

FFS RATES CHART EFFECTIVE 7/1/2017

HOSPITAL-BASED SERVICES							
Service	Billing unit	Max. # of units per month	Revenue Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
HOSPITAL OUTPATIENT SERVICES							
Individual Therapy (30 min units, max units per day)	30 Minutes	10	914	HW -Adult TJ-Child	\$61.39	2 units per day	X
Group Therapy (60 min unit, limit to 3 units per week)	60 Minutes	12	915	HW -Adult TJ-Child	\$24.75	3 units per week, 1 unit per day	X
Medication Monitoring (15 min per unit, 2 units per day)	15 Minutes	4	919	HW -Adult TJ-Child	\$73.44	2 units per day	X
Psychiatric Diagnostic Evaluation	One Evaluation	See Business Rules	90791	HW -Adult TJ-Child	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
psychiatric Diagnostic Evaluation with Medical Services	One Evaluation	See Business Rules	90792	HW -Adult TJ-Child	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Acute and Partial Care Hospitalization							
Partial Hosp.	1 hour	125	912		\$16.13	Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk	
Partial Hosp. Transportation	one-way	50	912	HW	\$6.30	Must co-exist with a PH billing on the same date of service. Max of 2/day	
Psychiatric Diagnostic Evaluation	One Evaluation	See Business Rules	90791	PH	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	One Evaluation	See Business Rules	90792	PH	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Acute Partial Hosp.	1 hour	125	913		\$58.50	Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk	X
Acute Partial Hosp. Transportation	one-way	50	913	HW	\$6.30	Must co-exist with a APH billing on the same date of service. Max of 2/day	X

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NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
OUTPATIENT							
Psychiatric Diagnostic Evaluation	one evaluation	See Business Rules	90791	HW -Adult TJ-Child	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	one evaluation	See Business Rules	90792	HW -Adult TJ-Child	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Individual Therapy	20 - 30 minutes	9	90832	HW -Adult TJ-Child	\$61.39	1 unit per day	X
Individual Therapy with E/M	20 - 30 minutes	10	90833	HW -Adult TJ-Child	\$63.30	1 unit per day. Can only be billed with codes 99212-99215 on the same date of service.	X
Individual Therapy	45 - 50 minutes	9	90834	HW -Adult TJ-Child	\$81.23	1 unit per day	X
Individual Therapy with E/M	45 - 50 minutes	10	90836	HW -Adult TJ-Child	\$81.23	1 unit per day. Can only be billed with codes 99212-99215 on the same date of service.	X
Special family therapy with patient present	minutes	4	90847	HW -Adult TJ-Child	\$102.55	1 unit per day	X
Group Therapy	90 minutes	9	90853	HW -Adult TJ-Child	\$24.75	1 unit per day	X
Family Conference	25 minutes	4	90887	HW -Adult TJ-Child	\$20.62	1 unit per day	X
E/M Medication Monitoring -Physician	10 minutes	10	99212	HW -Adult TJ-Child	\$44.15	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -Physician	15 minutes	10	99213	HW -Adult TJ-Child	\$73.44	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -Physician	25 minutes	10	99214	HW -Adult TJ-Child	\$107.87	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -Physician	40 minutes	10	99215	HW -Adult TJ-Child	\$144.96	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -APN	10 minutes	10	99212	SA + HW -Adult TJ-Child	\$39.74	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -APN	15 minutes	10	99213	SA + HW -Adult TJ-Child	\$66.10	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -APN	25 minutes	10	99214	SA + HW -Adult TJ-Child	\$97.08	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring -APN	40 minutes	10	99215	SA + HW -Adult TJ-Child	\$130.46	1 E/M Service Per Consumer/Per Day/Per Provider	X

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
PACT							
Progressive Assertive Community Treatment (PACT)	Monthly rate	1	H0040	HW	\$1,487.81	Must provide ≥ 2 hours of service per month. No billing for consumers in IMD or correctional facility. No PC or PH unless approved; No ICMS, supervised housing or CSS during month billing for PACT.	
PACT In-Reach	Monthly rate	1	H0040	IR	\$1,487.81	Must provide ≥ 2 hours of service per month. See In Reach Guidelines for additional requirements and limitations.	
PACT Pre Admission	Flat rate	1	H0040	PA	\$1,598.08	Must have contact with consumer while admitted to State hospital and consumer must be admitted to PACT at discharge from the State hospital. See Pre-admission Guidelines for additional requirements and limitations.	
PARTIAL CARE							
Partial Care (PC)	1 hour	125	Z0170	HW	\$16.13	Minimum of 2 and max of 5 units per day, Maximum of 25 units per week. No PACT unless approved.	
Partial Care Transportation	one-way	50	Z0330	HW	\$6.30	Must have a PC billing on the same date of service. Maximum of 2 units per day	
Psychiatric Diagnostic Evaluation	One Evaluation	See Business Rules	90791	PC	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	One Evaluation	See Business Rules	90792	PC	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X

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ICMS							
ICMS	15 minutes	50	Z5006	HW	\$34.31	No billing for consumers during psychiatric hospitalization or in correctional facility. Unit is 15 consecutive minutes. Cannot bill with PACT, CSS or Supervised Residential Services.	
ICMS In-Reach	15 minutes	8	Z5006	QJ	\$34.31	Maximum of 8 units (2 hours) of in-reach per month with a total episode maximum of 32 units (8 hours). Consumer must be receiving ICMS services at times of admission to inpatient setting or correctional facility. See In-Reach Guidelines for additional requirements and limitations.	
ICMS Pre Admissions	15 minutes	8	Z5006	PA	\$34.31	Maximum of 8 units (2 hours) of pre admission services per month with a total episode maximum of 32 units (8 hours). Consumer must be admitted to ICMS services at time of discharge from a State or county hospital. See Pre Admission Guidelines for additional requirements and limitations.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
Supervised Residential Services							
Supervised Residential Group Homes Level A+	per diem	# of days in the month.	Z7333	HW	\$241.97	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Group Homes Level A+ 30 DAY BED HOLD	per diem	max. of 30 consecutive days	Z7333	QJ	\$241.97	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level A+ 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7333	HWU8	\$241.97	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A+	per diem	# of days in the month.	Z7333	52 HW	\$241.97	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Apartments: Level A+ (per diem) 30 DAY BED HOLD	per diem	max. of 30 consecutive days	Z7333	52 QJ	\$241.97	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A+ (per diem) 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7333	52 U8	\$241.97	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level A	per diem	# of days in the month.	Z7334	HW	\$193.27	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Group Homes: Level A 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7334	QJ	\$193.27	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
Supervised Residential Group Homes: Level A 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7334	U8	\$193.27	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level B	per diem	# of days in the month	Z7335	HW	\$150.50	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Group Homes: Level B - 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7335	QJ	\$150.50	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level B - 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7335	U8	\$150.50	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level B	15 consecutive minutes	1440	Z7335	52 HW	\$12.00	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Apartments: Level B 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7335	52 U9	\$22.36	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level B 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7335	52 U7	\$22.36	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Family Care Level D	per diem	# of days in the month	Z7337	HW	\$15.80	Cannot bill with PACT, ICMS or CSS service.	
Family Care Level D 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7337	QJ	\$15.80	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
Family Care Level D 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7337	U8	\$15.80	See Bed Hold Guidelines. During Phase I billing not available through NJMHAPP; follow procedures in Appendix E of the MHFFS Program Provider Manual.	
Supervised Residential Services - Room and Board	per diem	# of days in the month	Z7333	U8	\$27.47	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Services - Room and Board OVERNIGHT ABSENCE	per diem	maximum of 3 per month	Z7333	U7	\$27.47	See Bed Hold and Overnight Absence Reimbursement Guidelines - Appendix B of MHFFS Program Provider Manual.	
RESIDENTIAL Pre- admission	Flat rate	1	Z7333	PA	\$1,598.08	Must have contact with consumer while admitted to State hospital and consumer must be admitted to Residential services at discharge from the State hospital. See Pre Admission Guidelines for additional requirements and limitations.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
Supported Employment/Supported Education							
Supported Employment (15 min)	15 Minutes	80	H2024	HJ	\$19.19	Cannot be enrolled in PACT to receive SE services.	
Supported Education(15 min)	15 Minutes	80	H2024	HW	\$19.19	Cannot be enrolled in PACT to receive SED services.	
SE In-Reach	15 minutes	8	H2024	IR	\$19.19	Maximum of 8 units (2 hours) of in-reach per month with a total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See In-Reach Guidelines for additional requirements and limitations.	
SED In-Reach	15 minutes	8	H2024	HW IR	\$19.19	Maximum of 8 units (2 hours) of in-reach per month with a total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See In-Reach Guidelines for additional requirements and limitations.	
SE Pre Admissions	15 minutes	8	H2024	PA	\$19.19	Maximum of 8 units (2 hours) of services per month with a total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Pre-Admission Guidelines for additional requirements and limitations.	
SED Pre Admissions	15 minutes	8	H2024	HW PA	\$19.19	Maximum of 8 units (2 hours) of services per month with a total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Pre-Admission Guidelines for additional requirements and limitations.	

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Community Support Services							
Service		Service max per month	Revenue Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	
Band 1 Community Support Services Physician	15 Minutes	64	H2000	HE	\$94.20	Cannot be enrolled in ICMS, PACT or Community Residences	
Band 1 Community Support Services Physician IN REACH	15 Minutes	*	H2000	IR	\$94.20	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
Band 2 Community Support Services APN	15 Minutes	96	H2000	HESA	\$48.53	Cannot be enrolled in ICMS or PACT	
Band 2 Community Support Services APN IN REACH	15 Minutes	*	H2000	HEIR	\$48.53	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	
<i>BAND 3 has a maximum number of units per month of 160 across all credentials</i>							
BAND 3 Community Support Services Master's No Clinical Lic.	15 Minutes		H2015	HE	\$28.28	Cannot be enrolled in ICMS, PACT, Community Residences	
BAND 3 Community Support Services Master's No Clinical Lic. IN REACH	15 Minutes	*	H2015	HEIR	\$28.28	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
BAND 3 Community Support Services RN	15 Minutes		H2015	HETD	\$28.28	Cannot be enrolled in ICMS or PACT	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
BAND 3 Community Support Services RN IN REACH	15 Minutes	*	H2015	TDIR	\$28.28	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
Band 3 Community Support Services Psychologist	15 Minutes		H2015	AHHE	\$48.53	Cannot be enrolled in ICMS, PACT or Community Residences.	
Band 3 Community Support Services Psychologist IN REACH	15 Minutes	*	H2015	AHIR	\$48.53	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	
Band 3 Community Support Services Licensed Clinical	15 Minutes		H2015	HEHO	\$32.27	Cannot be enrolled in ICMS, PACT or Community Residences.	
Band 3 Community Support Services Licensed Clinical IN REACH	15 Minutes	*	H2015	IR	\$32.27	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences . See In Reach Guidelines for additional requirements and limitations.	
<i>BAND 4 has a maximum number of units per month of 260 across all credentials</i>							
BAND 4 Community Support Services Bachelor Group	15 Minutes		H0039	HNHQ	\$6.24	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 Community Support Services Bachelor deg Individual	15 Minutes		H0039	HN	\$24.97	Cannot be enrolled in ICMS, PACT or Community Residences.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
BAND 4 Community Support Services Bachelor deg Individual IN REACH	15 Minutes	*	H0039	IR	\$24.97	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
BAND 4 Community Support Services LPN Group	15 Minutes		H0039	HQTE	\$6.24	Cannot be enrolled in ICMS or PACT	
BAND 4 Community Support Services LPN Individual	15 Minutes		H0039	TE	\$24.97	Cannot be enrolled in ICMS or PACT	
BAND 4 Community Support Services LPN Individual IN REACH	15 Minutes	*	H0039	TEIR	\$6.24	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
<i>BAND 5 has a maximum number of units per month of 260 across all credentials</i>							
BAND 5 Community Support Services Peer Group	15 Minutes		H0036	HQ52	\$3.74	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 Community Support Services Peer Individual	15 Minutes		H0036	52	\$14.96	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 Community Support Services Peer Individual IN REACH	15 Minutes	*	H0036	52IR	\$14.96	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 5 Community Support Services HS Group	15 Minutes		H0036	HQ	\$3.74	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 Community Support Services HS Individual	15 Minutes		H0036		\$14.96	Cannot be enrolled in ICMS, PACT or Community Residences.	

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BAND 5 Community Support Services HS Individual IN REACH	15 Minutes	*	H0036	IR	\$14.96	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	

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SERVICE	Billing unit	Max. # of units per month	Proc Code	*Modifiers	DMHAS STATE ONLY RATE Start 1/1/2017	Business Rules	TPL
BAND 5 Community Support Services 2 yr Associate Degree Group	15 Minutes		H0036	HMHQ	\$3.74	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 Community Support Services 2 yr Associate Degree Individual	15 Minutes		H0036	HM	\$14.96	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 Community Support Services 2 yr Associate Degree Individual IN REACH	15 Minutes	*	H0036	HMIR	\$14.96	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
Community Support Services Pre Admission	Flat rate	1 per admission	H0036	PA	\$1,598.08	Must have contact with consumer while admitted to State hospital and consumer must be admitted to CSS at discharge from the State hospital. Cannot bill for more than one episode of care in a six (6) month period per consumer, per provider. See Pre Admission Guidelines for additional requirements and limitations.	

*** All CSS In Reach is limited to 8 units per month across all bands and credentials with a maximum of 32 units per episode**