

## CHAPTER 67

## PSYCHOLOGICAL SERVICES

## Authority

N.J.S.A. 30:4D-6b(10), and 30:4D-7.7a, b and c.

## Source and Effective Date

R.1996 d. 61, effective February 5, 1996.  
See: 27 N.J.R. 4261(a), 28 N.J.R. 1066(a).

## Executive Order No. 66(1978) Expiration Date

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).

## 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 by 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Chapter 67, Manual for Psychological Services, was repealed, and Chapter 67, Psychological Services, was adopted as new rules, by R.1996 d. 61, effective February 5, 1996.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: Source and Effective Date.

## CHAPTER TABLE OF CONTENTS

## SUBCHAPTER 1. INTRODUCTION

- 10:67-1.1 Scope and purpose
- 10:67-1.2 Definitions
- 10:67-1.3 Conditions of participation
- 10:67-1.4 Recordkeeping
- 10:67-1.5 Basis of reimbursement
- 10:67-1.6 Personal contribution to care requirements for NJ Kid-Care-Plan C and copayments for NJ KidCare-Plan D

## SUBCHAPTER 2. GENERAL PROVISIONS

- 10:67-2.1 General provisions
- 10:67-2.2 Provisions for services rendered in specific settings including institutional settings
- 10:67-2.3 Prior authorization

## SUBCHAPTER 3. HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE AND MAXIMUM FEE SCHEDULE FOR PSYCHOLOGICAL SERVICES

- 10:67-3.1 Introduction
- 10:67-3.2 HCPCS Codes and reimbursement rates for psychological services (Level I)
- 10:67-3.3 HCPCS Code qualifiers for 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 program related to the provision of psychological services to Medicaid 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).

## 10:67-1.2 Definitions

The following words and terms, when used in this manual, 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 approved for participation in Medicaid 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”, for the purpose of participation in the New Jersey Medicaid program, means exclusively a doctor of medicine (M.D.) or osteopathy (D.O.) 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, 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.

“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);
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 program and abide by the rules of the Division.

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.

### 10:67-1.3 Conditions of participation

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

1. Complete and submit the Medicaid “Provider Application” (FD-20) and the “Medicaid 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 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 recipient residing in a nursing facility (NF), or residential health care facility, or a residential treatment center, these facilities shall be Medicaid approved facilities.

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

(d) Upon enrollment, the fiscal agent shall furnish a provider manual and an initial supply of pre-printed claim forms.

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.

### 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 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, HCFA 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;