

**State of New Jersey**  
**Department of Human Services**  
**Division of Medical Assistance & Health Services (DMAHS)**

**Outpatient Facility Behavioral Health Integration Billing Frequently Asked Questions (FAQs)**

**1. What scope of behavioral health (BH) services may a Federally Qualified Health Center (FQHC) be reimbursed by NJ FamilyCare for providing?**

FQHCs that have BH in their scope of work may use billing codes for BH services that are specified in the FQHC Behavioral Health Allowable Medicaid Billing Codes table (attachment A). This table, last updated January 10, 2018, lists the specific BH billing codes that will be reimbursed by NJ FamilyCare when provided by different core service providers (physicians, including psychiatrists; psychologists; Advance Practice Psychiatric Nurses (APN-PMHs); physician assistants (PAs), and Licensed Clinical Social Workers (LCSWs)). NJ FamilyCare defers to the State's professional licensing boards regarding questions of scope of practice for various health care providers. NJ FamilyCare will not reimburse a FQHC for a physical health encounter and a behavioral health encounter provided by the same provider to the same patient on the same day. (Please refer to FAQ #14 below for more information regarding reimbursement for different services provided on the same day.)

A FQHC that does not have BH in its scope of work will need to file a change of scope application before it is permitted to use the BH codes identified in the FQHC Behavioral Health Allowable Medicaid Billing Codes table (attachment A) when billing NJ FamilyCare.

**2. May a FQHC be reimbursed by NJ FamilyCare for services provided by a licensed psychologist?**

Yes, a FQHC may employ and bill NJ FamilyCare for services provided by any of the allowable core providers allowed by Medicare, including licensed psychologists. The specific billing codes that are reimbursable by NJ FamilyCare for services provided in a FQHC by a licensed psychologist are set forth in the table (Attachment A).

**3. Which outpatient providers will be reimbursed by NJ FamilyCare if they bill using Health and Behavioral Assessment and Intervention (HBAI) CPT codes (96150-96155)?**

Private physicians and private psychologists will be reimbursed by NJ FamilyCare if they bill code HBAI code 96150 for an initial assessment. After the initial assessment, licensed psychologists in private practice will receive additional reimbursement from NJ FamilyCare if they bill using HBAI codes 96151 (reassessment), 96152 (individual treatment), 96153 (group treatment, 2-8 patients), 96154 (family treatment with patient present), and 96155 (family treatment without the patient present). Private physicians are not reimbursed for HBAI codes beyond 96150 for an initial assessment.

FQHCs that are implementing the Cherokee Health Systems integrated model of behavioral health in primary care<sup>1</sup> and are approved by DMAHS will be reimbursed by NJ FamilyCare if they bill using HBAI codes 96151 (reassessment), 96152 (individual treatment), 96154 (family treatment with patient present), and 96155 (family treatment without the patient present), when the assessment or intervention is provided by any core provider other than the initiating physical health provider, including APN-PMHs, physician assistants, psychologists, or LCSWs. FQHCs presently will not be reimbursed for HBAI code 96153 (group treatment, 2-8 patients) (but see FAQ 6 below regarding the potential for NJ FamilyCare reimbursement of group therapy at FQHCs).

**4. What health care providers are able to bill NJ FamilyCare for Evaluation and Management (E/M) codes plus add-on codes 90833, 90836, and 90838 for an enhanced rate?**

NJ FamilyCare permits the addition of an E/M code for any of the individual psychiatric codes to improve psychiatric participation with clients for medical management. E/M codes primarily are used with non-FQHC independent clinics, that is, mental health and substance use disorder independent clinics. Private physicians, such as pediatricians and neurologists, also bill NJ FamilyCare for E/M codes with counselling involved, but the number is much smaller than the clinics.

Only (a) privately practicing physicians and APNs, or (b) physicians and APNs who are providing services at non-FQHC independent clinics (i.e., mental health or substance use disorder independent clinics), may bill and receive reimbursement from NJ FamilyCare for using E/M codes. FQHCs will not receive additional reimbursement from NJ FamilyCare for E/M codes because they are reimbursed at the encounter rate required

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<sup>1</sup> See <https://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care>; <https://www.cherokeehealth.com/professional-training/integrated-care-training-academy>.

by federal law. The following codes may be used when physicians/APNs provide medication management in addition to psychotherapy at independent clinics:

- 90833 Individual Psychotherapy 20-30 minutes when performed with evaluation and management service
- 90836 Individual Psychotherapy 45 minutes when performed with evaluation and management service
- 90838 Individual Psychotherapy 60 minutes when performed with evaluation and management service

DMAHS Newsletter Volume 27 No. 8 (Aug. 2017) (“August 2017 Newsletter”) (<https://www.njmmis.com/downloadDocuments/27-08.pdf>) addressed the use of E/M codes for medication management in mental health and substance use independent clinics (i.e., non-FQHC independent clinics):

Evaluation and Management codes may be utilized by providers to cover physician/APN services that are not included in any other service provided on the same date for which billing is made. They may be reimbursed when provided in addition to an intake assessment (90791 only), partial care (not for required psychiatric re-evaluations), individual psychotherapy (90832-90838), group psychotherapy (90847), family therapy (90853) or family conference (90887).

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APN medication monitoring services provided to existing clients in a clinic setting are reimbursed at 90% of the clinic rate. The program shall utilize the modifier combination of SA UC ([APN services within an] independent clinic mental health) or HF SA ([APN services within an] independent clinic substance abuse) when billing for E/M codes 99212-99215. Please note that 99211 will continue to be paid using the HF or UC modifier and is generally used for nursing services such as medication administration. **DO NOT** bill 99211 with the SA UC or HF SA modifier combination. E/M services provided by an APN for new clients (99201-99205) are billed using only the clinic modifier HF or UC and pay 100% of the clinic rate.

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The August 2017 Newsletter (<https://www.njmmis.com/downloadDocuments/27-08.pdf>) clarifies that providers licensed to provide ambulatory detox services that provide ambulatory outpatient withdrawal management (WM H0014)<sup>2</sup> may not bill NJ FamilyCare for E/M services on the same date of service because physician services are included in the WM H0014 rate.

**5. Will FQHCs be reimbursed by NJ FamilyCare if they bill using Screening, Brief Intervention, and Referral to Treatment (SBIRT) codes for substance use disorders?**

A FQHC may bill NJ FamilyCare using SBIRT codes, but it will receive only one encounter payment. It cannot count the SBIRT as a behavioral health intervention since it is part of the physical health intervention.

**6. Will FQHCs be reimbursed by NJ FamilyCare for providing group therapy?**

NJ FamilyCare is open to developing a negotiated alternative payment methodology (APM), pursuant to 42 U.S.C. § 1396a(bb)(6)(A)(6), to reimburse FQHCs for group therapy, as states like Connecticut have implemented.

**7. Will outpatient facilities be reimbursed by NJ FamilyCare for providing telemedicine services?**

DMAHS Newsletter Volume 23 No. 21 “December 2013 Newsletter” (<http://www.niha.com/media/292399/Telepsychiatrymemo.pdf>) provided guidance to independent mental health clinics and outpatient hospital mental health providers regarding the requirements necessary for telepsychiatry to be a NJ FamilyCare billable service. In the December 2013 Newsletter, DMAHS defined telepsychiatry as a psychiatric service and limited reimbursement to mental health providers. NJ FamilyCare did not reimburse for telepsychiatry services in other outpatient settings, including FQHCs.

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<sup>2</sup> The DMAHS Newsletter Volume 27 No. 8 (Aug. 2017) (<https://www.njmmis.com/downloadDocuments/27-08.pdf>) provides additional information regarding ambulatory outpatient withdrawal management:

Regulations now provide for ambulatory patient withdrawal management services. Ambulatory outpatient withdrawal management (H0014) is provided by an independent clinic who offers a substance abuse treatment program approved by DMHAS to provide outpatient withdrawal management (WM), including opioid treatment programs providing short term (less than 30 days) opioid withdrawal management using methadone and/or other approved medications. Programs shall only provide withdrawal management services to clients who meet the ASAM Criteria Level 2-WM. Ambulatory withdrawal providers may not bill for evaluation and management services (physician services are included in the H0014 rate) or partial care services provided on the same date of service. Intake evaluations using 90791 or 90792 may be billed on the same date of service.

On July 21, 2017, New Jersey adopted legislation authorizing the provision of health care services through telemedicine and telehealth (<http://www.njleg.state.nj.us/2016/Bills/PL17/117 .PDF>). This legislation applies more broadly to health care services provided by health care providers, which term is defined to include “an individual who provides a health care service to a patient, and includes, but is not limited to, a licensed physician, nurse, nurse practitioner, psychologist, psychiatrist, psychoanalyst, clinical social worker, physician assistant, professional counselor, respiratory therapist, speech pathologist, audiologist, optometrist, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.” New Jersey’s professional licensing boards that regulate these health care providers are planning to promulgate regulations to implement this law. NJ FamilyCare will comply with these regulations when they are adopted and issue clarifying guidance as is necessary.

An outpatient facility that provides health care services through telemedicine and telehealth, as defined by the statute, should add the GT modifier to its billing codes to identify the service as telemedicine.

**8. Which outpatient facilities may be reimbursed by NJ FamilyCare for providing medication assisted treatment (MAT) for substance use disorders?**

As provided on SAMHSA’s website (<https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-physician-waiver>), “[u]nder the Drug Addiction Treatment Act of 2000 (DATA 2000), qualified physicians may apply for waivers to treat opioid dependency with approved buprenorphine products in any settings in which they are qualified to practice, including an office, community hospital, health department, or correctional facility.” DMAHS issued Buprenorphine Guidelines in Administrative Bulletin 4-2007, see N.J.A.C. 10:161B App. B, which are intended to enhance existing federal guidelines and provide details for the use and practice of buprenorphine in New Jersey. For an independent clinic, including a FQHC, to be reimbursed for buprenorphine treatment provided by a primary care provider, the provider must be approved for and have the Data 2000 federal waiver and comply with all federal waiver requirements, including the patient limits imposed by federal law. A FQHC would bill for a medical encounter. Non-FQHC independent clinics (*i.e.*, outpatient mental health programs and substance use disorder treatment facilities) bill a special code for non-methadone MAT.

Any licensed physician or APN may prescribe and administer naltrexone. FQHCs may be reimbursed by NJ FamilyCare if a physician provides naltrexone as part of an encounter.

**9. Has NJ FamilyCare adopted the Psychiatric Collaborative Care Codes<sup>3</sup> that Medicare adopted as part of the 2017 Medicare Fee Schedule?**

Private psychiatrists and psychologists may use Psychiatric Collaborative Care Codes when billing NJ FamilyCare, but currently independent clinics, including FQHCs, outpatient mental health programs, and outpatient substance use disorder treatment facilities may not.

**10. What types of health care professionals are reimbursable by NJ FamilyCare for services provided at a FQHC?**

As provided in N.J.A.C. § 10:66-4.1, FQHC services are “services provided by physicians, physician assistants, advanced practice nurses, nurse midwives, psychologists, dentists, clinical social workers, and services and supplies incident to such services as would otherwise be covered if furnished by a physician or as incident to a physician's services.”

Physicians, physician assistants, advanced practice nurses, nurse midwives, psychologists, dentists, and clinical social workers are core service providers. A FQHC may directly bill NJ FamilyCare only for core services provided by these core service providers.

Other providers, such as alcohol and drug counselors, professional counselors, and marriage and family therapists, may provide non-core services in FQHCs, but the services must be added into a core provider encounter and may not be independently billed to NJ FamilyCare.

**11. Will a non-FQHC independent clinic (i.e., an outpatient mental health program or outpatient substance use disorder facility) licensed to provide outpatient substance use disorder services be reimbursed by NJ FamilyCare if a licensed clinical alcohol and drug counselor (LCADC) supervises and/or signs off on treatment plans and/or progress notes?**

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<sup>3</sup> See U.S. DEP'T OF HEALTH & HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Bid Pricing Data Release; Medicare Advantage and Part D Medical Loss Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Medicare Shared Savings Program Requirements; Final Rule, 81 FED. REG. 80170, 80230-43, *available at* <https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-26668.pdf>; CENTERS FOR MEDICARE & MEDICAID SERVICES, “Frequently Asked Questions about Billing Medicare for Behavioral Health Integration (BHI) Services” (Mar. 9, 2017), *available at* <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf>.

For NJ FamilyCare billing purposes, any assessment or treatment plan must be completed and signed by a licensed individual who has a license that allows them to complete assessments. Scope of practice for LCDACs in New Jersey is determined by the State Board of Marriage and Family Therapists (MFT). The MFT regulations provide that LCDACs are licensed, among other things, to assess and diagnose substance use disorders, see N.J.A.C. § 13:34C-3.1(d), and therefore satisfy NJ FamilyCare billing requirements. However, if a program has a regulatory restriction established by the Division of Mental Health and Addiction Services (DMHAS) or the Department of Children and Families (DCF) that limits who may complete this function, the provider is limited by that restriction.

**12. May a FQHC be reimbursed by NJ FamilyCare for behavioral health services provided by a primary care provider that works for the FQHC?**

Yes, as long as the services provided:

- a. are within the scope of the primary care provider's professional license, as determined by the respective state professional licensing board;
- b. are within the scope of the billing codes authorized in the FQHC Behavioral Health Allowable Medicaid Billing Codes table (Attachment A); and
- c. comply with the requirements of the particular CPT billing code used (*e.g.*, time requirements).

The FQHC will only be reimbursed by NJ FamilyCare for one encounter per provider per patient per day. If a primary care provider treats a patient for behavioral health and physical health needs during a visit on a given day, the FQHC will be reimbursed for one encounter for that day. (Please refer to FAQ # 14 below regarding when NJ FamilyCare will reimburse for more than one encounter for a patient on the same day.)

**13. Does a FQHC need to file a change in scope application to be permitted to have the BH services set forth in the FQHC Behavioral Health Allowable Medicaid Billing Codes table (Attachment A) within the scope of its facility license?**

A change in scope application is not required from a FQHC seeking to provide the BH services set forth in the FQHC Behavioral Health Allowable Medicaid Billing Codes table (Attachment A) as long as behavioral health services and behavioral health services costs were included in the FQHC's prospective payment system (PPS) encounter rates. Only FQHCs that did not have behavioral health costs included in the base year PPS encounter rate calculations are required to submit change in scope applications to be able to be reimbursed by NJ FamilyCare for providing the BH services identified in the FQHC Behavioral Health Allowable Medicaid Billing Codes table (Attachment A).

**14. If a patient is treated on an outpatient basis on the same day both by a physical health provider and a behavioral health provider, will NJ FamilyCare reimburse for two encounters?**

**In FQHCs:** As provided in N.J.A.C. § 10:66-4.1(a)(2)(i), a FQHC may be reimbursed by NJ FamilyCare for more than one encounter for the same patient in the same day, including for a physical health and a behavioral health encounter, as long as “the beneficiary is seen by more than one licensed practitioner for the prevention, treatment or diagnosis of different injuries or illnesses, and practitioners of appropriate different specialties are involved.” Generally, NJ FamilyCare’s billing system will not pay for two services provided by the same provider to the same patient on the same day. However, if a primary care provider provides services to a patient in a physical health encounter, and a behavioral health provider separately provides services to the same patient on the same day in a behavioral health encounter, the FQHC will be reimbursed for two encounters for that patient for that day. The primary diagnosis determines whether the visit will be reimbursed as a physical health or a behavioral health encounter. To be paid for two encounters on the same day, one core provider must make a physical health primary diagnosis, and a different core provider must make a behavioral health diagnosis. NJ FamilyCare will not reimburse a FQHC for two physical health primary diagnoses on the same day regardless if the services were provided by one or more than one core providers.

**In Non-FQHC independent clinics:**

With respect to non-FQHC outpatient mental health clinics, N.J.A.C. § 10:66-2.7(b) provides that generally only one type of mental health service per beneficiary is reimbursable by NJ FamilyCare to an independent clinic per day, with a number of exceptions. The first exception is that “[m]edication management may be reimbursed when provided to a NJ FamilyCare fee-for-service beneficiary in addition to one of the following mental health services: assessment, individual psychotherapy, group psychotherapy, family therapy, and family conference.”

N.J.A.C. § 10:66-2.3 addresses when outpatient substance use disorder services are reimbursable on the same date of service. For example, Subparagraph (c) sets forth when more than one SUD outpatient rehabilitative service will be reimbursed on the same date of service:

Substance use disorder outpatient rehabilitative services is a set of treatment activities designed to help the client achieve changes in his or her alcohol or other drug using behaviors. Outpatient rehabilitative

services approximate ASAM Level of Care 1 and 2 and the services shall include: intake and assessment by appropriately licensed staff; and individual counseling, group counseling, and/or family counseling. See N.J.A.C. 10:161B for program standards including documentation, staffing, and licensing requirements. Services are provided in regularly scheduled sessions of fewer than nine contact hours per week in a licensed substance use disorder treatment facility.

1. Multiple services may be provided on the same date of service, but no more than one of the same service type.
2. Outpatient rehabilitative services shall not be billed on the same date of service as [Intensive Outpatient Program (IOP)] services.
3. A physician visit may be provided and billed on the same date of service as any outpatient rehabilitative service.
4. Opioid treatment can be provided with outpatient services as per N.J.A.C. 10:161B-11.

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Section 10:66-2.3 also describes bundled outpatient SUD service programs, including IOP, partial care services, and opioid treatment and maintenance programs.

DMAHS Newsletter Volume 27 No. 8 (Aug. 2017) (<https://www.njmmis.com/downloadDocuments/27-08.pdf>) summarizes additional exceptions that recently were added to N.J.A.C. § 66:2.7(b) concerning billing for same day mental health services at mental health and substance use disorder independent clinics:

Recent changes to the regulations now state that, effective June 5, 2017, only one type of mental health service per beneficiary is reimbursable to an independent clinic per day with the following exceptions:

- Individual, group or family psychotherapy services may be provided on the same date of service, but are limited to one unit each (individual, group, family therapy or family conference). A

maximum of three individual or group psychotherapy sessions may be provided per day but are limited to 5 units per week.

- Intake assessments (90791 & 90792) may be completed on the same date of service as an individual, group or family therapy. Intake assessments shall count toward the total of three units per day and five units per week.
- Evaluation and Management codes (E/M) may be provided concurrently with an intake assessment (90972 only) or psychotherapy services. E/M billing does not count toward the total of three units per day or five units per week.

System changes have been completed to allow billing for these combined services.

The August 2017 Newsletter (<https://www.njmmis.com/downloadDocuments/27-08.pdf>) also clarifies that mental health and substance use independent clinics may not bill NJ FamilyCare for 90791 or 90792 on the same date they bill for partial care services.

The August 2017 Newsletter (<https://www.njmmis.com/downloadDocuments/27-08.pdf>) also addresses same day billing for ambulatory outpatient withdrawal management (WM H0014) services provided on the same day as other services.<sup>4</sup> As the August 2017 Newsletter summarizes, providers that provide WM services may not bill for E/M services because physician services are included in the WM H0014 rate. In addition, partial care services may not be provided on the same date of service as ambulatory withdrawal services. Intake evaluations using 90791 or 90792, however, may be billed on the same date of service as WM services.

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<sup>4</sup> See *supra* note 2.

## FQHC Behavioral Health Allowable Medicaid Billing Codes

	A	B	C	D	E	F	G
1	HIPAA/HCPCS	Description	Physician	Psychologist	APN-PMH/PA	LCSW	Payable Encounter
2	<b>Mental Health Services</b>						
3	90791uc	Comprehensive Intake Evaluation Assessment only once a year - multidisciplinary approach	yes	yes	yes	yes	yes
4	90792uc	Comprehensive Intake Evaluation Assessment w/ Physician Involvement	yes	yes	yes	yes	yes
5	90832uc	Individual Psychotherapy - 20-30 minutes	yes	yes	yes	yes	yes
6	E&M + 90833uc	Individual Psychotherapy - 20-30 min. w/ med eval & mgmt	yes	no	yes	no	yes
7	90834uc	Individual Psychotherapy - 45 min.	yes	yes	yes	yes	yes
8	E&M + 90836uc	Individual Psychotherapy 45 min. w/ med eval & mgmt	yes	no	yes	no	yes
9	90837uc	Individual Psychotherapy 60 min	yes	yes	yes	yes	yes
10	E&M + 90838uc	Individual Psychotherapy 60 min. w/ med eval & mgmt	yes	no	yes	no	yes
11	90847uc	Special Family Therapy	yes	yes	yes	yes	yes
12	96105uc	Assessment of Aphasia	yes	yes	no	no	yes
13	96111uc	Development Test - Extended	yes	yes	no	no	yes
14	96150uc*	Health and Behavioral Assessment, 15 min units; initial assessment	yes	yes	yes	yes	yes
15	96151uc*	Health and Behavioral Re-Assessment, 15 min. units	yes	yes	yes	yes	yes
16	96152uc*	Health and Behavioral Intervention, individual, 15 min. units	yes	yes	yes	yes	yes
17	96154uc*	Health and Behavioral Intervention, family and pt, 15 min. units	yes	yes	yes	yes	yes
18	96155uc*	Health and Behavioral Intervention, family without pt, 15 min. units	yes	yes	yes	yes	yes
19	99201uc	Evaluation and mgmt. office visit new patient - approx. 10 minutes	yes	no	yes	no	yes
20	99202uc	Evaluation and mgmt. office visit new patient - approx. 20 minutes	yes	no	yes	no	yes
21	99203uc	Evaluation and mgmt. office visit new patient - approx. 30 minutes	yes	no	yes	no	yes
22	99204uc	Evaluation and mgmt. office visit new patient - approx. 45 minutes	yes	no	yes	no	yes
23	99205uc	Evaluation and mgmt. office visit new patient - approx. 60 minutes	yes	no	yes	no	yes
24	99211uc	Evaluation and mgmt. office visit established patient - approx. 5 minutes	yes	no	yes	no	yes
25	99212uc	Evaluation and mgmt. office visit established patient - approx. 10 minutes	yes	no	yes	no	yes
26	99213uc	Evaluation and mgmt. office visit established patient - approx. 15 minutes	yes	no	yes	no	yes
27	99214uc	Evaluation and mgmt. office visit established patient - approx. 25 minutes	yes	no	yes	no	yes
28	99215uc	Evaluation and mgmt. office visit established patient - approx. 40 minutes	yes	no	yes	no	yes
29	h2011uc	Off Site Crisis Intervention	yes	yes	yes	yes	yes
30	<b>Substance Abuse Services</b>						
31	90832 HF	Psychotherapy rendered in drug ctr - half session	yes	yes	yes	yes	yes
32	90834 HF	Psychotherapy rendered in drug ctr - full session	yes	yes	yes	yes	yes

## FQHC Behavioral Health Allowable Medicaid Billing Codes

	A	B	C	D	E	F	G
33	<b>90847 HF</b>	Special Family Therapy	yes	yes	yes	yes	yes
34	<b>99201 HF</b>	Prescription visit rendered in drug treatment ctr.	yes	no	yes	no	yes
35	<b>99211 HF</b>	Prescription visit rendered in drug treatment ctr.	yes	no	yes	no	yes
36	<b>h0003 HF</b>	Urine analysis for drug addiction	yes	yes	yes	yes	no