evaluation without medical services	90791 SA 26	No
Psychiatric diagnostic evaluation without medical services	90791 UC	No
Psychiatric diagnostic evaluation with medical services	90792	No
Psychiatric diagnostic evaluation with medical services	90792 26	No
Psychiatric diagnostic evaluation with medical services	90792 SA	No
Psychiatric diagnostic evaluation with medical services	90792 SA 26	No
Psychiatric diagnostic evaluation with medical services	90792 UC	No
OP-MH		
Individual therapy (20-30 min)	90832	No
Individual therapy (20-30 min)	90832 26	No
Individual therapy (20-30 min)	90832 SA	No
Individual therapy (20-30 min)	90832 UC	No
Individual therapy (20-30 min) concurrent with E/M services	90833	No
Individual therapy (20-30 min) concurrent with E/M services	90833 SA	No
Individual therapy (20-30 min) concurrent with E/M services	90833 UC	No
Individual therapy (45-50 min)	90834	No
Individual therapy (45-50 min)	90834 26	No
Individual therapy (45-50 min)	90834 SA	No
Individual therapy (45-50 min)	90834 UC	No
Individual therapy (45-50 min) concurrent with E/M services	90836	No
Individual therapy (45-50 min) concurrent with E/M services	90836 SA	No
Individual therapy (45-50 min) concurrent with E/M services	90836 UC	No
Special family therapy with patient present (45-50 minutes)	90847	No

Service Description	Service Codes	Is Span Date Reporting Allowed?
Special family therapy with patient present independent clinic (45-50 minutes)	90847 UC	No
Special family therapy with patient present, independent practitioner service greater than 45-50 minutes	90847 SA	No
Group therapy (90 min)	90853	No
Group therapy (90 min)	90853 SA	No
Group therapy (90 min)	90853 UC	No
Family conference (25 min)	90887	No
Family conference (25 min)	90887 UC	No
Family conference (25 min)	90887 SA	No
PACT		
Progressive Assertive Community Treatment (monthly rate; ≥ 2 hrs per month)	H0040 22	Yes
MH-Partial Care		
Partial care (per hour; max of 5 hours/day)	H0035	No
TARGETED CASE MANAGEMENT (ICMS)		
Targeted Case Management with PATH Homelessness Transition and Justice Services (15 min)	T1017 52	No
AMHR- MH GROUP HOMES		
Supervised residential group homes & crisis residences: level A+ (per diem)	H0019 U1	Yes
Supervised residential apartments: level A+ (per diem)	H0019 U1 52	Yes
Supervised residential group homes: level A (per diem)	H0019 U2	Yes
Supervised residential apartments: level A (per diem)	H0019 U2 52	Yes
Supervised residential group homes: level B (per diem)	H0019 U3	Yes
Supervised residential apartments: level B (per 15 min unit of service) individual	H0019 U3 52	No
Family care level D (per diem)	H0019 U5	Yes
CSS		
Community Supports Services peer group (15 min unit)	H0036 HQ 52	No
Community Supports Services peer individual (15 min unit)	H0036 52	No

Service Description	Service Codes	Is Span Date Reporting Allowed?
Community Supports Services HS group (15 min unit)	H0036 HQ	No
Community Supports Services HS individual (15 min unit)	H0036	No
Community Supports Services bachelor group (15 min unit)	H0039 HN HQ	No
Community Supports Services bachelor degree individual (15 min unit)	H0039 HN	No
Community Supports Services LPN group (15 min unit)	H0039 HQ TE	No
Community Supports Services LPN individual (15 min unit)	H0039 TE	
Community Supports Services 2 yr associate degree individual (15 min unit)	H0036 HM	No
Community Supports Services 2 yr associate degree group (15 min unit)	H0036 HM HQ	No
Community Supports Services master's - no clinical License individual (15 min Unit)	H2015 HE	No
Community Supports Services licensed professional of the healing arts individual (15 min unit)	H2015 HE HO	No
Community Supports Services RN Individual (15 min unit)	H2015 HE TD	No
Community Supports Services APN individual (15 min unit)	H2000 HE SA	No
Community Supports Services psychologist Individual (15 min unit)	H2015 AH HE	No
Community Supports Services physician individual (15 min unit)	H2000 HE	No
Assessment- SUD		
Psychiatric diagnostic evaluation without medical services	90791 HF	No
Psychiatric diagnostic evaluation with medical services	90792 HF	No
OP - SUD		
Individual therapy (20-30 min)	90832 HF	No
Individual therapy (20-30 min) concurrent with E/M services	90833 HF	No
Individual therapy (45-50 min)	90834 HF	No
Individual therapy (45-50 min) concurrent with E/M services	90836 HF	No
Family counseling / education in substance abuse facility (1 hr)	90847 HF	No

Service Description	Service Codes	Is Span Date Reporting Allowed?
Group therapy (90 min) up to 12 people in substance abuse facility	90853 HF	No
Family conference (25 min)	90887 HF	No
Urinalysis for drug addiction	H0003 HF	No
SUD- IOP		
Intensive outpatient treatment in substance abuse facility (per diem)	H0015 HF	No
SUD- Partial Care		
Partial care treatment in substance abuse facility (per diem)	H2036 HF	No
SUD- Residential (covered in Medicaid recipients aged 21 and younger and 65 and older)		
Detoxification ambulatory or residential	H0010 HF	No
Short-term residential	H0018 HF	No
MEDICATION ASSISTED TREATMENT IN OTPs		
Opioid treatment methadone - weekly bundled rate	H0020 HF 26	No
Opioid treatment non-methadone - weekly bundled rate	H0033 HF 26	No
Methadone medication / dispensing (per diem)	H0020HF	No
Non-methadone medication / dispensing (per diem)	H0033HF	No