

4. Psychotherapy or counseling as permitted by the provider's individual certification; and

5. Psychiatric rehabilitative services.

(c) The type and intensity of the PACT services provided shall be individualized based on the needs of the beneficiary, as determined by the PACT team.

1. The PACT team shall provide a minimum of two hours of face-to-face contact either with, or on behalf of, a beneficiary per month in order to claim reimbursement from the Medicaid/NJ FamilyCare-Plan A program.

(d) Examples of services provided by a PACT team shall include, but are not limited to:

- 1. Crisis assessment;
- 2. Symptom assessment, management, and supportive counseling;
- 3. Medication prescription, administration, monitoring, and documentation;
- 4. Support to assist the beneficiary to find and maintain employment in community-based job sites;
- 5. Provision of support to the beneficiary's family and other members of the consumer's social network to deal with the mental illness; and
- 6. Coordination of services with other community mental health and non-mental health providers.

(e) Substance abuse treatment services can be provided in either individual or group settings. Referrals for treatment at drug or alcohol detoxification and rehabilitation facilities shall be provided as needed.

**10:76-2.2 Clinical supervision of PACT teams**

(a) Each PACT team shall consist of a minimum of five separate clinical disciplines, including psychiatry, nursing, supportive counseling, substance abuse, and rehabilitation or occupation/vocational services, in accordance with N.J.A.C. 10:37J-2.8.

(b) The PACT Director shall provide administrative supervision and shall assure clinical oversight, as necessary, for the overall operation of the team, including, but not limited to, individual case reviews and quality assurance reviews of the clinical record.

(c) The PACT team psychiatrist, or other appropriately licensed clinical professional as permitted by DMHS, shall provide supervision to the team regarding medication administration and monitoring for all beneficiaries served by the team.

(d) The clinical status of each beneficiary shall be reviewed by the team as a whole a minimum of 95 percent of the regular workdays in any given calendar month. Clinical

supervision shall be provided as needed during these daily meetings by the Masters-level clinician or the team psychiatrist.

1. Notes for each meeting shall be maintained by each PACT team and shall include, at a minimum, a list of team members who attended the meeting and a list of cases that were discussed. This information need not be included in each beneficiary's individual record except as stated in (f) below.

2. A record of all team members present at the meeting shall also be documented on an attendance log. The participation of any team member from an off-site location via conference call shall be documented and that staff person shall sign the documentation within 30 days of the meeting.

3. If the daily meeting does not occur on any given day, the reason shall be clearly documented.

(e) The PACT team psychiatrist provides supervision to the PACT team a minimum of once per week through the daily review process and through individual case conferences for specific beneficiaries. The psychiatrist shall also complete a psychiatric evaluation for all new PACT beneficiaries and shall review and sign all initial, comprehensive and revised service plans.

1. During the first year of the beneficiary receiving services, clinical updates to the service plan shall be made every three months. Clinical updates shall be made every six months in subsequent years.

(f) Any significant changes to a beneficiary's service plan resulting from any of the methods of clinical supervision discussed above shall be documented in the beneficiary's individual progress notes.

**10:76-2.3 Beneficiary eligibility**

(a) Medicaid and NJ Family Care Plan A beneficiaries age 18 and older shall be eligible to receive PACT services.

1. NJ FamilyCare-Plan A adults without children shall not be eligible to receive PACT. These beneficiaries are identified by the Program Code "70" in positions 3 and 4 of their NJ FamilyCare Identification Number.

2. NJ FamilyCare-Plan B, C, and D beneficiaries shall not be eligible for PACT services.

(b) Beneficiaries facing chronic and severe mental illness, who have not responded to traditional mental health treatment, using the criteria established by the Division of Mental Health Services at N.J.A.C. 10:37J-2.2, shall be referred for PACT services by their mental health provider.

**10:76-2.4 PACT beneficiaries receiving other mental health services**

(a) A PACT provider shall not request reimbursement for PACT services delivered during the same month the

beneficiary is also receiving mental health personal care assistance (PCA) services.

(b) Partial care/partial hospitalization (PC/PH) services shall not be available, except if clinically indicated and recommended by the PACT team, for up to the last 30 days before a beneficiary terminates from PACT services. The PACT agency shall obtain prior authorization for services before enrolling a beneficiary in a PC/PH program. See N.J.A.C. 10:76-2.5.

(c) A PACT provider shall not request reimbursement for PACT services delivered during the same month the beneficiary is also receiving integrated case management services (ICMS).

#### 10:76-2.5 Prior authorization

(a) No PACT services shall be provided to an eligible Medicaid and NJ FamilyCare-Plan A beneficiary without prior authorization.

(b) For the provision of PACT services, the provider shall obtain prior authorization as follows:

1. The provider shall complete the "DMHS PACT Referral and Intake Outcome" form to request authorization to provide PACT services and shall submit the form to the DMHS Regional Office in the county in which the provider is located.

2. The Regional DMHS Program Analyst will evaluate the eligibility of the beneficiary for PACT services in accordance with N.J.A.C. 10:37J-2.3(b), and will advise the provider of results of the evaluation.

3. Upon receipt of this approval, the provider shall meet with the beneficiary, enroll the beneficiary into the PACT program, and return the signed and dated "DMHS PACT Referral and Intake Outcome" form to the DMHS Regional Office, confirming the enrollment of the beneficiary into the PACT program.

4. For a Medicaid or NJ FamilyCare-Plan A beneficiary, the PACT provider will also complete the DMAHS form FD-07, (Request for Prior Authorization for Mental Health and/or Mental Health Rehabilitation Services), requesting prior authorization for PACT services and submit this form, along with a copy of the completed "DMHS PACT Referral and Intake Outcome" form, to the Statewide DMHS PACT Coordinator. These forms may be faxed to (609) 777-0662.

5. The providers will be notified by Unisys that services have been authorized. Such authorization should be received before providing services.

(c) For the provision of Partial Care/Partial Hospitalization (PC/PH) services to a Medicaid or NJ FamilyCare-Plan A beneficiary enrolled in PACT, the provider shall obtain prior authorization as follows:

1. The PACT provider shall submit a written request to the Regional DMHS Program Analyst requesting authorization to enroll a beneficiary receiving PACT services into a Partial Care/Partial Hospitalization program. The written request shall include:

- i. A detailed justification for the necessity of the PC/PH services; and

- ii. DMAHS prior authorization request forms (FD-07 and FD-07A) completed by the intended PC/PH provider requesting prior authorization of Partial Care or Partial Hospitalization services to a Medicaid/NJ FamilyCare beneficiary for a period not to exceed 30 days.

2. The Regional DMHS Program Analyst will evaluate the request, recommend services if appropriate, document the recommendation and forward their recommendations for approval of all requests for PC/PH services to: Division of Medical Assistance and Health Services, Office of Customer Service, Mental Health Services Unit, PO Box 712, Mail Code 25, Trenton, NJ 08625-0712.

3. The DMAHS Office of Customer Service will review the request and advise the Statewide PACT Coordinator of the approval or denial of the request.

- i. PC/PH services shall not be approved for more than 30 days for a Medicaid/NJ Family Care Plan A beneficiary receiving PACT services.

- ii. PC/PH services shall only be approved for the time period in which the Medicaid/NJ FamilyCare-Plan A beneficiary is transitioning out of receiving PACT services.

- iii. The providers will be notified by Unisys that services have been authorized. Such authorization should be received before providing services.

(d) All claims filed for reimbursement with Unisys, the Division's fiscal agent shall include the prior authorization number for any services rendered in order to ensure appropriate reimbursement is made. The prior authorization shall cover all dates that services were rendered to ensure proper reimbursement.

#### 10:76-2.6 Reimbursement methodology

(a) Providers will be reimbursed on a fee-for-service basis for PACT services provided to a Medicaid/NJ FamilyCare-Plan A beneficiary based on the lower of the provider's usual and customary charge or the established DMAHS contracted reimbursement rate for the service.

1. Reimbursement amounts for PACT services shall be determined by the Commissioner of the Department of Human Services.

2. The DMAHS contracted reimbursement rate shall be based on an average of PACT provider costs for billable beneficiaries, that is, those beneficiaries who meet the minimum service standards in PACT programs that are under contract with, and licensed by, the Division of Mental Health Services.

(b) A unit of service shall be defined as one calendar month of services, with full reimbursement being provided for the month services are initiated and no reimbursement being provided for the month services are terminated, regardless of the quantity of services provided in either of those months.

(c) For months of service other than the first and last months, a minimum of two hours of face to face contact with, or on behalf of, the beneficiary shall be provided.

1. If the minimum face to face contact is not achieved, and documented, during any calendar month, the provider shall not seek reimbursement for the provision of PACT services to a Medicaid/NJ FamilyCare-Plan A beneficiary during that month.

2. In calculating the monthly minimum service requirement, the PACT service provider shall not count any face to face contact provided during any time during which the beneficiary was a resident of an institution for mental disease (IMD), including State, county or private psychiatric hospitals, or incarcerated in any correctional facility, however;

i. If a beneficiary is in one of the settings described above for only a portion of the calendar month, and the minimum monthly service requirement is met during the remainder of the month, the provider may bill for PACT service for that month.

3. General acute care hospitals shall not be considered IMDs for the purposes of the PACT, and therefore face to face contact provided to, or on behalf of, a Medicaid or NJ FamilyCare-Plan A beneficiary, while the beneficiary is in a general acute care hospital, can be counted towards the monthly minimum service requirement.

(d) Providers shall seek reimbursement by submitting a HCFA-1500 claim form, in accordance with DMAHS rules at N.J.A.C. 10:49.

1. HCPCS code Z3370 shall be billed monthly for PACT services. (See N.J.A.C. 10:76-3.2).

Procedure Coding System (HCPCS) as authorized by the Centers for Medicare and Medicaid Service (CMS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology (CPT) architecture, employing a five-position code and as many as two 2-position modifiers. The 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 the Current Procedural Terminology (CPT), incorporated herein by reference, and are utilized primarily by physicians, podiatrists, optometrists, certified nurse-midwives, certified nurse practitioners/clinical nurse specialists, independent clinics and independent laboratories. Copies of the CPT may be obtained from the American Medical Association, 515 North State Street, Chicago, IL 60610.

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 CMS 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 that are unique to the New Jersey Medicaid/NJ FamilyCare programs.

(c) The lists of HCPCS code numbers for rehabilitative services are arranged in tabular form with specific information for a code given under columns with the following titles:

1. "IND"—lists the indicators that define requirements to be met when using the HCPCS codes.

i. "P" indicates that prior authorization is required;

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. 10:76-3.2;

4. "MAXIMUM FEE ALLOWANCE"—Lists the New Jersey Medicaid/NJ Family Care programs maximum fee allowance schedule. The maximum fee allowance associated with a procedure code represents the maximum amount a provider will be reimbursed for the given procedure.

SUBCHAPTER 3. PROCEDURE CODES FOR REIMBURSEMENT

10:76-3.1 Introduction

(a) The New Jersey Medicaid/NJ FamilyCare programs utilize the Health Care Financing Administration Common

10:76-3.2 Procedure codes and maximum fee allowance

<u>IND</u>	<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Fee Allowance</u>
P	Z3370	Comprehensive PACT services, monthly (adults)	Contract Pricing