

1. Verifiable written documentation of the supervising licensed behavioral healthcare practitioner's credentials and any other adjunct staff involved with the direct administration and/or delivery of this service as appropriate, including, at a minimum:

- i. His or her current and valid license number authorizing him or her to practice in New Jersey and the state where services are delivered; and
- ii. Verifiable written documentation of his or her experience working with children; and

2. Updates or changes regarding all information required in (b)1 above, which shall be forwarded to the DHS by the provider within 10 days of receipt of the updated information. Updated information shall include, but shall not be limited to, additional continuing education units obtained, change of provider name and/or address, any action against licensure of the provider, and any criminal charges.

(c) For the direct care staff employed by the agency, the following information shall be maintained:

1. A copy of the direct care staff person's educational credentials;
2. Verifiable written documentation, including dates, of the direct care staff person's relevant experience in a comparable in community environment; and
3. Verifiable written documentation of the direct care worker's receipt of direct clinical supervision by a licensed behavioral healthcare practitioner.

(d) In addition to the specific records required to be maintained for specific staff, the following information shall also be maintained for all individuals providing or supervising the provision of services:

1. A copy of his or her current valid driver's license, if the operation of a motor vehicle is required to fulfill the responsibilities of the job; and
2. Verifiable written documentation of successful completion of a criminal background check conducted by a recognized and reputable search organization for all staff having direct contact with children.

SUBCHAPTER 7. CENTERS FOR MEDICARE & MEDICAID SERVICES' HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

Authority

N.J.S.A. 30:4D-7; Section 1902(a)10 and 1905(a)(15) of the Social Security Act, 42 U.S.C. § 1396a(a)(10) and 1396d(a), respectively, and Section 2101 of the Act (42 U.S.C. §1397aa).

Source and Effective Date

R.2003 d.479, effective December 15, 2003.
See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Subchapter Historical Note

Subchapter 7, Centers for Medicare and Medicaid Services' Healthcare Common Procedure Coding System (HCPCS), was recodified from 10:77-4, by R.2003 d.479, effective December 15, 2003. See: Source and Effective Date.

10:77-7.1 Introduction

(a) The New Jersey Medicaid, NJ KidCare and NJ FamilyCare programs utilize the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology architecture, employing a five-position code and as many as two 2-position modifiers. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical procedures and services performed by physicians. Unlike the CPT numeric design, the CMS assigned codes and modifiers contain alphabetic characters.

(b) HCPCS was developed as a three-level coding system:

1. **LEVEL I CODES** (narratives found in CPT): These codes are adapted from CPT for utilization primarily by physicians, podiatrists, optometrists, certified nurse-midwives, certified nurse practitioners/ clinical nurse specialists, independent clinics and independent laboratories. Copyright restrictions make it impossible to print excerpts from CPT procedure narratives for Level I codes. Thus, in order to determine those narratives, it is necessary to refer to CPT, which is incorporated herein by reference.

2. **LEVEL II CODES**: The narratives for Level II codes are found in this subchapter. These codes are not found in the CPT and are assigned by HCFA for use by physicians and other practitioners.

3. **LEVEL III CODES**: The narratives for Level III codes are found in this subchapter. These codes are assigned by the Division of Medical Assistance and Health Services to be used for those services which are unique to the New Jersey Medicaid, NJ KidCare or NJ FamilyCare programs.

(c) Regarding specific elements of HCPCS codes which require the attention of providers, the lists of HCPCS code numbers for rehabilitative services are arranged in tabular form with specific information for a code given under columns with titles such as "IND," "HCPCS Code," "MOD," "DESCRIPTION" and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

1. "IND"—(Indicator) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid program's qualifications and requirements when a HCPCS procedure code is used.

i. A "P" indicates that prior authorization is required for that procedure code. A valid authorization number must be included on the claim form when seeking reimbursement for the provision of the service.

2. "HCPCS Code"—Lists the HCPCS procedure code numbers;

3. "DESCRIPTION"—Code narrative: Narratives for Level III codes are found at N.J.A.C. 10:77-4.2;

4. "MAXIMUM FEE ALLOWANCE"—Lists the New Jersey Medicaid/NJ KidCare/NJ FamilyCare programs maximum fee allowance schedule. If the symbol "B.R." (By Report) is listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the claim form. If the symbol "N.A." (Not Applicable) is listed instead of a dollar amount, it means that service is not reimbursable.

5. "MOD" services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances are identified by the addition of a two-digit code following the HCPCS procedure number. The New Jersey Medicaid/NJ FamilyCare program's recognized modifier codes for behavioral assistance services are as follows:

HQ: Services provided in a group setting.

TJ: Program group, child and/or adolescent.

(d) Listed below are both general and specific policies of the New Jersey Medicaid program that pertain to HCPCS:

1. When filing a claim, the appropriate HCPCS Codes shall be used in conjunction with modifiers, when applicable;

2. The use of a procedure code shall be interpreted by the New Jersey Medicaid program as evidence that the provider personally furnished, as a minimum, the service for which it stands;

3. When billing, the provider shall enter onto a CMS 1500 claim form, a CPT/HCPCS procedure code as listed in CPT or in this subchapter;

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

5. The "MAXIMUM FEE ALLOWANCE" as noted with these procedure codes represents the maximum amount a provider can be reimbursed for the given procedure;

i. All references to time parameters shall mean the provider's personal time in reference to the service rendered unless it is otherwise indicated. These procedure codes are all-inclusive for all procedures provided during that time;

6. Written records in substantiation of the use of a given procedure code shall be available for review and/or inspection if requested by the Division; and

7. Certain listed procedures are commonly carried out as an integral part of a total service, and, as such, do not warrant a separate charge. When "Separate Procedure" is attached to a HCPCS/CPT description, indicating that a procedure may be carried out as a separate entity not immediately related to a specific service, separate charges for the procedure and reimbursement are applicable.

Amended by R.2001 d.144, effective May 7, 2001.

See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

In (a), (b)3 and (c)3, inserted references to NJ KidCare and NJ FamilyCare; in (c)2, updated N.J.A.C. reference; and substituted "CPT" for "CPT-4" throughout.

Amended by R.2003 d.90, effective March 3, 2003.

See: 34 N.J.R. 3467(a), 35 N.J.R. 1287(a).

In (a), substituted "Centers for Medicare & Medicaid Services (CMS) Healthcare" for "Health Care Financing Administration's (HCFA)"; in (d)3, substituted "CMS" for "HCFA".

Amended by R.2003 d.479, effective December 15, 2003.

See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Rewrote (c).

10:77-7.2 HCPCS procedure code numbers and maximum fee allowance schedule

(a) Environmental Lead Inspection Codes:

HCPCS Code	Description	Maximum Fee Allowance
Y 9733	Initial Inspection for Lead	\$260.00
Y 9734	Reinspection for Lead	100.00

Qualifier: Limit of two reinspections per primary residence per family

(b) Mental Health Rehabilitation Services provided in psychiatric community residences for youth, group homes or residential childcare facilities:

HCPCS Code	Procedure Code Definition	Maximum Fee Allowance
IND P	Mobile Response-Crisis Bed. For services rendered in psychiatric community residences for youth, group homes or residential childcare facilities to a child, youth or young adult receiving mobile response and stabilization management services (per diem, not to exceed seven days)	\$50.00 per diem
Y9933	Mental health rehabilitation services provided in non-JCAHO accredited residential treatment centers licensed as community psychiatric residences for youth licensed by the Division of Mental Health Services, under N.J.A.C. 10:37B	Contract Pricing

HCPCS				Maximum Fee	HCPCS				Maximum Fee
<u>Ind</u>	<u>Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Allowance Contract pricing</u>	<u>Ind</u>	<u>Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Allowance Contract pricing</u>
	Y9934		Mental health rehabilitation services provided in therapeutic foster care facilities, licensed by the Division of Youth and Family Services, that contract with the Division of Mental Health services under N.J.A.C. 10:128.			Y9948		Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Youth and Family Services, under N.J.A.C. 10:127.	
	Y9935		Mental health rehabilitation services provided in group homes (serving six to 12 children) licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing		Y9992		Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract Pricing
	Y9936		Mental health rehabilitation services provided in supervised transitional living homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing		Y9993		Therapeutic Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract Pricing
	Y9937		Mental health rehabilitation services provided in teaching family homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing		Y9994		Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract Pricing
	Y9938		Mental health rehabilitation services provided in treatment homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing		Y9995		Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DMHS	Contract Pricing
	Y9939		Mental health rehabilitation services provided in alternative care homes licensed by the Division of Youth and Family Services, under N.J.A.C. 10:128.	Contract pricing		Y9996		Therapeutic Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract Pricing
	Y9943		Mental health rehabilitation services provided in non-JCAHO residential child care facilities licensed by the Division of Youth and Family Services, under N.J.A.C. 10:127.	Contract pricing		Y9997		Therapeutic Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract Pricing
	Y9944		Room and board for mental health rehabilitation services provided in facilities under contract with the Division of Youth and Family Services, under N.J.A.C. 10:127 and 10:128.	Contract pricing		Y9998		Hospital Leave for Rehabilitation Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract Pricing
	Y9945		Room and board for mental health rehabilitation services provided in facilities under contract with the Division of Mental Health Services, under N.J.A.C. 10:37B.	Contract pricing		Y9999		Hospital Leave for Room and Board Services provided in non-JCAHO accredited facilities under contract with DYFS	Contract Pricing
	Y9946		All other room and board for mental health rehabilitation services.	Contract pricing	(c) Behavioral Assistance Services Codes:				
	Y9947		Mental health rehabilitation services provided in JCAHO accredited RTCs licensed by the Division of Mental Health Services, under N.J.A.C. 10:37B.	Contract pricing					
					<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Maximum Fee Allowance</u>
					P	H2014	TJ	Individual behavioral assistance services. (15-minute unit of service)	\$9.75 (\$39.00 per hour)
					P	H2014	TJ HQ	Group behavioral assistance services. Services are limited to those provided directly or in support of up to three children/youth or young adults. (15-minute unit of service)	Contract pricing
					P	S5125	TJ	Individual behavioral assistance services in non-Title XIX eligible locations. (15-minute unit of service)	\$9.75 (\$39.00 per hour)
					P	S5125	TJ HQ	Small group behavioral assistance services in non-Title XIX eligible locations. Services are limited to those provided directly or in support of up to three children/youth or young adults. (15-minute unit of service)	Contract pricing
					(d) Mobile response and stabilization management services codes:				

<u>IND</u>	<u>HCPCS Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Maximum Fee Allowance</u>
P	S9485	TJ	Mobile Response—Initial (one unit of service per episode, not to exceed 72 hours, spanning up to four days)	Contract Pricing
P	H0032	TJ	Mobile Response—Care Coordination and Stabilization Plan (15 minute units of service, not to exceed a total of 64 units or 16 hours, up to eight weeks as authorized weekly)	Contract Pricing

Amended by R.2001 d.144, effective May 7, 2001.
See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

Added (b).
Amended by R.2002 d.401, effective December 16, 2002.
See: 34 N.J.R. 2709(a), 34 N.J.R. 4441(b).

Rewrote table in (b).
Amended by R.2003 d.479, effective December 15, 2003.
See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

Added (c).
Amended by R.2005 d.68, effective February 22, 2005.
See: 36 N.J.R. 379(a), 37 N.J.R. 659(a).
Rewrote (b); added (d).

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a 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 shall be distributed to providers and copies shall be filed with the Office of Administrative Law.

For a copy of the Fiscal Agent Billing Supplement, write to:

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