

Doula Training Session

Claims

Monday, 4/12/2021

Notice:

This training session is designed for NJ FamilyCare doula providers, with a focus on fee-for-service reimbursement for individual providers. This presentation is specific to NJ FamilyCare. It does not cover broader doula care within the state of NJ, doula care reimbursement with other NJ health plans, or aspects of other states' Medicaid/CHIP programs.



What you will learn today

1. *Reimbursement basics*: Provider requirements, Claims submission process, Recordkeeping
2. *Doula care benefit description*: Who is eligible, Visit description and Incentive payment, Examples
3. *Licensed practitioner's recommendation*: What? Why? Who? How?
4. *Billing guidance*: Procedure codes, diagnosis codes, Example, Claims submission and resolution
5. *Fee-for-service claims submission walkthrough* with Gainwell Provider Services
6. *Contacts*: Who do I contact if I have questions?
7. *Questions*



Reimbursement basics

Reimbursement basics

NJ FamilyCare

NJ FamilyCare is NJ's Medicaid and CHIP program

Most of our members are with managed care

- Fee-for-service (Gainwell, formerly DXC)
- Aetna Better Health of New Jersey*
- Amerigroup New Jersey, Inc.
- Horizon NJ Health*
- UnitedHealthcare Community Plan*
- WellCare Health Plans of NJ, Inc.

Managed care organizations

* These companies also have commercial plans in NJ; we are only talking about their NJ FamilyCare coverage today

Reimbursement basics

Doula provider requirements

Contact

Doula Guides

609-610-9511

mahs.doulaguide@dhs.nj.gov

- Members must get care from an “participating”/“in-network” doula provider
 - Doulas must be *enrolled* with NJ FamilyCare (ie, have a unique 7-digit Medicaid Provider ID#) and be able to serve fee-for-service members. (Doulas must complete individual *Doula* application available at <https://www.njmmis.com/>.)
 - For managed care, you must be enrolled in fee-for-service *and* contracted with that specific MCO. (Doulas may not use the 21st Century Cures Act application.)
- Doula must meet our requirements, including but not limited to: Doula care must be provided by a community doula, defined as a doula with trainings in doula core competency and community-based/cultural competency that are among those approved by the New Jersey Department of Human Services in consultation with NJ Department of Health.

For more information,
visit our Doula Webpage at <https://www.state.nj.us/humanservices/dmahs/info/doula.html>



Reimbursement basics

Claims submission process

- Doula (ie, the provider) is the one who gets reimbursed.
 - Provider must submit all claims reimbursement; members never submit claims
 - Providers cannot request payment from members
 - Providers may not “balance bill”; NJ FamilyCare reimbursement is your payment in full



Reimbursement basics

Claims submission process

- The specific process for claims submission depends on what kind of NJ FamilyCare member you are serving (ie, member with fee-for-service, or which specific managed care organization).
 - The same information goes onto the claim, but the details of where you submit and who reimburses you is different. *Billing codes are the same for fee-for-service and managed care.*
 - **Important!** Providers will not be reimbursed if member did not have eligibility on the date of service. Verify eligibility the first day of every month; all members eligible on the first are guaranteed coverage for the entire month.



Reimbursement basics

Claims submission process

- **Important!** Providers will not be reimbursed if member did not have eligibility on the date of service. Verify eligibility the first day of every month; all members eligible on the first are guaranteed coverage for the entire month.
- For fee-for-service, you will submit claims and be reimbursed through Gainwell
- For managed care, you will submit claims and be reimbursed through each specific MCO
- If member moves between fee-for-service and managed care, your claim is submitted based on member enrollment status, managed care or fee-for-service on the date of service



Reimbursement basics Recordkeeping

- When you fill out a claim, you say that the information you include is true, including that the services you are asking to be reimbursed for were delivered as described
- Your records can be audited by NJ
- You must keep records for a minimum of five years from the date the service
 - Records must be stored in a HIPAA compliant manner
 - Records must be legible and understandable by others



Reimbursement basics

Recordkeeping

- Each record must be dated
- Name of provider
- Name of member
- Date of service
- Extent of service—what services were delivered and for how long
- Details of service—eg, initial visit (assessment), treatment planning, and treatment documentation (results of any interventions, any unusual findings)
- Practitioner recommendation (required specifically for doula care)



Doula care benefit description

Doula care benefit description

Who is eligible for doula care?

- **Which members?** All pregnant, birthing, and postpartum individuals are eligible and can benefit from doula care
 - There is no prior authorization requirement for a member's access to doula care.
 - Technical exception: Not available for individuals in the NJ Supplemental Prenatal Care Program (NJSPCP).

Doula care benefit description

Who is eligible for doula care?

- **Timing?** Doula services will be available throughout the perinatal period, up to 180 days post-partum when the individual remains eligible for Medicaid coverage
 - For some individuals, coverage will end at 60 days post-partum due to federal rules
 - **Important, temporary exception:** During COVID-19 public health emergency, all NJ FamilyCare members have maintained coverage until the end of the public health emergency. This is true even if their income goes up and includes members who would've ended coverage after 60 days post-partum. There are limited exceptions including death, voluntary disenrollment, or moving out of the state.

Doula care benefit description

Visit description

- **Unbundled:** Doulas submit reimbursements for each visit
 - Doulas submits claim for each service visit independently; doula care is not a bundled service
 - Doulas and members can engage in shared decision making to decide what visit schedule best meets the member's needs
 - Members can initiate doula care in the postpartum period

Doula care benefit description

Visit description

- **How many visits?**
 - **Standard care (8-1)** benefit include eight visits, in addition to labor and delivery.
 - If the member is 19 years or younger when you first start delivering services, **enhanced care (12-1)** available
- **Where?** Doula services can be provided in the community, in clinicians' offices (if a doula is accompanying the member to a clinician's visit), and in the hospital

Doula care benefit description

COVID-19 impacts

- **Important, temporary exception:** During COVID-19 public health emergency:
 - Telehealth is available as long as you can provide standard of care (including phone-only).
 - You can submit reimbursement with the same codes for telehealth as for in-person.
 - You can use a range of technological devices:
 - o There are HIPAA compliant telehealth platforms
 - o There are also HIPAA-non compliant platforms that are temporarily allowed (ie, Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype). Facebook Live, Twitch, TikTok is not).
 - NJ Department of Health Executive Directive, for in-person labor support: "A doula, who is part of the patient's care team, is essential to patient care throughout labor, delivery, and the entire postpartum hospital stay and shall not count as a support person."

Doula care benefit description

Standard ("8-1": 8 visits, 1 labor)

Type of visit	Maximum reimbursable duration of visit (billed per 15 mins)	Maximum # of visits	Maximum Reimbursement rate (per visit)
Prenatal or postpartum visit	60 minutes	8	\$66.48
- Initial prenatal visit	90 minutes	included in max above	\$99.72
Labor and delivery	Flat fee	1	\$235
Total, max reimbursement for services (standard 8-1)			\$800.08

Doula care benefit description

Enhanced care ("12-1": 12 visits, 1 labor)

An additional 4 visits are available if the pregnant individual is 19 years old or younger at the time of the first doula visit

Type of visit	Maximum reimbursable duration of visit (billed per 15 mins)	Maximum # of visits	Reimbursement rate
Prenatal or postpartum visit	60 minutes	12	\$66.48
- Initial prenatal visit	90 minutes	included in max above	\$99.72
Labor and delivery	Flat fee	1	\$235
Total, max reimbursement for services (enhanced care 12-1)			\$1,066.00
Total, max reimbursement (standard 8-1)			\$800.08

Doula care benefit description

Incentive payment

- A \$100 incentive payment is available to the doula if
 - A doula makes a postpartum visit within 6 weeks postpartum, and
 - The member makes a followup clinical visit with their obstetrician within 6 weeks postpartum.

Maximum reimbursement for services (standard 8-1)	\$800.08
Maximum reimbursement of services (enhanced care 12-1)	\$1066.00
Postpartum followup incentive	\$100
Total max payment (standard 8-1, with incentive)	\$900.08
Total max payment (enhanced care 12-1, with incentive)	\$1,166.00

Doula care benefit description

Example 1 (standard care)

A doula begins working with a mother, 24, in her community who is 6 months pregnant. The doula submits claims for the following services:

Type of visit	Timing	Reimbursement
Initial prenatal at home	90 minutes	\$99.72
2 Prenatal visits at home	60 minutes each	\$132.96 all together (\$66.48 each)
1 Prenatal visit in the community, incl visit to her obstetrician	60 minutes	\$66.48
Labor support at the hospital	6 hours	\$235
3 Postpartum visit at home	60 minutes each	\$199.44 all together (\$66.48 each)
1 Postpartum visit in the community, incl visit to infant's pediatrician	60 minutes	\$66.48
	Total	\$800.08 + \$100 if mom sees her clinician within 6 weeks

Doula care benefit description

Example 2 (standard care, shorter visits)

A doula begins working with a mother, 24, in her community who is 6 months pregnant. The doula submits claims for the following services:

Type of visit	Timing	Reimbursement
Initial prenatal at home	90 minutes	\$99.72
2 Prenatal visits at home	60 minutes each	\$132.96 all together (\$66.48 each)
1 Prenatal visit in the community, incl visit to her obstetrician	30 minutes	\$33.24
Labor support at the hospital	6 hours	\$235
2 Postpartum visits at home	60 minutes each	\$132.96 all together (\$66.48 each)
1 Postpartum visit in the community, incl visit to infant's pediatrician plus additional one-on-one time	60 minutes	\$66.48
1 Postpartum visit in the community, incl visit to obstetrical care clinician within 6 weeks postpartum	30 minutes	\$33.24 plus \$100
	Total	\$833.60

Doula care benefit description

Example 3 (postpartum care)

A doula begins working with a mother, 24, in her community 1 week after her labor. The doula submits claims for the following services:

Type of visit	Timing	Reimbursement
6 Postpartum visits at home	60 minutes each	\$398.88 all together (\$66.48 each)
1 Postpartum visit in the community, incl visit to infant's pediatrician	60 minutes	\$66.48
1 Postpartum visit in the community, incl telehealth visit to obstetrical care clinician within 6 weeks postpartum	60 minutes	\$66.48 plus \$100
	Total	\$631.84



Licensed practitioner
recommendation



Licensed practitioner recommendation

- A practitioner must recommend doula services for a member
- A recommendation is not a prescription/medical order
- A member can get a recommendation themselves for doula services from one of their clinicians before identifying their doula
- A practitioner can give a recommendation to a member without identifying a doula for that member



Licensed practitioner recommendation Requirement for doula care

- Doulas must secure and maintain the record of a practitioner's recommendation for each member before you start delivering doula care, storing the record in a manner consistent with HIPAA requirements
- This requirement comes from a federal rule governing how NJ can reimburse for doula care within NJ FamilyCare (this is shared with some other covered services)

Licensed practitioner recommendation

Who can provide a recommendation?

- NJ FamilyCare defines a “licensed practitioner” as licensed clinicians, including behavioral health providers as well as obstetric and other medical providers (i.e., midwife/doctor/nurse)
 - Recommendations from licensed, non-clinical providers will not be accepted. The recommending clinician need not be a NJ FamilyCare provider (i.e., LCSW social workers can provide a recommendation, LMSW social workers cannot).

Licensed practitioner recommendation

Proof of recommendation

1. Use of Perinatal Risk Assessment (PRA)

- Every NJ FamilyCare member must have a PRA form filled out by their clinical provider of obstetrical care
- The clinician can check the **“Childbirth education”** box of the Perinatal Risk Assessment form.
- Important! You must maintain a record of the completed PRA form.

Referrals/Education	Referred	Receiving Services	Referral Needed	Refused	Not Needed	Referred	Receiving Services	Referral Needed	Refused	Not Needed
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Childbirth Education	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Prevention Ed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breastfeeding Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TANF/GA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Care Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SSI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preterm Labor Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DCP&P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food Stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Based Services*	<input type="radio"/>	na	na	<input type="radio"/>	<input type="radio"/>	Dental Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Includes referrals to local Community Health Worker, Community Home Visiting and other supportive services



Licensed practitioner recommendation Proof of recommendation

2. Use of Recommendation Form

- A template form is available to providers at DMAHS' doula webpage:
<https://www.state.nj.us/humanservices/dmahs/info/doula.html>
- This form is an example of what can be used within NJ FamilyCare to secure doula services. It is not necessary to use this form as long as similar information is maintained within a doula's records.

Licensed practitioner recommendation Form



DOULA CARE

Community support for healthy pregnancies and follow-up care



If you are a pregnant/postpartum NJ FamilyCare member...

You are eligible for community doula care to provide you physical, emotional, and informational support before and after you give birth, and during your labor and delivery. Your doula must get a licensed practitioner's recommendation to provide this care under the NJ FamilyCare program. You can request a recommendation (for example, from a doctor/midwife/nurse¹) and give it to your doula. You can ask for a recommendation even if you don't know who your doula will be yet.



If you are a doula...

You must secure and retain the record of a licensed practitioner's recommendation for each member prior to initiation of their doula care, storing the record in a manner consistent with HIPAA requirements.



If you are a licensed practitioner¹...

By providing this recommendation of doula services, you are enabling this individual to access non-clinical community doula services in addition to appropriate clinical care. A recommendation is not the same as a prescription/medical order². Please use the form below or another format. You may provide a recommendation without identifying the doula who will serve the member.

This form is an example of what can be used to access doula services through NJ FamilyCare. It is not necessary to use this specific form as long as a clinician's written recommendation is secured and retained by the doula.

Licensed Practitioner's Recommendation for Doula Care

NJ FamilyCare member full legal name (first, middle, last):

NJ FamilyCare member DOB (MM-DD-YYYY):

Licensed Practitioner's Signature:

Licensed Practitioner's full legal name (first, middle, last):

Licensed Practitioner's NPI Number:

Date of recommendation (MM-DD-YYYY):



Licensed practitioner recommendation Coordination with MCO

We recommend notification of MCO once you've gotten a practitioner recommendation and have scheduled your first visit.

- Connects you to care managers employed with the member's MCO who are specialized in providing obstetrical care support, can help the member with any needed referrals to in-network providers, and can help coordinate care for the member
- Notifies the MCO you are contracted with that your claim submissions are forthcoming, which can help expedite claims resolution.
- Develops your professional relationship with the care managers who may reach out to you when identifying doulas for a member who wants doula care



Billing guidance

Billing guidance

Before you can deliver services...

- You must be an **enrolled** NJ FamilyCare provider (ie, have a unique 7-digit Medicaid Provider ID#)
- You must have a **licensed practitioner recommendation** of doula services for the member you are giving services to
- You must verify the member's NJ FamilyCare **eligibility** and program (i.e., fee-for-service or managed care) prior to every service visit
 - Possession of a card is **not** enough to confirm that person's eligibility is active
 - Verify eligibility the first day of every month; all members eligible on the first are guaranteed coverage for the entire month.

Billing guidance

What are billing codes?

- In order to bill for doula care service, you must supply at least one **procedure code (CPT)** and at least one **diagnosis code (ICD-10)**
 - Providers can only get reimbursed for certain procedure codes that relate to your scope of practice
 - Some procedure codes have **modifiers** added to the procedure code that signify different procedures

Billing guidance

Doula care Procedure Codes

	Code	Description
Procedure codes	99600 HD U7	Initial prenatal visit, 15 minute units
	99600 HD	Standard care, prenatal visit, 15 minute units
	99600 HD 22	Enhanced care, prenatal visit, 15 minute units
	59409 HD	Labor support, Vaginal birth
	59514 HD	Labor support, C-section
	99199 HD	Standard care, postpartum visit, 15 minute units
	99199 HD 22	Enhanced care, postpartum visit, 15 minute units
	99199 HD U8	Incentive payment billed with a doula's postpartum visit code, will only pay if claim received for clinician's postpartum visit
	Z32.2	Diagnosis code for all doula claims

See Medicaid Newsletter, Volume 31, Number 4 (February 2021)

Billing guidance

Additional Diagnosis codes

	Code	Description
	Z32.2	ENCOUNTER FOR CHILDBIRTH INSTRUCTION *NON-OPTIONAL CODE*
Optional codes	Z55.9	PROBLEMS RELATED TO EDUCATION AND LITERACY, UNSPECIFIED
	Z56.9	UNSPECIFIED PROBLEMS RELATED TO EMPLOYMENT
	Z59.1	INADEQUATE HOUSING
	Z59.4	LACK OF ADEQUATE FOOD AND SAFE DRINKING WATER
	Z60.3	ACCULTURATION DIFFICULTY
	Z60.5	TARGET OF (PERCEIVED) ADVERSE DISCRIMINATION AND PERSECUTION
	Z63.5	DISRUPTION OF FAMILY BY SEPARATION AND DIVORCE
	Z63.9	PROBLEM RELATED TO PRIMARY SUPPORT GROUP, UNSPECIFIED

Non-exhaustive, highlighting Z55-Z65 "Social Determinants of Health" codes

Billing guidance

Remember Example 1 (standard care)?

A doula begins working with a mother, 24, in her community who is 6 months pregnant. The doula submits claims for the following services:

Type of visit	Timing	Reimbursement
Initial prenatal at home	90 minutes	\$99.72
2 Prenatal visits at home	60 minutes each	\$132.96 all together (\$66.48 each)
1 Prenatal visit in the community, incl visit to her obstetrician	60 minutes	\$66.48
Labor support at the hospital	6 hours	\$235
3 Postpartum visits at home	60 minutes each	\$199.44 all together (\$66.48 each)
1 Postpartum visit in the community, incl visit to infant's pediatrician	60 minutes	\$66.48
	Total	\$800.08 + \$100 if mom sees her clinician within 6 weeks

Billing guidance

Billing Example 1 (standard care)

Type of visit	Timing	Reimbursement	Diagnosis code	CPT code	Units (\$16.62 per 15m for perinatal visits)
Initial prenatal at home	90 minutes	\$99.72	Z32.2	99600 HD U7	6 units
2 Prenatal visits at home	60 minutes each	\$132.96 all together (\$66.48 each)		99600 HD	4 units
				99600 HD	4 units
1 Prenatal visit in the community, incl visit to her obstetrician	60 minutes	\$66.48		99600 HD	4 units
Labor support at the hospital (vaginal)	6 hours	\$235		59409 HD	1 unit
3 Postpartum visits at home	60 minutes each	\$199.44 all together (\$66.48 each)		99199 HD, 99199 HD U8	4 units
				99199 HD	4 units
				99199 HD	4 units
1 Postpartum visit in the community, incl visit to infant's pediatrician	60 minutes	\$66.48	99199 HD	4 units	
	Total	\$800.08			39

Billing guidance

Claims submission

- After you complete your service, you may submit your claim for that visit.
 - You are submitting a *professional* claim
 - For Fee-for-service, you must submit your claims up to *1 year* from the date of service
 - For Managed care, you must submit your claims (“encounters”) within *180 days* from the date of service
- Methods of submissions
 - Online portal claims submission (“Direct Data Entry”)
 - Paper claims submissions (not recommended/may not be allowed)
 - Electronic claims submissions are auto-filled/pre-populated (“EDI”)

Billing guidance Claims form

- Paper professional form (not recommended)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA										PICA									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA/SLK/LUNG OTHER										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE		4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED		7. INSURED'S ADDRESS (No., Street)							
CITY STATE										8. RESERVED FOR NUCC USE		CITY STATE							
ZIP CODE TELEPHONE (Include Area Code)										9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous)		b. INSURED'S DATE OF BIRTH							
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT?		b. OTHER CLAIM ID (Designated by NUCC)							
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT?		c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE							
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)										15. OTHER DATE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB?		22. RESUBMISSION CODE							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY										22. RESUBMISSION CODE		23. PRIOR AUTHORIZATION NUMBER							
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. PROCEDURES, SERVICES, OR SUPPLIES							
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. PROCEDURES, SERVICES, OR SUPPLIES		D. DIAGNOSIS					
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. PROCEDURES, SERVICES, OR SUPPLIES		D. DIAGNOSIS		E. RENDERING PROVIDER ID. #			
25. FEDERAL TAX I.D. NUMBER										26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rev'd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER										32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH #		33. BILLING PROVIDER INFO & PH #		33. BILLING PROVIDER INFO & PH #			
SIGNED DATE										a. NPI		b. NPI		c. NPI		d. NPI			
1																			
2																			
3																			
4																			
5																			
6																			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Billing guidance

Claims information

This highlights key information needed to submit a claim:

Claim type	Professional claim
Provider information	Medicaid ID number (specific to NJ FamilyCare) NPI (national) Address
Member information	Name Date of Birth Identification number Address Sex
Service visit information	Date of service Place of service
Service delivered	Z32.2 (+ Optional additional diagnoses) Valid, current CPT codes + modifiers Number of units to bill Charges: \$ amount to be reimbursed



Billing guidance

Claims resolution

- After you submit you claim, your claim can be:
 - **Paid**—it was a “clean” claim, all information was accepted, any needed corrections have been resolved
 - **Suspended/Pended for review**—some issue with the submitted information that needs to be resolved, a corrected claim will need to be submitted
 - **Denied**—a corrected claim can be submitted, have a chance to appeal



Fee-for-service Claims Submission

by Gainwell Provider Services

FFS Claims Submission

Gainwell Provider Services

Contact

GWT Provider Services

1-800-776-6334

njmmisproviderservices@dxc.com

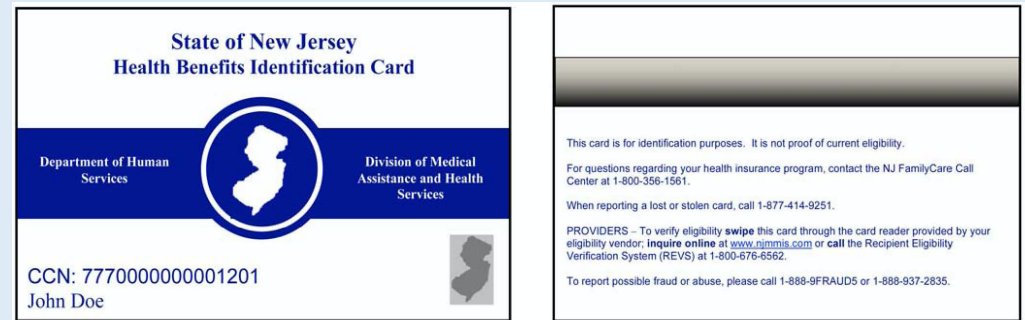
Once you have enrolled as a fee-for-service doula provider (ie, have a unique 7-digit Medicaid Provider ID#), you may:

- Provide doula care for fee-for-service NJ FamilyCare members, and get reimbursed
- You can contact Gainwell Provider Services for hands-on training (claim/billing procedures, problems, claim processing)–submit a “training ticket”
 - Every provider should be contacted by Gainwell within 60 days of your enrollment date to offer training/support

FFS Claims Submission

Check a member's eligibility

- Each family member will receive their own plastic identification card.
- The plastic card is PERMANENT.
- The card is for identification purposes only; providers must verify eligibility before rendering services.
- Two methods:
 1. REVS (the automated eligibility telephone line)
 2. eMEVS (the Web-based eligibility verification system)
 - Magnetic swipe technology will allow providers quick and easy access to up-to-date client information
- Refer to Newsletter Volume 16 No. 12 for additional information about Health Benefits ID card



FFS Claims Submission Medical Eligibility Verification Service (eMEVS)



Home
Site Requirements
Help Index by Topic
State Web Sites

- Account Links
HIPAA Submitter Login
Manage Challenge Question
Log Off

+ Communication
Contact Provider Services
Contact Webmaster
Fed & State Stats & Regs
Forgot My Password
Provider Directory
Provider Enrollment Application
Provider Registration

+ Information
Approved Vendor List
Billing Supplements / Training Packets
Recent Newslatters
Edit Codes
FAQ
Forms & Documents
Physician Administered Drugs (UCM)
Rate and Code Information
Newslatters & Alerts
NJ State MAC

- Secured Options
Change Password
Change Email
Clear Claim Connection
eMevs
LTC Census
Report Distribution
Request Judge Run
EHR Incentive Program
Non-Billing Provider Directory

- Claims Mgmt
CCF
Submit DDE Claim
Adjust a Claim
Void Claim

Welcome to the New Jersey Medical Assistance Program's Medical Eligibility Verification Service.

Enter your eligibility criteria below . Be certain to select and complete one of the following sets of criteria.

Recipient ID Number
 SSN and Date of Birth
 Name and Date of Birth
 Name and SSN
 Card Control Number and Date of Birth
 State Bureau Identification (SBI - Unique State Prison Case Number):

Search By:

Service Period Begin Date: 01/01/2017	Service Period End Date: 01/31/2017	Recipient Medicaid ID Number: []
First Name: []	Last Name: []	Middle Initial: []
SSN: []	Date of Birth: (mm/dd/yyyy) []	Card Control Number: []
State Bureau Identification (SBI): []		

FFS Claims Submission Medical Eligibility Verification Service (eMEVS)

Welcome to New Jersey Me... x

- Communication
- Contact Provider Service
- Contact Webmaster
- Forgot My Password
- Provider Directory
- Provider Enrollment Application
- Provider Registration
- Information
- Approved Vendor List
- Billing Supplements / Training Packets
- Recent Newsletters
- EDI Codes
- FAQ
- Forms & Documents
- Physician Administered Drugs (PAD)
- Rate and Code Information
- Newsletters & Alerts
- NJ State MAC
- Secured Options
- Change Password
- Change Email
- Clear Claim Connection
- eMevs
- LTC Census
- Report Distribution
- Request Judge Run
- EMR Incentive Program
- Non-Billing Provider Directory
- Claims Mgmt
- CCF
- Submit CDE Claim
- Adjust a Claim
- Void Claim

Search By:

Service Period Begin Date: 02/01/2021	Service Period End Date: 02/28/2021	Recipient Medicaid ID Number: []
First Name: []	Last Name: []	Middle Initial: []
SSN: []	Date of Birth: (mm/dd/yyyy) []	Card Control Number: []
State Bureau Identification (SBI): []		

Results as of 3/10/2021 11:12 AM:

Last Name:	First Name:	Middle Initial:	Yes
Submitted Recipient Id #:	Eligible:	SSN:	
Date of Birth:	Submitted SBI:	Submitted End Date:	02/28/2021
Card Control Number:	Submitted Begin Date:	02/01/2021	
Hospice Message:			

Medicaid Eligibility Data:

Begin Date:	8/1/2020	End Date:	2/28/2021
Recipient Id # for Billing:			
Message:	NJ FAMILYCARE PLAN A. CLICK TO REFER TO NIMMIS.COM FOR NEWSLETTERS VOL 8 NO 7 VOL 23 NO 20 COVERED FOR SUBSTANCE USE DISORDER TREATMENT. CLICK TO REFER TO NEWSLETTER VOL 26 NO 06		

Eligible Services:	1-Medical Care	33-Chiropractic	35-Dental Care
	45-Hospice	47-Hospital	48-Inpatient Hospital
	50-Outpatient Hospital	86-Emergency Services	88-Pharmacy
	88-Physician Visits	AL-Vision	MH-Mental Health
	UC-Urgent Care		

SEE MEDICAID SPECIAL PROGRAM DATA (IF ANY) FOR ADDITION/LIMITATION & TO THE SERVICES ABOVE.

Termination Message:

County of Supervision:	013	County Name:	Monmouth
------------------------	-----	--------------	----------

Medical Recipient Lockin Data:

Lockin Begin Date:	Lockin End Date:
Message:	

Medicaid Special Program Data:

Begin Date:	End Date:
Message:	
Special Pgm Code:	

Medicaid Managed Care Data:

MCO Name:	HORIZON NJ HEALTH	MCO Phone Number:	
Begin Date:	8/1/2020	End Date:	2/28/2021
MCO Partner ID Number:		Plan Code:	09A
Message:			

Medicare Part A Data:

Begin Date:	End Date:
Medicare ID (MBI):	

Medicare Part B Data:

Begin Date:	End Date:
Medicare ID (MBI):	

Medicare Part D Data:

Start Date:	End Date:
Contract Number:	Plan Id:
Name:	Policy Number:
Group Number:	NJ Insurer Code:
Copay Level:	

Commercial Third Party Coverage Data:

Begin Date:	End Date:
Policy Number:	Group Number:
Carrier Name:	
Message:	

FFS Claims Submission

How to submit claims

PAPER CLAIMS VS. ELECTRONIC CLAIMS SUBMISSIONS DIRECT DATA ENTRY (DDE)

- Only paper claims with an attachment are acceptable. Single page claims must be submitted online at www.njmmis.com via DDE
 - Paper claims with an attachment can take 21-30 days to process or longer if manual intervention is needed
 - DDE claims process within 7-10 business days
 - Also available: Electronic submissions using another company
- Secure access to the NJMMIS website is required for eligibility verifications and DDE Claims submissions
- Refer to the Provider FAB (Fiscal Agent Billing Supplement) on specific field-by-field instructions

FFS Claims Submission Claim Sample 1



HEALTH INSURANCE CLAIM FORM

201907610060

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> OTHER										1a. INSURED'S ID. NUMBER (For Program in Item 1) 123456789001																																																																																																																		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BROWN JANE			3. PATIENT'S BIRTH DATE SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> MM DD YYYY M <input type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																																																						
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)																																																																																																																						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																																																						
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>																																																																																																																						
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)																																																																																																																						
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																																																						
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a and 9c.																																																																																																																						
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize Payment of medical benefits to the undersigned physician or supplier for services described below.																																																																																																																		
SIGNED _____ DATE: _____					SIGNED _____																																																																																																																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.					15. OTHER DATE QUAL. MM DD YY																																																																																																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____					16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																																																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)										22. RESUBMISSION CODE ORIGINAL REF. NO.																																																																																																																		
A. F430 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										23. PRIOR AUTHORIZATION NUMBER																																																																																																																		
<table border="1"> <thead> <tr> <th>24. A</th> <th colspan="3">DATE(S) OF SERVICE</th> <th>B.</th> <th>C.</th> <th colspan="3">D. PROCEDURES, SERVICES, OR SUPPLIES</th> <th>E.</th> <th>F.</th> <th>G.</th> <th>H.</th> <th>I.</th> <th>J.</th> </tr> <tr> <th>1</th> <th>From</th> <th>To</th> <th>Place of Service</th> <th>EMG</th> <th>ICD 10</th> <th>CPT/PCS</th> <th>MODIFIER</th> <th>DIAGNOSIS POINTER</th> <th>\$ CHARGES</th> <th>DRG OR UNIT</th> <th>REF ID</th> <th>QUAL</th> <th>RENDERING PROVIDER ID #</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>10</td> <td>01</td> <td>19</td> <td>10</td> <td>31</td> <td>19</td> <td>12</td> <td>H0036</td> <td>52</td> <td>A</td> <td>138000</td> <td>31</td> <td>NPI</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> </tr> </tbody> </table>										24. A	DATE(S) OF SERVICE			B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.	1	From	To	Place of Service	EMG	ICD 10	CPT/PCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DRG OR UNIT	REF ID	QUAL	RENDERING PROVIDER ID #	1	10	01	19	10	31	19	12	H0036	52	A	138000	31	NPI	2													NPI	3													NPI	4													NPI	5													NPI	6													NPI		
24. A	DATE(S) OF SERVICE			B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.																																																																																																														
1	From	To	Place of Service	EMG	ICD 10	CPT/PCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DRG OR UNIT	REF ID	QUAL	RENDERING PROVIDER ID #																																																																																																															
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25. FEDERAL TAX ID NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rev'd for NUCC Use																																																																																																																	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Clarify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()																																																																																																																					
SIGNED I AM A BILLER DATE 11/06/19			a. 1234567890		b. G2 1234567		c. 1234567890		d. G2 1234567		50																																																																																																																	

FFS Claims Submission Claim Sample 2



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

201907610060

<input type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK/LUNG <input type="checkbox"/> OTHER											
1. MEDICARE (Medicare) <input type="checkbox"/> MEDICAID (Medicaid) <input checked="" type="checkbox"/> TRICARE (TRICARE) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK/LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 123456789001	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE JANE						3. PATIENT'S BIRTH DATE SEX MM DD YY M F			4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)						6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other			7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) YES NO c. OTHER ACCIDENT? YES NO			11. INSURED'S POLICY GROUP OR FECA NUMBER 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)						15. OTHER DATE			16. DATES OF PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. NPI			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? YES NO \$ CHARGES			22. RE submission CODE ORIGINAL REF. NO.		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (2HE))						23. PRIOR AUTHORIZATION NUMBER			24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (ICD-9-CM, CPT, HCPCS, MODIFIER) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM QUAL I. ID NUMBER J. RENDERING PROVIDER ID #		
25. FEDERAL TAX I.D. NUMBER SSN EIN						26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO			28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Paid for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS						32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH #		
SIGNED I AM A BILLER DATE 10/07/19						a. 123			b. G2 7654321		



MCO claims submission

“Electronic” submission of claims

For claims submitted to...	Online submission	Electronic submission <i>Updated: 4/5/2021</i>
Fee-for-service	https://www.njmmis.com/hipaaLogin.aspx	Gainwell
Aetna Better Health of NJ	https://www.availity.com	Emdeon Payer ID# 46320
Amerigroup NJ	https://www.availity.com	https://www.availity.com
Horizon NJ Health	https://www.trizettoprovider.com/horizon-simpleclaim	TriZetto Payer ID#22326
United Healthcare Community Plan	https://www.uhcprovider.com/	Emdeon Payer ID# 86047
Wellcare	http://www.administep.com/	AdminisTEP Vendor code #212750

For more information, contact each MCO and see their Quick Reference Guides on our MCO webpage at <https://www.state.nj.us/humanservices/dmahs/clients/medicaid/hmo/>