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# 818

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

# MEDICAID ALERT

MA-99-11

November 1999

**TO:** Hospitals, Independent Clinics, Physicians, Psychologists, Nurse Practitioners, Clinical Nurse Specialists, Federally Qualified Health Centers – **For Action**  
Health Maintenance Organizations - **For Information Only**

**SUBJECT:** Change in Billing Procedures for Certain Mental Health Services

**EFFECTIVE:** Claims submitted on or after December 1, 1999

**PURPOSE:** To notify providers of mental health services of a change in billing procedures for certain mental health services. Specifically, requiring providers to report on mental health claims' individual dates of service for mental health services provided to Medicaid, Work First New Jersey/General Assistance (WFNJ/GA) and NJ KidCare fee-for-service (FFS) beneficiaries.

**BACKGROUND:** On current claims for mental health services submitted to Medicaid, WFNJ/GA and the NJ KidCare FFS programs, providers report service dates using individual dates of service or "span dates" (i.e., December 1, 1999 to December 31, 1999), accompanied by the number of service units provided during the span period (i.e., 10 service units for 10 individual therapy sessions).

In order to enhance monitoring of mental health services, the New Jersey Division of Medical Assistance and Health Services (DMAHS) is requiring providers of mental health services to report service dates as individual dates of service. Claims for certain mental health services with service dates reported as span dates will no longer be reimbursed by the Medicaid, WFNJ/GA or NJ KidCare FFS programs.

**ACTION:** Effective for claims submitted on or after December 1, 1999, DMAHS will no longer reimburse providers for mental health claims in which dates of service are reported as span dates for the CPT/HCPCS procedure codes reported below. **Claims submitted with span dates on or after December 1, 1999, will be denied payments by DMAHS.** These claims will be denied by Edit 163, "Procedure - Spanning Dates of Service."

**CPT/HCPCS Procedure Codes**

90804  
90805  
90806  
90807  
90847  
90853  
H5025  
Z0170  
Z0180

If you have any questions concerning this Newsletter, please contact Unisys Provider Services at 1-800-776-6334 or the DMAHS Mental Health Unit, Office of Health Service Administration, at (609) 588-2749.

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ALERTS TAB  
(GREEN TAB MARKED "4")**