

**NJ Division of Medical Assistance and Health Services**  
**BH Integration Provider Claims Refresher Training 02/25**  
**Frequently Asked Questions (FAQs)**

Last updated: March 28th, 2025

**Service Coverage**

**1. Does Medicaid cover mental health intensive outpatient (IOP)?**

- Mental health IOP is not currently a NJ Medicaid covered service
- Providers can bill for 1 unit of group, family or individual psychotherapy per day for a total of 5 units per calendar week. Medication management can be billed on an as needed basis. Other components of Mental Health IOP such as psychoeducation and life skill building services are not covered

**2. Does Medicaid cover SUD urinalysis codes?**

- H0048 HF (Collection of non-blood specimen) and H0003 HF (Alcohol drug screening test) are covered by Medicaid when billed by a licensed substance abuse disorder (SUD) clinic

**Billing / Reimbursement**

**1. What are the procedures around billing for services provided by supervised interns?**

- Interns are not able to be listed as the billing provider on a claim
- Interns may perform only the functions that are allowable as determined by their profession's licensing board. The board shall establish the functions that require supervision and the level of supervision that shall be provided
- For more information on intern billing, please reference Volume 28, No. 9 of the DMAHS newsletter and Volume 28, No. 21 of the DMAHS newsletter
- To access the DMAHS newsletter, providers should visit the [NJMMIS website](#), go to the "Newsletters & Alerts" tab

**2. What should providers do if our MCO claims are coming back at lower rate than FFS?**

- All MCOs are required to pay at least or above the FFS rate for all Phase 1 BH Integration services. DMAHS is currently working with MCOs to address reported issues that some providers are being paid rates lower than the FFS floor
- Providers should first contact MCOs to find out the process for reimbursement if they believe their claims are coming back at rates lower than the FFS floor

- If providers cannot reach a resolution, then please contact Office of Managed Health Care (OMHC) at [mahs.provider-inquiries@dhs.nj.gov](mailto:mahs.provider-inquiries@dhs.nj.gov)
  - When contacting OMHC, providers should include specific details regarding the claim including but not limited to the MCO, service provided, service date, units, and rate paid.
  - If multiple claims have been impacted, providers should summarize the information in an excel file.
  - All Protected Health Information (PHI) must be sent securely.

### **3. How will claims be paid for patients without an MCO or with presumptive eligibility?**

- A member without an active MCO in the system or with presumptive eligibility will continue to be paid FFS. If an authorization is requested for members in this situation, it will be processed like it was before the integration, and providers should bill FFS for claims

### **4. Which NPI code should I use to bill for services?**

- Type I NPI codes are assigned to an individual healthcare provider, whereas Type II NPI codes identify a healthcare organization or business entity
- For providers who provide services within an agency, hospital, clinic, or group practice:
  - Billing provider field: use entity's Type II NPI code
  - Rendering provider field: varies by MCO; some MCOs require the rendering provider's individual Type I code while others allow for the entity's Type II code
- For providers who are independently rendering and billing for services:
  - Use personal Type I NPI in both the billing and rendering provider fields
- For more information on MCO-specific practices, please refer to 02/25 Claims Refresher training slides and MCO training materials

## **Resources**

### **1. Where can providers obtain the slides from the Claims Refresher training?**

- Providers should visit the [BH Integration Stakeholder Information website](#) to access all materials from past trainings. After each provider training, training slides, session recordings, and answers to FAQs are posted on the website

### **2. Where can providers find the correct rate schedule for Behavioral Health Integration Phase 1 services?**

- Providers can find the rate schedule at [this link](#) on the NJMMIS website. This document displays the floor rates that MCOs are at least required to pay providers

- To access the rate schedule from the website, providers should visit the [NJMMIS website](#), go to the “Rate and Code Information” tab, find the “Procedure Code Listings” section, and then click “CY 2025” for “Procedure Master Listing - MCO Behavioral Health Integration”
- Providers should check this website and rate schedule frequently as Medicaid rates update over time.

**3. Where can providers find interim guidance on billing MH partial care transportation given all MCOs have different processes?**

- DMAHS has consulted with the MCOs and published an [MCO MH partial care transportation billing 1-page resource](#), which offers detailed guidance on how providers should bill for the service with each MCO. Providers can find this document on the [BH Integration Stakeholder Information website](#) under "March 7, 2025"