



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

# MEDICAID ALERT

AUGUST 1992

**TO:** Providers of Independent Mental Health Clinic Services and Providers Participating in the Personal Care Assistant Program Under Contract to the Division of Mental Health and Hospitals, Department of Human Services

**SUBJECT:** Mental Health Services - Billing Problems

**EFFECTIVE:** Immediately

**BACKGROUND:** Many claims are being denied because of the inappropriate use of the modifier "ZI". Inappropriate use of modifier "ZI" causes claims to be denied with error code "237", "Procedure/provider specialty restriction".

**ACTION:** Modifier "ZI" must only be used as follows:

- 1) When billing for personal care assistant services provided by personal care assistant programs under contract to the Division of Mental Health and Hospitals, Department of Human Services:

|         |  |
|---------|--|
| Z1600ZI | Individual Reimbursement Rate, P/Hour      |
| Z1605ZI | Group Reimbursement Rate, P/Hour           |
| Z1610ZI | Initial Nursing Assessment Visit, P/Visit  |
| Z1611ZI | Individual Reimbursement Rate, P/Half Hour |
| Z1612ZI | Group Reimbursement Rate, P/Half Hour      |
| Z1613ZI | Nursing Reassessment Visit, P/Visit        |

**NOTE:** Services must be billed using the provider billing number designated for personal care assistant providers participating in the personal care assistant program under contract to the Division of Mental Health and Hospitals, Department of Human Services.

- 2) When billing for the following mental health services:

|           |  |
|-----------|--|
| 90801ZI   | Comprehensive Intake Evaluation              |
| 90843ZI   | Individual Psychotherapy - 25 Minute Session |
| 90844ZI   | Individual Psychotherapy - 50 Minute Session |
| 90847ZI   | Family Therapy - 50 minutes                  |
| 90847ZI22 | Family Therapy - 80 minutes                  |
| 90862ZI   | Medication Management                        |
| 90887ZI   | Family Conference                            |
| H5025ZI   | Group Psychotherapy                          |

**NOTE:** Services must be billed using the provider billing number designated for clinic services.

