

MLTSS BEHAVIORAL HEALTH SERVICES DICTIONARY

Acute Partial Hospitalization (Mental Health)

Service Descriptions: Acute Partial hospital services are individualized, outcome-oriented psychiatric services that provide a comprehensive, structured, non-residential, interdisciplinary treatment and psychiatric rehabilitation program to assist beneficiaries who have a serious mental illness in increasing or maximizing independence and community living skills and enhancing the quality of their lives.

Service Limitations: Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge. Limited to 6 months.

Provider Specifications:

- Psychiatric Adult Acute Partial Hospital

Current Billing Code: Rev Code 913

MLTSS HIPAA COMPLIANT CODE: Rev Code 913

Unit of Service = Refers to the total count of units of service provided to all acute partial hospitalization clients. The definition of a unit of service is 1 hour provided to 1 client = 1 unit; (i.e. client attends for 3 hours of partial care services = 3 units of service).

Licensing Entity: DHS

Accredited by:

Regulation Cite: NJAC 10:52A

Taxonomy Code:

Adult Mental Health Rehabilitation (AMHR)

Service Descriptions: Supervised Residential Group Home - Adult Mental Health - any leased or owned single family residence or any single structure containing three or more dwelling units, all of which are utilized for provision of residential mental health services wherein staff reside or are stationed either onsite or in close proximity and for which a contract exists with the DMHAS.

Residential Levels of Care:

- **Supervised Residence A+:** refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents 24 hours per day, seven days a week. This includes awake overnight staff coverage.
- **Supervised Residence A:** refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents 12 hours or more per day, (but less than 24 hours per day), seven days per week.
- **Supervised Residence B:** refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for 4 or more hours per day, (but less than 12 hours per day), seven days per week.
- **Supervised Residence C:** refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for one or more hours per week, (but less than 4 hours per day).
- **Family Care (Level D):** refers to a licensed program in a private home or apartment in which community mental health rehabilitation services are available to consumer residents for 24 hours per day by a Family Care Home provider.

Service Limitations:

AMHR services do not include family care homes, supportive housing residences or apartment facilities where individuals may receive regular or periodic staff supervision and/or visits, except where such apartment facilities include those contained in a structure of three or more units and all units are operated under contract with DMHAS.

Provider Specifications:

- Adult Mental Health Rehabilitation (Residential MH Services includes A+, A, B, C, and D housing) licensed by DHS

Current State Billing Code:

Service	Procedure code	Modifier 1	Modifier 2
ADULT MH REHAB LEV AT SUP APT/DIEM	Z7333	52	
ADULT MH REHAB LEV AT GRP HOME/DIEM	Z7333		
ADULT MH REHAB LEV A SUP APART/DIEM	Z7334	52	
ADULT MH REHAB LEV A GRP HOME/DIEM	Z7334		
ADULT MH REHAB LEV B SUP APT/15 MIN	Z7335	52	
ADULT MH REHAB LEV B GRP HOME/DIEM	Z7335		
ADULT MH REHAB LEV C SUP APT/15 MIN	Z7336	52	
ADULT MH REHAB LEV C GRP HOME/15 MIN	Z7336		
ADULT MH REHAB LEV D PER DIEM	Z7337		

MLTSS HIPAA COMPLIANT CODE:

Service	Procedure code	Modifier 1	Modifier 2
ADULT MH REHAB LEV AT SUP APT/DIEM	H0019	52	U1

ADULT MH REHAB LEV AT GRP HOME/DIEM	H0019	U1	
ADULT MH REHAB LEV A SUP APART/DIEM	H0019	52	U2
ADULT MH REHAB LEV A GRP HOME/DIEM	H0019	U2	
ADULT MH REHAB LEV B SUP APT/15 MIN	H0019	52	U3
ADULT MH REHAB LEV B GRP HOME/DIEM	H0019	U3	
ADULT MH REHAB LEV C SUP APT/15 MIN	H0019	52	U4
ADULT MH REHAB LEV C GRP HOME/15 MIN	H0019	U4	
ADULT MH REHAB LEV D PER DIEM	H0019	U5	

Unit of Service = Per diem or 15 minute units – see codes

Licensing Entity: DHS

Accredited by:

Regulation Cite: NJAC 10:77A; NJ 10:37A

Taxonomy Code:

Independent Practitioner

Service Descriptions: An independent practitioner who provides behavioral health evaluation, medication monitoring and counseling services to individuals, families or groups

Service Limitations: Services are limited to BH Outpatient Services.

Provider Specifications:

Any NJ licensed BH professional authorized by their state licensing board through the Department of Community Affairs.

MLTSS HIPAA COMPLIANT CODE:

SERVICE	Independent Practitioner
Intake and Assessment: Psychiatric Diagnostic Evaluation (with no medical services)	90791
Intake and Assessment: Psychiatric Diagnostic Evaluation (with E & M codes)	90792
Individual Psychotherapy; 30 minutes	90832
Individual Psychotherapy; 30 minutes with appropriate E& M Code	90833
Individual Psychotherapy; 45 minutes	90834
Individual Psychotherapy; 45 minutes with appropriate E& M Code	90836
Group psychotherapy	90853
Family Therapy with the patient present	90847
Codes for medication monitoring	99201-99205, 99211- 99215

Unit of Service =varies with code, see billing codes.

Licensing Entity: NJ Department of Community Affairs

Accredited by:

Regulation Cite: NJAC 10:58A

Taxonomy Code:

Inpatient Psychiatric Hospital Care

Service Descriptions:

Short Term Care Facility (STCF) - An acute care adult psychiatric unit in a general hospital for a short term admission of individuals who meet the legal standards for commitment and require intensive treatment. The STCF shall be designated by the Division of Mental Health and Addiction Services (DMHAS) to serve residents of a specific geographic area within the State. All admissions to STCF must be referred through a designated emergency/screening mental health service.

Private Psychiatric Hospital Inpatient - provides therapeutic treatment to individuals experiencing intense mental/emotional problems that may constitute a threat to themselves, their families, or their community. The service may be provided on an acute basis or longer term basis in a hospital setting.

Service Limitations:

- For admission to an STCF, an individual must meet NJ commitment status (*N.J.S.A. 30:4-27*) determined by a DMHAS Designated Screening Center.
- Members between the ages of 22 and 64 admitted to a private psychiatric stand-alone hospital are **not** eligible for Medicaid reimbursement.
- Members between the ages of 22 and 64 admitted to an acute care psychiatric inpatient unit must be admitted through an emergency room in order for the admission to be covered by Medicaid.

Provider Specifications:

- Short Term Care Facilities designated by DMHAS and licensed by the Department of Health (DOH)
- Psychiatric Hospital Inpatient - Private Hospital/Other Acute Non-STCF, licensed by DOH

Current Billing Code: appropriate DRG or REV code(s)

MLTSS HIPAA COMPLIANT CODE: see appropriate DRG or REV code(s)

Unit of Service = Per diem rate

Licensing Entity: Department of Health

Accredited by:

Regulation Cite: NJAC 10:52

Taxonomy Code:

Opioid Treatment Services

Service Descriptions: Opioid Treatment Services: Medication for maintenance and/or detoxification in combination with substance abuse counseling in a licensed substance abuse treatment facility. Methadone is a synthetic opioid used medically as an analgesic, and as an anti-addictive medication for use in patients who meet criteria for opioid dependence. Buprenorphine, in the form of buprenorphine hydrochloride tablets and buprenorphine hydrochloride and naloxone hydrochloride tablets or film, is used medically for the treatment of opioid dependence. Injectable Naltrexone (Vivitrol) is used medically for the treatment of opioid dependence.

Service Limitations: Services are limited to: Methadone medication and dispensing (per diem), Buprenorphine/Buprenorphine-Naloxone medication and dispensing, Vivitrol (injectable Naltrexone), Medication Monitoring – MAT, Physician Visit – time limitations apply, Urine Drug Screen – Collection, Oral Swab Drug Screen – Collection, Oral Swab Drug Screen – Collection, Pregnancy Test, Liver functioning test - blood draw and evaluation, TB Test, Cognitive Behavioral Motivational Therapy - Group (MAT only).

Provider Specifications:

- Licensed Opioid Treatment Facility
- Licensed Substance Abuse facility or physician's office
- Licensed Substance Abuse facility and independent licensed lab for liver functioning test

MLTSS HIPAA COMPLIANT CODE:

Service	Code
Methadone medication and dispensing in a licensed opioid treatment facility (per diem)	H0020 HF
Suboxone medication and dispensing in a licensed opioid treatment facility	J0592
Vivitrol (injectable naltrexone)	J2315
Physician Visit - new patient (10 min)	99201 HF
Physician Visit - new patient (20 min)	99202HF
Physician Visit - established patient (10 min)	99211 HF
Medication Monitoring - MAT in a SA treatment facility	Appropriate E&M Code
Urine Drug Screen - Collection	H0003HF
Pregnancy Test	81025
Liver functioning test - blood draw and evaluation by independent licensed lab	80076
TB test	86580

Unit of Service =varies with code, see billing codes.

Licensing Entity: DHS

Accredited by: Accredited by a recognized accreditation body, approved by SAMHSA-CSAT, complies with all rules enforced by the Drug Enforcement Administration (DEA)

Regulation Cite:NJAC 10:66-2.3, NJAC 10:54-4.4, NJAC 10:54-4.5, NJAC 10:66-2.6

Taxonomy Code:

Outpatient Mental Health Clinic/Hospital Services

Service Descriptions: Mental health services provided in a community setting to clients who possess a psychiatric diagnosis, including clients who are seriously and persistently mentally ill, including those with co-occurring substance abuse and developmental disability diagnoses. Periodic therapy, counseling, medication monitoring, and supportive services are generally provided onsite at the provider agency for relatively brief sessions (between 30 minutes and two hours). Services may be provided individually, in group, or in family sessions.

Service Limitations: These services are limited to medication monitoring, outreach, individual therapy, family therapy, group therapy, intake and assessment, psychiatric evaluation, psycho-educational services, and psychological testing. Time spent in session must correlate with use of the appropriate billing code. Services are provided in regularly scheduled sessions of fewer than nine contact hours a week.

Provider Specifications:

- Licensed Mental Health agency and/or hospital-based program
- Licensed Independent Mental Health Clinic or Mental Health Clinic Substance Abuse

MLTSS HIPAA COMPLIANT CODE:

SERVICE	OP Independent Clinic	OP Hospital Clinic
Intake and Assessment: Psychiatric Diagnostic Evaluation (with no medical services)	90791 UC	918
Intake and Assessment: Psychiatric Diagnostic Evaluation (with E & M codes)	90792 UC	918
Individual Psychotherapy; 30 minutes	90832 UC	914
Individual Psychotherapy; 30 minutes with appropriate E& M Code	90833 UC	n/a
Individual Psychotherapy; 45 minutes	90834 UC	914
Individual Psychotherapy; 45 minutes with appropriate E& M Code	90836 UC	n/a
Group psychotherapy	90853 UC	915
Family Therapy with the patient present	90847 UC	916
Family Conference (25 minutes)	90887 UC	
Codes for medication monitoring	99201-99205 or 99211-99215 UC	919

Unit of Service = varies with code, see billing codes.

Licensing Entity: DHS

Accredited by:

Regulation Cite: NJAC 10:52-1.2A, 10:66

Taxonomy Code:

Partial Care

Service Descriptions:

Partial care services are bundled recovery and clinical services that assist individuals with severe mental illness to achieve community integration and avoid hospitalization and relapse. These services are individualized, comprehensive, non-residential and structured and include, but are not limited to, individual counseling, group counseling, psycho-education, pre-vocational services and psychiatric services.

Service Limitations: licensed by DHS, limited to 5 hours a day, 5 days a week. Partial Care services must be prior-authorized.

Provider Specifications:

- Licensed Independent Mental Health clinic

Current Billing Code: Z0170 = Partial Care

MLTSS HIPAA COMPLIANT CODE: H0035 = Partial Care **Unit of Service** - Refers to the total count of units of service provided to all partial care clients. The definition of a unit of service is 1 hour provided to 1 client = 1 unit; (i.e. client attends for 3 hours of partial care services = 3 units of service.

Licensing Entity: DHS

Accredited by:

Regulation Cite: NJAC 10:66-2.7; NJAC 10:52A

Taxonomy Code:

***PC Transportation is reimbursed through FFS with the service code Z0330**

Psychiatric Partial Hospitalization

Partial hospital services are individualized, outcome-oriented mental health services that provide a comprehensive, structured, non-residential, interdisciplinary treatment and psychiatric rehabilitation program to assist beneficiaries who have a serious mental illness to increase or maximize their independence and community living skills and enhance the quality of their lives.

Service Limitations:

Limited to 5 hours a day, 5 days a week. Partial Care services must be prior-authorized.

Provider Specifications:

As part of a hospital outpatient program license

Current Billing Code: 912 = Partial Hospitalization

MLTSS HIPAA COMPLIANT CODE: 912 = Partial Hospitalization

Unit of Service:

Licensing Entity: DHS

Accredited by:

Regulation Cite: NJAC 10:66-2.7; NJAC 10:52A

Taxonomy Code:

The following are covered behavioral health services in the Medicaid State Plan through FFS. MCOs are not at financial risk for these services for individuals in MLTSS. However, there is expected coordination of care as described in Article 9, Section 9.9.2B of the MCO Contract.

Programs in Assertive Community Treatment (PACT)

Service Descriptions: Provides comprehensive, integrated rehabilitation, treatment and support services to those individuals who are most challenged by the need to cope with serious and persistent mental illness, as evidenced by repeated hospitalizations, and who are at serious risk for psychiatric hospitalization. Services to an individual may vary in type and intensity. Treatment has no predetermined end point. PACT is grounded in the assumption that people with serious and persistent mental illness, even those with impaired functioning can reside in normal settings in the community if adequate supports and services are provided. PACT utilizes mobile multi-disciplinary treatment teams to deliver such services as health care, housing, food, mental health treatment, and direct assistance with aspects of community living, including money management, vocational pursuits and interpersonal relationships to consumers in their natural environments. PACT staff is available around the clock and all team members rotate on-call coverage.

Targeted Case Management (TCM)

Service Descriptions:

Services that will assist targeted individuals eligible under the State plan in gaining access to needed medical, social, educational and other services. These services include but are not limited to assessment, development of a specific care plan, referral and related activities, monitoring and follow-up activities. Services are designed to assist consumers in their recovery by helping them gain access to needed mental health, medical, social, educational, vocational, housing and other services.

Types of services billed as TCM:

Integrated Case Management Services (ICMS): ICMS services are for individuals ages 18 and over who have a diagnosis of Serious Mental Illness, according to DSM IV and are at risk of hospitalization.

Justice Involved Services (JIS) – JIS is intended for consumers over the age of 18 who have a diagnosis of SMI according to DSM IV and are involved in the criminal justice system. Case management services provided in the JIS program are billable under Targeted Case Management if the provider is also an ICMS provider.

Children's System of Care's (CSOC) Care Management Organizations (CMO)- CMOS - Under contract to the Department of Children and Families and working as a systems partner with CSOC, provide initial and continuing case management services to children and families referred to them by the Department of Children and Families or other designated agent of the Department of Children and Families.

Behavioral Health Home (BHH)

Service Descriptions:

An array of services coordinated with one outpatient provider to improve the overall health of an individual's mental health and chronic medical conditions. These services include Comprehensive Care Management, care coordination, health promotion, individual and family support services and comprehensive transitional care. The BHH Core Team will include: a Nurse Care Manager, a Care Coordinator, a Health and Wellness Educator, consultative services of a Psychiatrist and a Primary Care Physician, and Support Staff. Optional team members include a nutritionist/dietician, peer, pharmacist, and hospital liaison. NJ will require the Nurse Care Manager to be credentialed as, at minimum, a Registered Nurse. Care Coordinators will be credentialed as Licensed Social Workers or Licensed Practical Nurses.

For adults: the Behavioral Health Home (BHH) provides services to adults with a diagnosis of one or more serious mental illness.

For Children: the BHH provides services to children who have a diagnosis of either SED, co-occurring DD/MI, Co-Occurring MH/SA, or are determined DD eligible (per NJ Statute 10:196) with Symptomology of SED.

