



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

MEGHAN DAVEY
Director

RE: Updated Coordination of Benefits Guidance- June 2017 Replaces January 2016 Coordination of Benefits Guidance

The following updated guidance pertains to coordination of benefits/explanation of benefits (hereinafter EOB) for Medicaid managed care members with Medicare Part A and Part B, Supplemental or Medicare Advantage coverage and/or members with Third Party Liability (TPL) coverage.

There are specific State Plan and Waiver Services that do not require an EOB or claim denial from the primary payer in order for the NJ FamilyCare MCOs to process and pay such claims. Below is a summary of three scenarios for which MCOs must process and, as appropriate, pay claims without having first sought or obtained an EOB or denial of claim from a third party. Scenario #1 identifies specific State Plan and Waiver Services that do not require an EOB or denial before the MCO must process and, as appropriate, pay such claim because they are non-covered services. Scenario #2 outlines the processes MCOs must follow for all other Medicaid State Plan and Waiver Services included in each NJ FamilyCare member's benefit package, when the Contractor has an EOB or its equivalent on file for the same calendar year. Finally, Scenario #3 summarizes another, more narrow set of circumstances where the MCO must process and, as appropriate, pay claims without first having sought or obtained an EOB or denial of claims for cases where a member has exhausted his/her third party benefits in that calendar year.

Scenario #1

Medicaid State Plan Services and Waiver Services That do not Require an Explanation of Benefits From Medicare or TPL Prior to an MCO Paying Claims:

State Plan Services

- Medical Day Care
- Personal Care Assistance (including Personal Preference Program)

Waiver Services

- Adult Family Care
- Assisted Living (all types)
- Chore Service
- Community Transition Services
- Home Based Supportive Care
- Home delivered meals
- Medical Day Care
- Non-medical transport
- Nursing Home Custodial Care
- Personal Care Assistance - (including Personal Preference Program)
- Residential Modifications
- Respite
- Social Day Care
- Vehicle modifications

Waiver Services specific to Traumatic Brain Injury (TBI) As per the TBI Workgroup – December 2016 Policy Guidance

Service	Procedure Code	Mod-1	Mod-2
Cognitive Therapy	97532	SZ	59
	96153	SZ	59
Occupational Therapy	97535	SZ	59
Occupational Therapy – Group	97150	SZ	59
Physical Therapy	97110	SZ	59
Physical Therapy - Group	S8990	SZ	HQ
Speech, Language & Hearing Therapy	92507	SZ	59
Speech, Language & Hearing Therapy - Group	92508	SZ	59

Scenario #2

For all Other Medicaid State Plan and Waiver Services Included in the NJ FamilyCare Member's Benefit Package, the NJ FamilyCare MCO Must Process/Pay Claims if it has Received an EOB or Its Equivalent (e.g. a letter of denial, a listing of non-covered benefits or verification of a non-participating provider from the primary carrier has been provided to them) From the primary payer (Medicare and/or TPL) Within the Calendar Year:

- If the NJ FamilyCare MCO receives an EOB that indicates that the service is a non-covered service by the primary insurer, the NJ FamilyCare MCO must pay for the service as the primary payer. In such case, the NJ FamilyCare MCO shall not require a new EOB for subsequent claims during the calendar year for the same payer, provider, member and service code.

Scenario #3

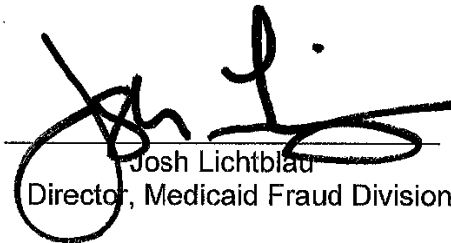
After Covered Services Paid by a Third Party Carrier are Exhausted, the NJ FamilyCare MCO Must Process/Pay Claims:

- Services paid by a third party carrier may become a non-covered service if the member's third party carrier benefits are exhausted. In such a case, upon receipt of evidence that the services are exhausted, whether through an EOB or otherwise, the NJ FamilyCare MCO must process and, as appropriate, pay such claims for the remainder of the period for which such services are exhausted.

Sincerely,



Meghan Davey
Director



Josh Lichtblau
Director, Medicaid Fraud Division