State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SARAH ADELMAN
Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

RE: Updated Coordination of Benefits Guidance April 2021
Replaces March 2018 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 managed care organizations (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, including additional instances when the MCO must process and, as appropriate, pay claims without first having sought or obtained a specific EOB or claim denial.
- 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

- Developmental, Individual-Difference, Relationship-based (DIR/Floortime) Services
- Doula Care Services
- Medical Day Care
- Personal Care Assistance (including Personal Preference Program)

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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 – April 2020 Policy Guidance

Service	Procedure Code	Mod-1	Mod-2	Unit of service	NCCI Max Units	Service description
Cognitive Therapy	97129 (formerly) G0515	96	59	15 minutes	8	MLTSS CRT – Individual- initial 15 minutes
	97130	96	59	15 minutes	8	MLTSS CRT – Each additional 15 minutes
Cognitive Therapy	96164 (formerly 96153)	96	59	30 minutes	8	MLTSS CRT – Group, Initial 30 minutes
	96165	96	59	15 minutes	8	MLTSS CRT – Group Each additional 15 minutes
Occupational Therapy	97535	96	59	15 minutes	8	MLTSS - OT – Individual
Occupational Therapy – Group	97150	96	59	Per Diem	1	MLTSS - OT – Group

Service	Procedure Code	Mod-1	Mod-2	Unit of service	NCCI Max Units	Service description
Physical Therapy	97110	96	59	15 minutes	6	MLTSS - PT – Individual
Physical Therapy - Group	S8990	96	HQ	15 minutes	8	MLTSS - PT – Group
Speech, Language & Hearing Therapy Individual	92507	96	59	Per Diem	1	MLTSS - ST - Individual
Speech, Language & Hearing Therapy - Group	92508	96	59	Per Diem	1	MLTSS - ST - Group

In addition to the specific exclusions from EOB requirements identified above, any Medicaid State Plan or Waiver-covered service that is not payable by Medicare and is not otherwise specifically enumerated in this guidance shall not require an EOB from Medicare.

NJ FamilyCare MCOs shall ensure appropriate informational resources are used, including, but not limited to, current federal Healthcare Common Procedure Coding System (HCPCS) Files and related documentation to determine services that are covered by Medicare.

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 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, and member and service code.

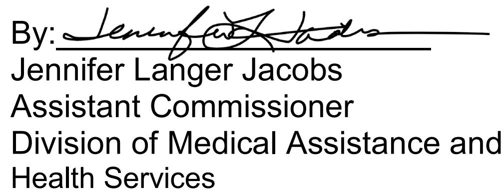
Scenario #3

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

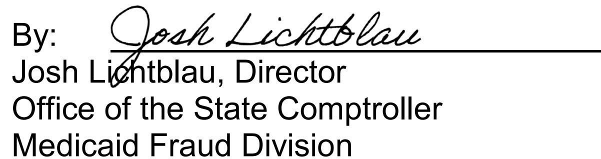
- Services paid by a third party carrier may become a non-covered service if the member's third party carrier benefits are exhausted. In such a case, upon receipt of evidence that the services are exhausted, whether through an EOB or otherwise, the NJ FamilyCare MCO must process and, as appropriate,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

Sincerely,

SARAH ADELMAN
ACTING COMMISSIONER

By: 
Jennifer Langer Jacobs
Assistant Commissioner
Division of Medical Assistance and Health Services

KEVIN D. WALSH
ACTING STATE COMPTROLLER

By: 
Josh Lichtblau, Director
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Medicaid Fraud Division