



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: All Providers – For Action
Health Maintenance Organizations – For Information Only

SUBJECT: Rounding of Service Units

EFFECTIVE: Immediately

PURPOSE: To provide clarification concerning the time component of billing codes and what constitutes a "unit" for billing purposes.

BACKGROUND: The electronic submission of billing codes requires the use of Health Insurance Portability and Accountability Act (HIPAA)-compliant codes. Multiple codes include time in their definitions and several providers have expressed questions on what these times actually mean and when "rounding" of time is allowable for NJ FamilyCare (NJFC) billing.

ACTION: NJFC requires HIPAA-compliant coding for electronic submission of claims. Multiple HIPAA-compliant codes have a required time value. In order to ensure consistency among providers, for those codes that do have a required time value, NJFC requires that only full units of service be provided and billed for face-to-face encounters and no "rounding up" is allowed. Face-to-face time, for coding purposes, is defined as only that time spent face-to-face with the client and/or family. Work spent performing such tasks as reviewing records and tests and communicating with other professionals via written reports or telephone contact is considered non-face-to-face. Non-face-to-face time is not directly reimbursable but is accounted for in the base rate.

Evaluation and Management (E/M): E/M codes have a time component included in their Current Procedural Terminology (CPT) definition. However, it should be noted that the inclusion of time in the definitions of E/M codes was added to assist in selecting the most appropriate level of E/M services and that the times expressed in the descriptions are averages. The actual times may be higher or lower depending on clinical circumstances.

Psychiatric and Psychotherapy Diagnostic Procedure Codes: NJ FamilyCare utilizes codes described in the Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS). Psychiatric diagnostic procedure codes 90791 and 90792 do not have a time component in their description. They are used for the diagnostic assessment or reassessment of psychotherapeutic services. Psychotherapy

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	<ul style="list-style-type: none"> • Interpreter Services 	
Respite	<ul style="list-style-type: none"> • Behavioral Supports • Goods & Services (activity fees only) • Interpreter Services 	If the individual is assigned the acuity differentiated factor Behavioral Supports are already covered for out-of-home overnight Respite through the rate and cannot be claimed separately.
Speech, Language, Hearing Therapy	<ul style="list-style-type: none"> • Interpreter Services 	
Supported Employment – Individual Employment Supports	<ul style="list-style-type: none"> • Behavioral Supports • Goods & Services • Interpreter Services 	Goods & Services may be used to fund the purchase of items necessary for employment – fingerprinting, drug testing, uniform, for example
Supported Employment – Small Group Employment Supports	<ul style="list-style-type: none"> • Behavioral Supports • Goods & Services • Interpreter Services 	Goods & Services may be used to fund the purchase of items necessary for employment – fingerprinting, drug testing, uniform, for example
Supports Brokerage	<ul style="list-style-type: none"> • Interpreter Services 	
Transportation	<ul style="list-style-type: none"> • Individual Supports 	Individual Supports can only be provided at the same time as Transportation if the individual is in need of one-to-one supports for safety purposes. There must be separate staff providing Individual Supports and Transportation (one ensuring safety and one driving).
Vehicle Modifications	<ul style="list-style-type: none"> • Interpreter Services 	