N.J.A.C. 10:67

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 67. PSYCHOLOGICAL SERVICES

Title 10, Chapter 67 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: July 31, 2013.

See: 45 N.J.R. 2041(a).

CHAPTER HISTORICAL NOTE:

Chapter 67, Manual for Psychological Services, was adopted as R.1973 d.368, effective January 1, 1974. See: 5 N.J.R. 415(a), 6 N.J.R. 68(a).

Pursuant to Executive Order No. 66(1978), Chapter 67 Manual for Psychological Services, was readopted as R.1985 d.114, effective February 19, 1985. See: 16 N.J.R. 3163(a), 17 N.J.R. 706(c).

Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 67, Manual for Psychological Services, was readopted as R.1991 d.142, effective February 19, 1991. See: 22 N.J.R. 3615(a), 23 N.J.R. 859(b).

Chapter 67, Manual for Psychological Services, was repealed, and Chapter 67, Psychological Services, was adopted as new rules by R.1996 d.61, effective February 5, 1996. See: 27 N.J.R. 4261(a), 28 N.J.R. 1066(a).

The expiration date for Chapter 67, Psychological Services, was extended by gubernatorial directive from February 5, 2001 to May 5, 2001. See: 33 N.J.R. 1002(b). Pursuant to Executive Order No. 66(1978), Chapter 67, Psychological Services, expired on May 5, 2001.

Chapter 67, Psychological Services, was adopted as new rules by R.2001 d.189, effective June 4, 2001. See: 33 N.J.R. 1078(a), 33 N.J.R. 1917(a).

On June 5, 2001, the May 5, 2001 expiration date of Chapter 67, Psychological Services, was extended by gubernatorial directive to May 11, 2001, the date of submission of adopted Chapter 67 to the Office of Administrative Law. In accordance with N.J.A.C. 1:30-6.4(f), Chapter 67, Psychological Services, was readopted and effective upon that date, and the June 4, 2006 chapter expiration date set by R.2001 d.189 was administratively changed to May 11, 2006. See: 33 N.J.R. 1078(a), 33 N.J.R. 1917(a), 33 N.J.R. 2505(a), 33 N.J.R. 2505(b).

Chapter 67, Psychological Services, was readopted as R.2006 d.348, effective September 5, 2006. As a part of R.2006 d.348, Subchapter 3, Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) Code and Maximum Fee Schedule for Psychological Services, was renamed Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Code and Maximum Fee Schedule for Psychological Services, effective October 2, 2006. See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 67, Psychological Services, was scheduled to expire on September 5, 2013. See: 43 N.J.R. 1203(a).

Chapter 67, Psychological Services, was readopted, effective July 31, 2013. See: Source and Effective Date.

N.J.A.C. 10:67-1.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 67. PSYCHOLOGICAL SERVICES > SUBCHAPTER 1. INTRODUCTION

§ 10:67-1.1 Scope and purpose

(a) This chapter outlines the policies and the procedures of the New Jersey Medicaid/NJ FamilyCare program related to the provision of psychological services to Medicaid/NJ FamilyCare beneficiaries by psychologists in private practice reimbursed on a fee-for-service basis.

(b) This chapter does not apply to psychologists employed by State or County (Governmental) or private psychiatric hospitals, independent clinics, or to psychologists employed by residential treatment centers under contract with the Division of Youth and Family Services (DYFS) and/or the Division of Mental Health Services (DMHS).

History

HISTORY:

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In (a), inserted "/NJ FamilyCare" throughout.

N.J.A.C. 10:67-1.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"CPT" means that edition of the Current Procedure Terminology most current at the time of reference, as published annually by the American Medical Association, Chicago, Illinois, unless otherwise specified in rule.

"Nursing facility (NF)" means an institution (or distinct part of an institution) certified by the New Jersey State Department of Health and Senior Services and approved for participation in Medicaid/NJ FamilyCare and primarily engaged in providing:

1.Nursing care and related services for patients who require medical, nursing care, and social services;

2.Rehabilitative services for the rehabilitation of the injured, disabled, or sick; or

3.Health-related care and services on a regular basis to patients who because of a mental or physical condition require care and services above the level of room and board. However, the nursing facility is not primarily for the care and treatment of patients with mental diseases which require continuous 24-hour supervision by qualified mental health professionals.

"Physician" means a doctor of medicine (M.D.), osteopathy (D.O.) or podiatric medicine, licensed to practice medicine and surgery by the New Jersey State Board of Medical Examiners, or similarly licensed by comparable agencies of the state in which he or she practices.

"Psychological services" means those services rendered within the scope of the profession of psychology as defined by the laws of the State of New Jersey or by the laws of the state in which the psychologist practices.

"Psychological specialist" means a psychologist who limits his or her practice to his or her specialty and who:

1.Is a Diplomate of the American Board of Professional Psychology (Diplomate Qualified); or

2.Has been notified of admissibility to the examination by the American Board of Professional Psychology (Diplomate Eligible).

"Psychologist" means a practicing professional psychologist who is licensed by the New Jersey State Board of Psychological Examiners or by the comparable state agency in the state in which he or she practices.

"Residential health care facility" means a facility, licensed by the New Jersey State Department of Health and Senior Services, which furnishes food and shelter to four or more persons 18 years of age and older who are unrelated to the owner and which provides dietary services, recreational activities, supervision of self-administration of medications, supervision of and assistance in activities of daily living (ADL) and assistance in obtaining health services to one or more of such persons. As used in this chapter, the term "residential health care facility" means a "boarding home for sheltered care" as defined by the New Jersey State Department of Health and Senior Services.

"Residential treatment center" means a facility that:

1.Has a facility or program accreditation by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), or other accreditation as specified in the Department's rules;

2.Provides 24-hour per day care and treatment for recipients under 22 years of age whose needs are such that they are unable to function appropriately in their homes, schools and communities, and are not able to be served appropriately in less restrictive setting; and

3.Has signed a provider agreement to participate in the Medicaid/NJ FamilyCare program and abide by the rules of the Division.

History

HISTORY:

Amended by R.1998 d.89, effective February 17, 1998.

See: 29 N.J.R. 4615(a), 30 N.J.R. 734(a).

Inserted "CPT" definition.

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In introductory paragraph, substituted "chapter" for "manual"; in definition "Nursing Facility (NF)", inserted "and Senior Services" and "/NJ FamilyCare"; rewrote definition "Physician"; in definition "Residential health care facility", inserted "and Senior Services" throughout; and in definition "Residential treatment center", inserted ", or other accreditation as specified in the Department's rules" in 1, and inserted "/NJ FamilyCare" in 3.

End of Document

N.J.A.C. 10:67-1.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-1.3 Conditions of participation

(a) To be approved as a Medicaid/NJ FamilyCare provider by the New Jersey Medicaid/NJ FamilyCare program, the psychologist or psychologist specialist shall:

1.Complete and submit the Medicaid/NJ FamilyCare "Provider Application" (FD-20) and the "Medicaid/NJ FamilyCare Provider Agreement" (FD-62).

i.The documents, referenced in (a)1 above, are located as Forms #8 and #10 in the Appendix of the Administration Chapter (N.J.A.C. 10:49--Appendix) at the end of the chapter, and may be obtained from and submitted to:

Unisys Corporation

Provider Enrollment

PO Box 4804

Trenton, New Jersey 08650-4804

ii. Provider agreements are approved by the:

Chief, Provider Enrollment Unit

Division of Medical Assistance and Health Services

PO Box 712

Trenton, New Jersey 08625-0712

2.To be approved by the New Jersey Medicaid/NJ FamilyCare program as a psychological specialist, the psychological specialist shall enclose with the provider application, documentation that he or she:

i.Is a Diplomate of the American Board of Professional Psychology (Diplomate Qualified); or

ii. Has been notified of admissibility to the examination by the American Board of Professional Psychology (Diplomate Eligible).

(b) If the psychologist is providing psychological services to a Medicaid/NJ FamilyCare recipient residing in a nursing facility (NF), or residential health care facility, or a residential treatment center, these facilities shall be Medicaid/NJ FamilyCare approved facilities.

(c) Upon approval as a psychological services provider, the psychologist shall be assigned a Medicaid/NJ FamilyCare provider number.

History

HISTORY:

Amended by R.1998 d.89, effective February 17, 1998.

See: 29 N.J.R. 4615(a), 30 N.J.R. 734(a).

In (a)1i and ii, updated the address.

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

Inserted "/NJ FamilyCare" throughout; and deleted (d).

N.J.A.C. 10:67-1.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-1.4 Recordkeeping

(a) Psychologists shall keep such individual records as may be necessary to disclose fully the kind and extent of services provided and shall make such information available when requested by the New Jersey Medicaid/NJ FamilyCare program or its agents. The recordkeeping shall document the services provided as they relate to the procedure code(s) used for reimbursement purposes (see N.J.A.C. 10:67-3, Healthcare Common Procedure Coding System).

(b) For the initial examination, the record shall include, as a minimum, the following:

1. Date(s) of service rendered;

2. Signature of the psychologist;

3. Chief complaint(s);

4. Pertinent historical, social, emotional, and additional data;

5. Reports of evaluation procedures undertaken or ordered;

6. Diagnosis; and

7. The intended course of treatment and tentative prognosis.

(c) For subsequent progress notes made for each Medicaid/ NJ FamilyCare patient contact, the following shall be included on the psychotherapeutic progress note:

1. Date(s) and duration of service (for example, hour, half-hour);

2. Signature of the psychologist;

3. Name(s) of modality used, such as individual, group, or family therapy;

4. Notations of progress, impediments, or treatment complications; and

5. Other components, such as dates or information not included in (c)1 through 4 above, which may be important to the clinical description and prognosis.

6. One or more of the following components shall be recorded to delineate the visit and establish its uniqueness. (Not all of the components need be included):

i.Symptoms and complaints;

ii. Affect;

iii. Behavior;

iv. Focus topics; and

v.Significant incidents or historical events.

History

HISTORY:

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In (a), substituted "Healthcare" for "HCFA"; and in (a) and (c), inserted "/NJ FamilyCare".

N.J.A.C. 10:67-1.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 67. PSYCHOLOGICAL SERVICES > SUBCHAPTER 1. INTRODUCTION

§ 10:67-1.5 Basis of reimbursement

(a) Psychological services shall be reimbursed at the lesser of the psychologist's charges or the amount in the Maximum Fee Allowance Schedule for psychological services. (See N.J.A.C. 10:67-3.2 for the Maximum Fee Allowance Schedule.)

(b) The Maximum Fee Allowance Schedule is based on the Healthcare Common Procedure Coding System (HCPCS). For HCPCS codes and Maximum Fee Allowance Schedule, see N.J.A.C. 10:67-3. For billing instructions, see the Fiscal Agent Billing Supplement in the Appendix of this chapter.

(c) In no event shall the provider's charge to the New Jersey Medicaid/NJ FamilyCare program exceed the charge for services rendered by the provider for identical services to other governmental agencies, or other groups or individuals in the community.

History

HISTORY:

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In (a) and (b), deleted "Medicaid" preceding "Maximum Fee Allowance Schedule"; in (b), substituted "Healthcare" for "Health Care Financing Administration"; and in (c), inserted "NJ FamilyCare"

§ 10:67-1.6 Personal contribution to care requirements for NJ FamilyCare Children's Program-Plan C and copayments for NJ FamilyCare-Plan D

(a) General policies regarding the collection of personal contribution to care for NJ FamilyCare Children's Program-Plan C and copayments for NJ FamilyCare-Plan D fee-for-service are set forth at N.J.A.C. 10:49-9.

(b) Personal contribution to care for NJ FamilyCare-Plan C services is $ 5.00 per visit for all types of psychological services.

1. Psychological services includes services provided in the office, patient's home, or any other site, except a hospital, where the child may have been examined or treated by the psychologist.

(c) There shall be a $ 5.00 copayment per visit for psychology services for Plan D enrollees.

(d) Psychologists shall collect the copayment specified. Copayments shall not be waived.

History

HISTORY:

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.1999 d.211, effective July 6, 1999 (operative August 1, 1999).

See: 31 N.J.R. 998(a), 31 N.J.R. 1806(a), 31 N.J.R. 2879(b).

In (a), added reference to copayments for NJ KidCare-Plan D; added (c) and (d).

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

Section was "Personal contribution to care requirements for NJ KidCare-Plan C and copayments for NJ KidCare-Plan D". In (a), substituted "FamilyCare Children's Program" for "KidCare" preceding "-Plan C" and "FamilyCare" for "KidCare" preceding "-Plan D"; and, in introductory paragraph of (b), substituted "FamilyCare" for "KidCare" and "per" for "a".

N.J.A.C. 10:67-2.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-2.1 General provisions

(a) Psychological services reimbursed directly to the psychologist may be provided in settings such as an office, home, general hospital (inpatient), residential health care facility, nursing facility, or residential treatment center that is not enrolled as an approved Medicaid/NJ FamilyCare provider.

(b) The New Jersey Medicaid/NJ FamilyCare program will not reimburse for services supervised by, but not performed by the psychologist in any setting. Only the psychologist who personally renders the psychological service will be reimbursed.

(c) The special reimbursement for psychological services will be rendered if the provider meets the specialist requirements as defined in N.J.A.C. 10:67-1.2 and 1.3.

(d) Except for psychological testing or exceptional circumstances which are documented in the patient's medical record, only one psychological service shall be reimbursed per day for the same beneficiary by the same provider, group, shared health care facility, or practitioners sharing a common record.

(e) Payment for a psychological evaluation shall include all psychological services provided on that day. No additional reimbursement will be made for psychotherapy on the day that a psychological evaluation is provided.

(f)"Consultation" or "concurrent care" shall not be billed by a psychologist specialist for his or her services as a specialist. If a referral from a psychologist to a psychiatrist is indicated, the psychiatrist may be reimbursed under the provisions of "consultation" or "concurrent care" in the Physician Services Manual (N.J.A.C. 10:52) in addition to the psychologist bill, but not vice versa.

History

HISTORY:

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In (a) and (b), inserted "/NJ FamilyCare".

N.J.A.C. 10:67-2.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-2.2 Provisions for services rendered in specific settings including institutional settings

(a) Psychological services rendered to a Medicaid/NJ FamilyCare patient by an approved community mental health agency or by an approved independent clinic, or under the auspices of such agency or facility, or by a hospital outpatient department shall be billed directly by the agency or clinic.

1. All psychological services rendered to a patient of a hospital outpatient department shall be considered hospital costs, whether or not the psychologist receives compensation from the hospital.

(b) A psychologist employed and/or under contract with a facility including a general hospital, a private psychiatric or State or County (Government) psychiatric hospital, an intermediate care facility/mental retardation, or a residential treatment center (that has a provider agreement with the New Jersey Medicaid/NJ FamilyCare program) may not bill directly for psychological services provided to Medicaid/NJ FamilyCare patients.

(c) When psychological services are provided to persons in a nursing facility, payment will not be made for any services rendered by an owner, administrator, stockholder of the company or corporation, or any person who has a direct financial interest in the institution.

History

HISTORY:

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In introductory paragraph of (a) and in (b), inserted "/NJ FamilyCare".

End of Document

N.J.A.C. 10:67-2.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-2.3 Prior authorization

(a) Prior authorization means approval of the psychological service before the service is provided. For general information about prior and retroactive authorization, see N.J.A.C. 10:49-6.1, Administration.

1.Prior authorization is required for psychological services provided to a Medicaid/NJ FamilyCare beneficiary residing in a nursing facility, or in a residential health care facility (as described in (b) below), or in either a community setting, or a residential treatment center, as described in (c) below.

(b) Prior authorization is required for psychological services provided to a Medicaid/NJ FamilyCare beneficiary residing in a nursing facility (NF) or residential health care facility (RHCF), when payment to the psychologist for the services rendered reaches and/or exceeds $ 400.00 in any 12-month service year, commencing with the initial visit. (For definitions of NF or RHCF, see N.J.A.C. 10:67-1.2.)

1.The request for prior authorization of psychological services provided to a Medicaid/NJ FamilyCare beneficiary residing in a nursing facility shall be submitted directly to the appropriate Medical Assistance Customer Center (MACC) serving the nursing facility (see (d) below).

2.The request for prior authorization of psychological services provided to a Medicaid/NJ FamilyCare beneficiary residing in a residential health care facility shall be submitted directly to the Medical Assistance Customer Center serving the facility in which the services were rendered.

3.Authorization for psychological services for a Medicaid/NJ FamilyCare beneficiary residing in a nursing facility or residential health care facility may be granted for a maximum period of three months. Additional authorizations may be requested, based on continued medical necessity, as indicated in the request for additional authorization.

(c) Prior authorization is required for psychological services provided to a Medicaid/NJ FamilyCare beneficiary residing in a community setting, or in a residential treatment center (that has not signed a provider agreement with the Medicaid/NJ FamilyCare program) when

payment for the services reaches and/or exceeds $ 900.00 in any 12-month service year, commencing with the initial visit. The request for the prior authorization must be submitted directly to the Medical Assistance Customer Center (MACC) serving the facility in which the services were rendered.

1.Authorization for psychological services in the community may be granted for a maximum period of one year. Additional authorizations may be requested.

(d) The request for prior authorization shall be submitted on the Form FD-07 "Request for Prior Authorization for Mental Health Services and/or Mental Health Rehabilitation Services" and the Form FD-07A "Request for Prior Authorization: Supplemental Information." See the Fiscal Agent Billing Supplement following this chapter for a sample of the forms, for instructions to complete them, and for information about the need for the authorization number on the claim form.

1.A request for reauthorization shall include a summary progress note and a detailed treatment plan in the form of a progress note. This information shall be included in, or attached to, the FD-07 form.

2.Although the completed FD-07 and FD-07A forms are to be submitted to the appropriate Medical Assistance Customer Center (MACC), the Medicaid/NJ FamilyCare fiscal agent will notify the provider, in writing, as to the disposition of the request for prior authorization. A MACC Directory is provided in the Appendix of N.J.A.C. 10:49, Administration.

3.The Medicaid/NJ FamilyCare fiscal agent will notify the provider in writing as to the disposition of the request for prior authorization.

4.An opportunity for a fair hearing may be granted to any provider requesting a hearing on any complaint or issue arising out of the claims payment process, in accordance with N.J.A.C. 10:49-10, Notices, Appeals and Fair Hearings.

History

HISTORY:

Amended by R.1998 d.89, effective February 17, 1998.

See: 29 N.J.R. 4615(a), 30 N.J.R. 734(a).

In (d)2, updated the address.

Amended by R.2003 d.182, effective May 5, 2003.

See: 34 N.J.R. 4303(a), 35 N.J.R. 1901(a).

Rewrote the section.

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In (d)3, inserted "/NJ FamilyCare".

End of Document

N.J.A.C. 10:67-3.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

§ 10:67-3.1 Introduction

(a) The New Jersey Medicaid and NJ FamilyCare programs adopted the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., and incorporated herein by reference, as amended and supplemented and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by CMS (code additions, code deletions and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, N.J.SA. 52:14B-1 et seq. The HCPCS Level I codes consist of the American Medical Association (AMA) Current Procedural Terminology (CPT) codes, which are assigned to specific procedures by the AMA. HCPCS Level II codes are assigned to specific procedures by CMS. An updated copy of the CPT codes may be obtained from the American Medical Association, P.O. Box 10950, Chicago, IL 60610, or by accessing www.ama-assn.org. An updated copy of the Level II codes may be obtained by accessing the HCPCS website at www.cms.hhs.gov/medicare/hcpcs or by contacting PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010.

1.The use of a procedure code will be interpreted by the New Jersey Medicaid/NJ FamilyCare program as a representation that the psychologist personally furnished, as a minimum, the service for which it stands.

(b) When submitting a claim, the psychologist must always use his or her usual and customary fee. The MAXIMUM FEE ALLOWANCE designated for any HCPCS code represents the New Jersey Medicaid/NJ FamilyCare program's maximum payment for the given procedure.

1.All references to time parameters shall mean the psychologist's personal time in reference to the service rendered unless it is otherwise indicated.

2.The information under the "QUALIFIER" refers the provider to information concerning the New Jersey Medicaid/NJ FamilyCare program qualifications and requirements when a procedure or services code is used.

(c) The psychological services use exclusively Level I HCPCS codes of a three-level coding system, as follows:

1.Level I codes: Narratives for these codes are found in CPT, which is incorporated herein by reference, as amended and supplemented. The codes are adapted from CPT for use primarily by the psychologist. Level I procedure codes, and fees for each, for which the psychologist may bill, can be found at N.J.A.C. 10:67-3.2.

(d) Specific elements of HCPCS codes require the attention of providers. The lists of HCPCS code numbers for psychologist services are arranged in tabular form with specific information for a code given under columns with titles such as: "IND," "HCPCS CODE," "MOD," "DESCRIPTION," "FOLLOW-UP DAYS" and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

1.Alphabetic and numeric symbols under "IND" and "MOD": These symbols, when listed under the "IND" and "MOD" columns, are elements of the HCPCS coding system used as qualifiers or indicators ("IND" column) and as modifiers ("MOD" column). They assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

i.These symbols and/or letters shall not be ignored, because they reflect requirements, in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in the CPT, for which the provider is liable. These additional requirements shall be fulfilled before reimbursement is requested.

ii. If there is no identifying symbol listed, the CPT/ HCPCS procedure code narrative prevails.

IND — lists alphabetic symbols used to refer the provider to information concerning the New Jersey Medicaid program's qualifications and requirements when a procedure or service code is used. An explanation of the indicators and qualifiers used in this column is located below and in paragraph 1, "Alphabetic and numeric symbols," as follows:

"P" = preceding any procedure code indicates that prior authorization shall be required. The appropriate form that must be used to request prior authorization is indicated in the Fiscal Agent Billing Supplement.

"N" = preceding any procedure code means that qualifiers are applicable to that code. (See also N.J.A.C. 10:67-2.3 for the specific limitations of the total dollar amounts for services within a specific timeframe for a specific Medicaid/NJ FamilyCare beneficiary.)

HCPCS CODE =	HCPCS procedure code numbers.
MOD =	Alphabetic and numeric symbols: Under certain circumstances, services and procedures may be modified by the addition of alphabetic and/or numeric characters at the end of the code.
"22" =	Unusual Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding the modifier "22" to the usual procedure number. A report with additional documentation must accompany the claim form to justify the greater services, unusual services or complications.

(e) Listed below are general policies of the New Jersey Medicaid/NJ FamilyCare program that pertain to HCPCS. Specific information concerning the responsibilities of a psychologist when rendering Medicaid/NJ FamilyCare-covered services and requesting reimbursement are located at N.J.A.C. 10:67-1.4, Recordkeeping; N.J.A.C. 10:67-1.5, Basis of reimbursement; and N.J.A.C. 10:67-2, General provisions.

1. General requirements are as follows:

i. When filing a claim, the appropriate HCPCS procedure codes must be used, in conjunction with modifiers when applicable.

ii. When billing, the provider must enter on the claim form a CPT/HCPCS procedure code as listed in N.J.A.C. 10:67-3.2.

iii. Date(s) of service(s) must be indicated on the claim form and in the provider's own record for each service billed.

iv. The "MAXIMUM FEE ALLOWANCE" as noted with these procedure codes represents the maximum payment for the given procedure for the psychologist and psychologist specialist. When submitting a claim, the psychologist must always use her or his usual and customary fee.

v. The use of a procedure code will be interpreted by the New Jersey Medicaid/NJ FamilyCare program as evidence that the practitioner personally furnished, as a minimum, the services for which it stands.

History

HISTORY:

Amended by R.1998 d.89, effective February 17, 1998.

See: 29 N.J.R. 4615(a), 30 N.J.R. 734(a).

Substituted references to CPT for references to CPT-4 throughout; and in (a), rewrote the first sentence, and inserted a third sentence.

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

Rewrote introductory paragraph of (a); in (a)1, inserted "/NJ FamilyCare"; in (b), substituted "his or her" for "his/her", deleted "MEDICAID" preceding "MAXIMUM FEE ALLOWANCE", and inserted "/NJ FamilyCare"; in (b)2, substituted "Medicaid/NJ FamilyCare" for "Medicaid's"; in (d), made minor changes to punctuation; in (d)1, substituted "and" for "&"; in (d)1ii, inserted "/NJ FamilyCare" in the table entries for "IND" and " 'N' "; and in the introductory paragraph of (e) and in (e)1v, inserted "/NJ FamilyCare".

N.J.A.C. 10:67-3.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 67. PSYCHOLOGICAL SERVICES > SUBCHAPTER 3. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE AND MAXIMUM FEE SCHEDULE FOR PSYCHOLOGICAL SERVICES

§ 10:67-3.2 HCPCS Codes and reimbursement rates for psychological services (Level I)

		Maximum Fee Allowance		
IND	HCPCS Code	S	$	NS
N	90801	$ 37.00		$ 26.00
N	90804	$ 19.00		$ 13.00
N	90806	$ 37.00		$ 26.00
N	90847	$ 37.00		$ 26.00
N	90847-22	$ 46.00		$ 32.00
N	90853	$ 8.00		$ 6.00
N	90887	$ 19.00		$ 13.00
N	96100	$ 37.00		$ 26.00
N	96105	$ 37.00		$ 26.00
N	96111	$ 37.00		$ 26.00
N	96115	$ 37.00		$ 26.00
N	96117	$ 37.00		$ 26.00
N	96150	$ 14.00		$ 12.00
N	96151	$ 14.00		$ 12.00
N	96152	$ 13.00		$ 11.00
N	96153	$ 5.00		$ 4.00
N	96154	$ 13.00		$ 11.00
N	96155	$ 12.00		$ 10.00

History

HISTORY:

Amended by R.1998 d.89, effective February 17, 1998.

See: 29 N.J.R. 4615(a), 30 N.J.R. 734(a).

Deleted descriptions from existing codes and added new codes and fees.

Amended by R.1998 d.514, effective November 2, 1998.

See: 30 N.J.R. 2414(a), 30 N.J.R. 3961(b).

Changed HCPCS code 90843 to 90804 and code 90844 to 90806.

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

Added table entries for HCPCS Codes 96150 through 96155.

N.J.A.C. 10:67-3.3

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§ 10:67-3.3 HCPCS Code qualifiers for psychological services

Code	Narrative
90801	Initial Comprehensive Psychiatric Evaluation QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 50 minutes of face-to-face contact with the patient or family member.
90804	Individual Psychotherapy--approximately 20 to 30 minutes face-to-face with the patient QUALIFIER: This code requires, for reimbursement purposes, a minimum of 20 minutes of face-to-face contact with the patient or family member.
90806	Individual Psychotherapy--approximately 45 to 50 minutes face-to-face with the patient QUALIFIER: This code requires, for reimbursement purposes, a minimum of 45 minutes of face-to-face contact with the patient or family member.
90847	Family Therapy--50 minute session QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum

Code	Narrative
	of 50 minutes of face-to-face contact with the patient or family member(s).
90847 22	Family Therapy--80 minute session QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 80 minutes of face-to-face contact with the patient or family member(s).
90853	Group psychotherapy by a psychologist (other than of a multiple family group) QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 90 minutes per session. One unit equals 90 minutes for each person in the group with the maximum of eight persons in the group.
90887	Family Conference--25 minute session QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This procedure code must be used in conjunction with the treatment of the patient. This code requires, for reimbursement purposes, a minimum of 25 minutes of direct personal clinical involvement with the patient or family member(s). The CPT narrative otherwise remains applicable.
96100	Psychological testing with a written report per hour. QUALIFIER: The rate per hour includes time for interpretation and reporting the results of the psychological testing, including the cost of administration of the test and the scoring.
96105	Assessment of aphasia with a written report per hour. QUALIFIER: The rate per hour includes time for interpretation and reporting the results of the psychological testing, including the cost of administration of the test and the scoring.

Code	Narrative
96111	Extended developmental testing with a written report per hour. QUALIFIER: The rate per hour includes time for interpretation and reporting the results of the psychological testing, including the cost of administration of the test and the scoring.
96115	Neurobehavioral status exam with a written report per hour. QUALIFIER: The rate per hour includes time for interpretation and reporting the results of the psychological testing, including the cost of administration of the test and the scoring.
96117	Neuropsychological testing battery with a written report per hour. QUALIFIER: The rate per hour includes time for interpretation and reporting the results of the psychological testing, including the cost of administration of the test and the scoring.
96150	Health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psychophysiological monitoring and health-oriented questionnaires), each 15 minutes of face-to-face contact with the patient or family member; initial assessment QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 45 minutes of face-to-face contact with the patient or family member(s).
96151	Health and behavior re-assessment, each 15 minutes of face-to face contact with the patient or family member(s) QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 30 minutes of face-to-face contact with the patient or family member(s).
96152	Health and behavior intervention, each 15 minutes of face-to-face

Code	Narrative
	contact with the patient QUALIFIER: This code requires, for reimbursement purposes, a minimum of 15 minutes of face-to-face contact with the patient or family member.
96153	Health and behavior intervention, each 15 minutes of contact with a group (two or more patients, other than a multiple family group) QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 30 minutes per session. One unit equals 15 minutes for each person in the group, with a maximum of eight persons in the group.
96154	Health and behavior intervention, each 15 minutes, with a family member (with the patient present) QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 30 minutes of face-to-face contact with the patient and family member(s). One unit equals 15 minutes for each person in the group.
96155	Health and behavior intervention, each 15 minutes, with a family member (without the patient present) QUALIFIER: A Medicaid/NJ FamilyCare provider who is a psychologist may bill this physician procedure code for parallel psychological services. This code requires, for reimbursement purposes, a minimum of 30 minutes of face-to-face contact with the family member(s). One unit equals 15 minutes for each person in the group.

History

HISTORY:

New Rule, R.1998 d.89, effective February 17, 1998.

See: 29 N.J.R. 4615(a), 30 N.J.R. 734(a).

Amended by R.1998 d.514, effective November 2, 1998.

See: 30 N.J.R. 2414(a), 30 N.J.R. 3961(b).

Changed HCPCS code 90843 to 90804 and code 90844 to 90806 and rewrote corresponding narratives.

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

Inserted "/NJ FamilyCare", "(s)" following "member" and commas following "requires" and "purposes" throughout; in table entry 90801, substituted "FamilyCare" for "KidCare"; and added table entries for HCPCS Codes 96150 through 96155.

Amended by R.2007 d.188, effective June 18, 2007.

See: 39 N.J.R. 337(a), 39 N.J.R. 2360(a).

In the qualifier paragraph of the table entry for 90801, deleted the final sentence.

N.J.A.C. 10:67, Appx.

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 67. PSYCHOLOGICAL SERVICES

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access www.njmmis.com or write to:

Unisys Provider Services Unit

PO Box 4804

Trenton, New Jersey 08650-4804

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, New Jersey 08625-0049

History

Amended by R.2006 d.348, effective October 2, 2006.

See: 38 N.J.R. 2007(a), 38 N.J.R. 4219(b).

In the Agency Note, deleted "/manual" following "chapter" and inserted "access www.njmmis.com or".

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