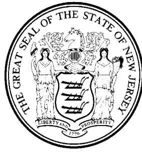

State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 33 No. 11 **June 2023**

TO: All Providers - **For Action**
Managed Care Organizations- **For Action**

SUBJECT: Updated Billing Policy for Home Health Care and Personal Care Services

EFFECTIVE: October 1, 2023

PURPOSE: **To clarify required service time for DDD Community Support Personal Care Assistance Services and Home Health Agency Services rendered in the home.**

Replaces Volume 28 Number 1 and Volume 29 Number 19

BACKGROUND: Section 12006(a) of the 21st Century Cures Act mandates that states require all Medicaid funded personal care services be monitored by Electronic Visit Verification (EVV) effective January 1, 2020 for all in home visits by a provider. This includes Home Health, PCA, and PDN services provided in the home for Division of Medical Assistance and Health Services (DMAHS) and Division of Developmental Disabilities (DDD) members. In order to align the process for calculating billing units for the aforementioned services, DMAHS is revising its rounding policy. DMAHS intends to propose these changes for the next re-adoption of N.J.A.C. 10:60.

ACTION: Effective October 1, 2023, Medicaid/NJ FamilyCare will allow payment for Home Health, PCA, and PDN as follows:

- For a HCPCS unit defined as 15 minutes in length, the initial unit of service can only be billed if a minimum of 8 minutes is provided
  - If two 15 minute units are billed, a minimum of 23 minutes must be provided
  - If three 15 minute units are billed, a minimum of 38 minutes must be provided
  - As a rule, if units are defined as greater than 15 minutes, the final unit shall be reimbursed only if 8 minutes of the final 15 minutes are provided
- For a HCPCS unit defined as 1 hour, the initial unit of service can only be billed if a minimum of 53 minute is provided
  - If two hourly units are billed, a minimum of 113 minutes must be provided
  - If 112 minutes are provided, the provider shall round down to the previous unit (1 unit)

Please note that actual face-to-face billable services must be provided to be eligible for reimbursement.

Other DDD Services Billed as part of EVV:

Supports Program/Community Care Program: Due to the nature of their services, the Division of Developmental Disabilities (DDD) allows their community providers to add non-continuous units of billable sessions together. This requires careful documentation supporting the time the individual sessions were provided. The provider may add non-continuous units together to reach a total. When payment for multiple units is requested, the initial unit must be 15 minutes in length. Beyond the initial unit, service times less than half of the unit shall be rounded down while service time equal to or greater than half shall be rounded up. For example, 53 minutes would consist of 3 full fifteen minute units and a partial unit of 8 minutes. Eight minutes is greater than half. This total may be rounded up to 4 full units. A total of 52 minutes would consist of 3 full fifteen minute units and a partial unit of 7 minutes. Seven minutes is less than half of the unit. This total would be rounded down to 3 full units. The total used for rounding may only include services provided that calendar day.

Other Medicaid/NJ FamilyCare Services NOT BILLED UNDER EVV:

Evaluation and Management (E/M): E/M codes have a time component included in their Current Procedural Terminology (CPT) definition. However, it should be noted that the inclusion of time in the definitions of E/M codes was added to assist in selecting the most appropriate level of E/M services and that the times expressed in the descriptions are averages. The actual times may be higher or lower depending on clinical circumstances.

Psychiatric and Psychotherapy Diagnostic Procedure Codes: Medicaid/NJ FamilyCare utilizes codes described in the Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS). Psychiatric diagnostic procedure codes 90791 and 90792 do not have a time component in their description. They are used for the diagnostic assessment or reassessment of psychotherapeutic services. Psychotherapy codes 90832-90838 do have times listed as descriptors and Medicaid/NJ FamilyCare requires the full face-to-face time for billing purposes. If the procedure code descriptor states it is a 50 minute session, the provider must provide and bill for 50 minutes. Certain codes such as 90853 do not have a time descriptor in their definition but do have times listed in regulations that address the provider type. Any code with a specific time listed in regulation shall take precedence and the full amount of face-to-face time listed shall be required for billing purposes.

If you have any question concerning this Newsletter, please email your question to mahs.provider-inquiries@dhs.nj.gov.

RETAIN THIS NEWSLETTER FOR FURTHER REFERENCE

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