



Medicaid Alert

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

MA-2003-02

July 2003

TO: Mental Health Clinics – **For Action**
Care Management Organizations – **For Information Only**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Denied Claims for Mental Health Clinic Van Services Provided to Partnership for Children Beneficiaries**

EFFECTIVE: **Immediately**

PURPOSE: This Alert informs providers of the procedures for resolving denied claims for mental health clinic van services provided to Partnership for Children (PFC) beneficiaries.

BACKGROUND: Claims for providing services for PFC-enrolled beneficiaries including the van transportation to and from scheduled appointments at a mental health clinic using HCPCS procedure codes Z0330 or Z0335, have recently been denied due to prior authorization numbers not being on file for the service. One of two error codes, either 770 (procedure code not included in PA for bundled service) or error code 423 (PA required), have been on the provider's remittance advice indicating the reason for the denial.

ACTION: For all claims for mental health clinic van transportation services that were previously denied for edit code 770 or 423, the Division will special process these claims for payment. Providers should begin receiving reimbursement for these claims in approximately 4-6 weeks.

Additionally, ValueOptions, the PFC Contract Systems Administrator, has begun issuing a separate authorization number for use when seeking reimbursement for providing transportation services (HCPCS procedure codes Z0330 and Z0335). These authorization numbers will be issued at the same time authorization numbers for other mental health clinic services included in the approved Individual Service Plan (ISP) are issued. **Providers should submit claims for the mental health services provided separate from the transportation services, making sure that the specific authorization code for each service is on the correct claim. This will ensure that appropriate reimbursement is received.**

**FOR CLAIMS THAT HAVE ALREADY BEEN FILED AND DENIED PAYMENT
NO ACTION IS NEEDED ON THE PART OF THE PROVIDER.**

**THESE CLAIMS WILL AUTOMATICALLY BE REPROCESSED AND
PROVIDERS SHOULD BEGIN RECEIVING REIMBURSEMENT FOR THESE
CLAIMS IN APPROXIMATELY 4-6 WEEKS.**

DO NOT RE-SUBMIT THESE CLAIMS

For Any CLAIMS you have not yet submitted and do not have a PA number for yet, providers are asked to send *hard copy claims* for these mental health clinic van services provided to PFC beneficiaries directly to the Division of Medical Assistance at the address below until further notice.

Division of Medical Assistance and Health Services
Office of Utilization Management – Mail Code 15
PO Box 712
Trenton, NJ 08625-0712

****ONLY SUBMIT CLAIMS THAT HAVE NOT BEEN PREVIOUSLY SUBMITTED AND
FOR WHICH YOU DO NOT HAVE A PRIOR AUTHORIZATION NUMBER FROM
VALUEOPTIONS****

This temporary process applies only to beneficiaries who are enrolled in the Partnership for Children; all other claims should be submitted according to standard procedures.

If you have questions regarding the receipt of your authorization number(s), please contact ValueOptions at 1-877- NJCSOCI (652-7624).

If you have any questions concerning this Medicaid Alert, please do not hesitate to contact the Office of Utilization Management at (609) 588-2721.

**RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE MEDICAID
ALERTS TAB
(GREEN TAB MARKED “4”)**