

FALL 2026

Billing for office-based addiction treatment

Provider Resource Guide

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About this guide

This resource guide serves as an overview of billing practices for NJ Family Care's Office-Based Addiction Treatment (OBAT) program. This Guide is meant for OBAT providers - and their billing offices - who conduct OBAT services and bill Managed Care Organizations (MCOs). It does not cover Premier Providers since they are eligible for bundled payment rates.

This resource guide was prepared by the Camden Coalition of Healthcare Providers with support from New Jersey Medicaid's Office of Behavioral Health following a pilot program to investigate and improve OBAT navigator billing issues between providers and MCO partners. This guide has been reviewed by New Jersey Medicaid, MCOs, and select providers.

About the OBAT model

The OBAT Model is designed to **enhance access and improve utilization of MAT services for Medicaid beneficiaries** by establishing additional supports and reducing administrative barriers to providing addiction services in ambulatory settings. Using a medication-first approach, the model makes it possible for **patients to access medications without first engaging in behavioral health services**. OBAT is open to all specialties, not just primary care.

The OBAT model requires that the office **employ a navigator**. Navigators can assist with addressing identified barriers and connecting patients with community social service, recovery supports and behavioral health resources on an as-needed basis. (Patients are not required to engage in navigation services, but they must be offered.)

An **OBAT Navigator is a billable member of the care team**. (OBAT Navigator Services are billed under the OBAT Provider - not the navigator themselves.) **The OBAT Navigator** was created under the NJ MATrx model to support patients in developing and maintaining a psychosocial care plan. The intent of this role is to support a patient through the various phases of treatment and provide the patient with referrals for additional support, including but not limited to social services, behavioral health, and community connections.

- ▶ *Navigators can be:*
 - *Licensed individuals, such as an RN, LPN, or LSW;*
 - *An individual with a Baccalaureate degree with 2 years clinical (office) or lived experience;*
 - *An individual with an Associate degree or a certified medical assistant with 4 years clinical (office) or lived experience.*

OBAT model workflow

OBAT Providers and Navigators work in coordination with one another. OBAT Navigators can only provide services to patients who are being actively seen by OBAT providers at least once a month.

	Intake →	Follow up Phase (Stabilization and Maintenance)
OBAT Providers	OBAT Provider Initial Intake	OBAT Provider follow up visits happens after the intake. They cannot happen on the same day as intake. Patient can be seen at whatever frequency is medically required (suggested weekly while stabilizing, then monthly).

	Intake →	Stabilization Phase (Weekly for 6 weeks) →	Maintenance Phase (Monthly for duration of treatment)
OBAT Providers	OBAT Navigator Initial Intake This follows provider Intake. Does not *need* to be on the same day	OBAT Navigator follow up visits must happen after the Navigator Intake. They cannot happen on the same day as intake. Navigator follow ups are provided as needed. These services can be billed as a weekly bundled service during any week where navigator services are provided but are limited to once per week for a maximum of 6 weeks following intake during stabilization phase.	OBAT Navigator follow up visits during the maintenance phase are allowed once a month following stabilization phase for as long as treatment is necessary and patient is engaging with provider.

Necessary steps in order to start billing

You need to be a registered Medicaid provider

You must be a registered Medicaid provider to bill for OBAT services. If you are not currently a NJ Medicaid provider, you must apply through **NJMMIS** and then NJ Medicaid will send a verification to the MCOs.

Understand the Mainstreaming Addiction Treatment Act (MAT Act): DATA 2000 waiver no longer required

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removed the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).

All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so. Section 1263 of the 'Consolidated Appropriations Act of 2023' requires new or renewing Drug Enforcement Administration (DEA) registrants, starting June 27, 2023, upon submission of their application, to have at least one of the following:

- *A total of eight hours of training from certain organizations on opioid or other substance use disorders for practitioners renewing or newly applying for a registration from the DEA to prescribe any Schedule II-V controlled medications;*
- *Board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association; or*
- *Graduation within five years and status in good standing from medical, advanced practice nursing, or physician assistant school in the United States that included successful completion of an opioid or other substance use disorder curriculum of at least eight hours.*

Get your OBAT codes turned on for your providers

Each individual provider who wants to conduct and bill for OBAT services needs to be credentialed as an OBAT provider - even if your practice already provides and bills for OBAT services.

FFS OBAT Providers

You must ensure that both OBAT providers and navigators are registered with the State. Providers who are already credentialed as FFS Medicaid providers should complete the Navigator-Addendum located at www.njmmis.com in the drop-down list of provider applications under "Provider Enrollment Applications" in order to add their navigator to their practice group/provider number.

Note: To complete this addendum, your navigator will need to obtain an NPI number if they do not already have one. You can register your navigator at www.nppes.cms.hhs.gov.

Once your Navigator is approved, an OBAT Provider Specialty Code (SPC) will be added to your provider number designating you as an OBAT provider. You will then be eligible for the enhanced OBAT rates for the medical services you provide associated with substance use services. The Navigator NPI number will also be linked to your billing provider number enabling you to bill for Navigator services. (See "Sample Claim Form" below.)

MCO OBAT Providers

For MCOs you are already credentialed with as a Medicaid provider, there are specific forms to submit which will link the OBAT codes to your provider NPI. These forms can be found in the MCO-Specific Process section later in this document.

The OBAT model was intended to serve all Medicaid patients, and therefore we encourage providers to begin the process to be credentialed with all five NJ Medicaid MCOs. The payment rates for OBAT services are mandated and will be consistent across all MCOs.

Note: Any Medicaid providers wishing to enroll with a managed care plan that are not FFS providers should complete the 21st Century Cures Act application found at www.njmmis.com. Once the State approves the application, the MCO finalizes their credentialing.

Bill multiple MCOs

The OBAT model is intended to be an open access program across all the MCOs and, therefore, we recommend starting the process to get credentialed with all the MCOs. Instructions can be found on each plan's website:

- [**Aetna Better Health of NJ**](#)
- [**Wellpoint**](#)
- [**Horizon NJ Health**](#)
- [**UnitedHealthcare Community Plan New Jersey**](#)
- [**Fidelis Care New Jersey**](#)

OBAT rated and billing codes

Reimbursement rates

Provider Visits

The initial provider intake is reimbursed at **\$486.30¹**. Providers can look this up in the system. Follow-up provider visits (stabilization and maintenance phase) are reimbursed at **100% Medicare rate** for the E/M code billed.

Navigator Visits

The initial navigator intake (assessment of patient's needs and creation of plan of care) is reimbursed at **\$152**. Follow up navigator visits are reimbursed at **\$76 per week for up to six weeks** (stabilization phase) and then **\$76 a month thereafter** (maintenance phase). The navigator must see the member during the billing period to bill for the navigator bundled rate.

These are mandated rates so they should not vary by MCO based on your contract. If you are billing for OBAT services and not being paid these amounts it is a sign that the MCO may not have you linked as an OBAT provider in their system. (*See Common Questions below.*)

¹ The \$486.30 rate increase was an administrative change and was not announced in a Medicaid Newsletter.

OBAT codes + billing frequency

OBAT Provider Visits

Visit	Code	Reimbursement	Frequency of care and billing
Initial Intake	90792 HF	\$486.30	• Once per episode of care at your site • Must be billed with an SUD Dx
Follow Up Visits (stabilization and maintenance phase)	99201 HF 99202 HF 99203 HF 99204 HF 99205 HF 99211 HF 99212 HF 99213 HF 99214 HF 99215 HF	100% Medicare rate ²	• There are no longer phases for OBAT Provider visits. • Providers must complete the intake and then bill for any follow-up visits as needed and appropriate. This was announced in the State Plan Amendment.

² Medicaid Newsletter Vol 29, No. 18 published November 2019.

OBAT Navigator Visits³

Visit	Code	Reimbursement	Frequency of care and billing
Initial Intake (assessment of patient's needs and creation of psychosocial plan of care)	H0006 HF HG	\$152	• Patient must be seen same day OR within 14 days of intake visit or another provider visit • Provider must bill within 180 days of visit
Follow Up Visits (Stabilization phase)	H0006 HF SU	\$76	• Navigators can bill once per week for a maximum of 6 weeks during stabilization phase (does not need to be consecutive weeks) as long as the member is still being seen by the provider once per month.
Follow Up Visits (Maintenance phase)	H0006 HF	\$76	• After the six-week stabilization phase, Navigators can bill monthly during the maintenance phase as long as the member is still being seen by the provider once per month. • Can be billed 1st calendar month following final H0006 HF SU and each subsequent calendar month thereafter for as long as issues identified on the treatment plan remain unresolved.

Documentation requirements

You can reference the Centers of Excellence [*OBAT provider manual*](#) for documentation examples. Provider documentation can be documented following standard Evaluation and Management documentation guidelines. It is recommended that providers utilize [*ASAM recommended intake and treatment guides*](#).

For the intake visit, providers should document an H&P, criteria met for MAT appropriateness, medication management, medication and health education, treatment planning, and toxicology screening as needed.

Navigator documentation should address patient needs, barriers, goals, priorities, and safety planning, as well as referrals and referral status in a plan of care. The plan of care should be created and reassessed as the patient moves through treatment phases. **The plan of care should not be recreated every visit**, but there should be chart notes describing the visit, new information, and next steps for every visit.

³ [**Medicaid Newsletter** Vol 29, No. 18 published November 2019.](#)

How to submit claims for navigator services

Rendering Provider vs Billing Provider for Navigator Services

OBAT Providers bill on behalf of OBAT navigator services. OBAT Navigators can only provide services for patients who are being actively seen by OBAT providers at least once a month.

FFS OBAT Providers

Once fully approved to bill for OBAT services, you may bill for your Navigator services by listing your Navigator's NPI number as the rendering provider. You must list the group Medicaid provider and NPI number as the billing provider.

- *Rendering Provider: Navigator NPI*
- *Billing Provider: Group Medicaid Provider and NPI number*

MCO OBAT Providers

Providers billing MCOs are not required to list the Navigator as the rendering provider. The OBAT Navigator codes are tied to the Provider's NPI. Please see examples of current claim forms for each MCO at the end of this guide.

Common questions

Why are my OBAT navigator claims being paid out for less than \$76?

Please reach out to the MCO if you see anything less than \$76 for an OBAT claim. There could be several reasons for the possible error, including but not limited to:

- *The claim may have linked the OBAT provider incorrectly,*
- *There was an error in the original claim, or*
- *The provider may not be linked to the OBAT specialty.*

Even if you have completed the addendum for OBAT services, it does not automatically cover every provider in the group. The MCO still needs to be notified for individual OBAT Providers to reflect them as OBAT providers in their system. For example, a Provider can have 5 physicians in a group with the MCO, but only 2 of those physicians are linked as specialty OBAT providers.

Are OBAT navigation services billed differently than other Behavioral Health Services?

Yes, OBAT is covered as a medical benefit. OBAT services are covered by the managed care plan for all Medicaid members and should only be billed for patients receiving MOUD treatment. (OBAT is always covered by Managed Care, when applicable.)

Non-OBAT behavioral health services should be billed following normal behavioral health billing procedures. For example, when billing for a psychiatric evaluation of a patient who is not on MOUD you should NOT bill utilizing the HF modifier.

Can OBAT providers be linked to multiple specialties?

Yes. Providers can be linked to multiple specialties for billing purposes. For example, the same provider can be linked as a Behavioral Health provider and as an OBAT provider just as an Internal Medicine provider can also be linked as an OBAT provider.

Are big health systems treated differently than independent providers?

It depends on the MCO. Smaller, independent providers need to submit all the credentialing documentation. The MCO reviews all of the credentialing documentation provided and then credentials the physician and automatically links them as an OBAT specialist to the group.

Larger health systems should always reach out directly to the MCO OBAT billing contact person to confirm the status of your provider and whether additional credentialing documentation is required. Some MCOs may ask for a special OBAT “link” letter to link your specialist as an OBAT specialist within the group. Others MCOs may ask for you to submit a delegate roster file to add a Provider as an OBAT specialist. *(See MCO-Specific Process below.)*

Can I send the OBAT office visit claim and navigator visit claim together?

Yes, the OBAT Provider office visit claim (during stabilization/maintenance phase) and the OBAT navigator visit claim (during stabilization or maintenance phase) can be billed at the same time. As a reminder, the OBAT Providers bill on behalf of OBAT Navigator services.

What other codes can I bill for OBAT patients?

Providers can bill for any medically necessary service within their scope of practice and allowable by their provider specialty codes for patients within the OBAT model. However, only OBAT Services receive the enhanced OBAT rates. OBAT rates only apply to the specific codes that are listed in this guide.

If you provide other medical care or behavioral health services to OBAT patients, then those services will be billed according to your regular contract with the MCO or standard Medicaid FFS rates.

Can OBAT navigator services be provided via telehealth?

Yes, but only if the navigator is a licensed clinician or social worker. Non-licensed clinicians should not be providing telehealth services. Per **CMS**, “02” can be used for “place of service” when telehealth visits when the patient is NOT in the home. “10” is used for place of service for telehealth visits when a patient is in the home.

How do I know if I am linked as an OBAT provider in an MCOs system?

You can call the MCO member services, your MCO representative, or go to the MCO’s directory. Contact information is listed in the *MCO-Specific Process* section.

Can I bill for an initial OBAT visit for a patient I have already been seeing?

Yes, if you identify a substance use problem with your existing patient, you can complete and bill for an OBAT intake assessment even for patients you have already been seeing.

A former patient has now returned to care: can I bill for another intake?

A repeat OBAT Provider intake may be completed if there is significant change in the patient’s drug of choice and/or physical health condition that requires the establishment of a new treatment plan.

I called the MCO billing center and got confusing information. What should I do?

You must be sure to tell the MCO billing center you are calling about an OBAT-related claim. OBAT is a special program with special rules and requirements. You want to be sure the call center knows the reason you are calling so they can give you the correct information.

Additional resources

Centers of Excellence (CoE):

The Centers of Excellence offer provider supports for MAT providers across the state. We encourage providers to utilize the [OBAT provider manual](#) for best practices in providing MAT, example templates, and other resources.

- ▶ *Provider Hotline: 24/7 access to advice from MAT experts for providers who have any clinical questions about MAT. Call or text 1-844-HELP-OUR (1-844-435-7683)*
- ▶ [Northern NJ MAT Center of Excellence website](#)
- ▶ [Southern NJ MAT Center of Excellence website](#)

Relevant Medicaid newsletters:

Title	Description	Date
<u>Newsletter Vol. 30, No. 22</u>	Billing for OBAT and Navigator Services; Registration of OBAT Navigator required to receive OBAT enhanced rates	11/6/20
<u>Newsletter Vol 30, No. 03</u>	OBAT Update: Enrollment of OBAT Navigators as Servicing Providers; Updates to the removal of MAT prior authorization requirements	3/12/20
<u>Newsletter Vol. 29, No. 18</u>	OBAT and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers	11/5/19
<u>Newsletter Vol. 29, No. 6</u>	OBAT and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers	3/25/19

OBAT trainings

The state is providing training for OBAT Navigators at no cost. Providers interested in this training can call the State's Office of Behavioral Health at 609-631-4641 for more information.

OBAT Navigators can visit the Camden Coalition's [website](#) to register for training, access educational sessions, and for other community resources.

MCO-specific process and examples

You need to go through an attestation process to get the OBAT codes turned on for each provider *for each MCO you are credentialed with*. (Exceptions: Wellpoint needs to be notified but does not *require* an attestation form while Aetna requires a “link letter” for larger health systems.) Below are steps for each provider.

Aetna

To bill for OBAT services, providers must:

- *Be participating with Aetna Better Health NJ.*
- *Have the applicable OBAT billing codes activated.*
- *Submit a roster identifying all OBAT providers and Navigators within the practice.*

Once the roster is received, a request will be submitted to activate the OBAT billing codes and add the OBAT specialty designation to the provider directory.

To begin the process, please contact [***Katelyn.Mignone@aetna.com***](mailto:Katelyn.Mignone@aetna.com)

Wellpoint

If you are already a credentialed Medicaid provider with Wellpoint, you can bill OBAT codes without submitting any additional documentation. Please notify Wellpoint that you are providing these services so that they can add your information to their provider directory. You can do this by calling provider services at 800-454-3730, completing the attached form and submitting it to [**NJProviderdata@Anthem.com**](mailto:NJProviderdata@Anthem.com) or faxing the form to 866-920-5997. If there are any issues they can reach out to their provider network rep through the [**'contact us'**](#) page.



Medication-Assisted Treatment and Office-Based Addiction Treatment Attestation Form

New Jersey | Medicaid

Practitioner name:		NPI:	
Tax ID:		Specialty:	Primary care physician Specialist
Practice name:			
MAT DEA registration number:		MAT DEA expiration date:	
Patients certified for:			
☐ 30 ☐ 100 ☐ 275 ☐ Other			

Number of navigators in practice:

Please briefly describe (or attach to this form) the navigator services that your practice provides:	
--	--

By signing below, I hereby swear or affirm that the above information is correct and that my practice is in compliance with all applicable state and federal laws.

Signed:	
Date:	

Please return this form via fax to NJ Provider Solutions at 855-883-9046.

Coverage provided by Wellpoint New Jersey, Inc. or Wellpoint Insurance Company.
NJ-WP-CD-018551-26-S4897 | August 2026

Horizon

You can go to Horizon NJ Health's [homepage](#) to learn about how to sign up as an OBAT provider for Horizon. There you will find information about the model, resources, and a link to their [OBAT and Navigator Attestation for Nonparticipating Providers](#) form which must be completed for you to be able to bill the OBAT codes. We also suggest taking a look at the [helpful hints](#) they have linked to sign up for one of their billing training sessions.

The attestation form typically takes about 3-4 weeks to process and for your OBAT codes to be turned on. Horizon recommends you hold onto to your claims and submit them after your OBAT codes have been officially turned on.

United

On the Behavioral Health side, please submit attestation form to the NJ Network Team at njnetworkmanagement@optum.com. You can start billing once you get confirmation from Holland, which usually happens within 7-10 business days after submission. On the non-Behavioral Health side, please submit attestation form to uhccpnj@uhc.com (listed in the form below). You can start billing once you get confirmation from United, which usually happens within 7-10 business days after submission.

[Date]

[Provider Name]

[Provider Address]

[Provider City, State, Zip]

Re: Please Help Us Support Patients with Substance Use Disorders and Opioid Use Disorder

Dear [Provider Name]:

At UnitedHealthcare Community Plan of New Jersey, we want to help ensure we have an adequate network to support our members who are struggling with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). To do this, and to meet the New Jersey OBAT requirements, we're working to identify medical care providers who offer MAT services and employ navigators* to help these patients with their journey to recovery.

How You Can Help

Please complete the enclosed Medication-Assisted Treatment (MAT) and Office-Based Addictions Treatment (OBAT) Questionnaire, sign the attestation and send both items to your Network Management contact or email it to NortheastPRTeam@uhc.com.

Resources

For more information about the OBAT program, please refer to the State of New Jersey Department of Human Services Division of Medical Assistance & Health Services Newsletter Volume 29 No. 06 dated March 2019 by visiting www.njmmis.com > Recent Newsletters > Volume 29 No. 06 - *Subject: Office Based Addictions Treatment (OBAT) and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers, Effective: January 1, 2019.*

If you have questions about this assessment, please contact your Provider Relations Advocate. Thank you.

Sincerely,

UnitedHealthcare Provider Advocate Team

**A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence.*

Doc#: PCA-1-016315-06242019_07092019

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Medication-Assisted Treatment (MAT) and Office Based Addictions Treatment (OBAT) Questionnaire

Please answer all questions and sub-questions for any yes answer if you provide MAT services.

1. Do you provide MAT services?
☐ Yes
☐ No
2. What type of MAT medication(s) do you use to treat opioid addiction?
☐ Buprenorphine (and buprenorphine products)
☐ Naltrexone
☐ Methadone
3. Do you employ a navigator*?
☐ Yes
☐ No

**A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence (COE).*

OBAT Care Provider Standards:

- ✓ Complete the DATA 2000 waiver to prescribe buprenorphine
- ✓ Prescribe approved MAT medications onsite by qualified prescriber
- ✓ Follow standard best practice guidelines for prescribing of MAT
- ✓ Physician, nurse or other qualified health care professional provides education consistent with the nature of the problem(s) and the patient's and/or family's needs related to substance use, MAT and associated health conditions
- ✓ Participate in training or consultation offered through the COE, as needed
- ✓ Develop and maintain integrated care relationships
- ✓ Provide, or arrange for, substance use counseling, as needed
- ✓ Consistent with American Society of Addiction Medicine (ASAM) guidelines, offer counseling in conjunction with MAT or refer for counseling, which includes establishing a care provider network for referral to services not provided by the OBAT
- ✓ Assess and maintain risk management criteria such as Prescription Monitoring Program checks, random drug screening and client service plans for adherence
- ✓ Utilize multi-disciplinary staff to provide MAT, counseling and care management
- ✓ Provide individualized care and use navigator support to help patients obtain needed support services, such as counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or COE, as needed.

Doc#: PCA-1-016315-06242019_07092019

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Attestation

I understand that UnitedHealthcare may require documentation to verify that I meet the criteria pertaining to the MAT services designated in the OBAT Care Provider Standards section above, if applicable. I'll cooperate with a UnitedHealthcare documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge, and, by signing this attestation, agree to provide MAT services.

I understand and agree that a facsimile or photocopy of this Attestation shall be as effective as the original.

Your signature is required to complete this attestation.

Care Provider Name

Name (if different from the care provider named above)

Signature

Date

Doc#: PCA-1-016315-06242019_07092019

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Fidelis Care NJ

Submit the attestation form to the Fidelis Care NJ Provider Representative, Michael Czajkowski at [***Michael.Czajkowski@fideliscarenj.com***](mailto:Michael.Czajkowski@fideliscarenj.com). Turn-around time is approximately 30-60 days, and you can typically begin billing within a month. You will be notified by Fidelis Care NJ when you can start billing.



Medication Assisted Treatment Navigator Attestation Form

By signing below, I attest that I am a physician (or physician group/physician extender) who has a current DEA registration that includes Schedule III authority and I request that Fidelis Care Health Plans of NJ update my information to reflect my ability to provide the following services to patients enrolled in WellCare plans.

- ☐ Medication Assisted Treatment (MAT) – without Navigator
- ☐ Office Based Addiction Treatment (OBAT). Must employ Navigators as part of OBAT program. If you select this box, please complete Attestation that follows.

Part 1: Navigator/Office Info

Application Information: Please provide your demographic information	
Navigator's Name:	
Navigator's NPI:	
OBAT Provider Name:	
Provider Group Name:	
Office Address:	
Tax ID#	
Group/Billing NPI:	Provider DEA:
Office Telephone:	Mobile Telephone:
E-Mail Address:	

Part 2: Check all Office Based Addiction Treatment Navigator requirements that you meet. All OBAT navigators must meet at least one:

#	Qualification	
1	Licensed healthcare provider acting within his or her scope of practice under state law such as a RN, LPN, or LSW	
2	Individual with a Baccalaureate degree with two years clinical (office) or lived experience	
3	Individual with an Associate degree with four years clinical (office) or lived experience	
4	Certified medical assistant with four years clinical (office) or lived experience	

Physicians, APNs, and Pas **may not** serve as Navigators.

The provider's office is responsible for maintaining documentation supporting the chosen qualification. For all line items listed above, acceptable supporting documentation includes a copy of applicable license, diploma, or certification with a written description of the qualifying clinical/life experience.

Navigator Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

Sample claim form

General Sample Claim



HEALTH INSURANCE CLAIM FORM

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

CARRIER									
PATIENT AND INSURED INFORMATION									
1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK 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 MM DD YY SEX M ☐ F ☐									
4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street)									
6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐									
7. INSURED'S ADDRESS (No., Street)									
8. RESERVED FOR NUCC USE									
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									
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.									
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL									
15. OTHER DATE MM DD YY									
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE									
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
20. OUTSIDE LAB? YES ☐ NO ☐ \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relationship to service line below (24E) ICD 10d, 1									
22. RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. \$ CHARGES G. DAYS OF UNITS H. ICD 10d, 1 I. QUAL 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. Rsvd for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If certify 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 # ()									
34. SIGNATURE OF PHYSICIAN OR SUPPLIER									
35. DATE									

Describe NPI

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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



HEALTH INSURANCE CLAIM FORM

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

☐ PICA										PICA ☐																			
1. MEDICARE ☐ MEDICAID ☒ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐ (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) YHZ12345678																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) JOHN DOE										3. PATIENT'S BIRTH DATE MM DD YY SEX 1 1 1900 M ☒ F ☐																			
5. PATIENT'S ADDRESS (No., Street) 123 MAIN ST CITY ANY TOWN STATE NJ ZIP CODE 08000 TELEPHONE (Include Area Code) (609) 1234567										4. INSURED'S NAME (Last Name, First Name, Middle Initial) JOHN DOE																			
6. PATIENT RELATIONSHIP TO INSURED Self ☒ Spouse ☐ Child ☐ Other ☐										7. INSURED'S ADDRESS (No., Street) 123 MAIN ST CITY ANY TOWN STATE NJ ZIP CODE 08000 TELEPHONE (Include Area Code) (609) 1234567																			
8. RESERVED FOR NUCC USE										11. INSURED'S POLICY GROUP OR FECA NUMBER 780																			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:																			
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) ☐ YES ☒ NO																			
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? ☐ YES ☒ NO PLACE (State)																			
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? ☐ YES ☒ NO																			
d. INSURANCE PLAN NAME OR PROGRAM NAME HORIZON NJ HEALTH										10d. CLAIM CODES (Designated by NUCC)																			
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. SIGNED _____ DATE _____																				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 _____									
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										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? ☐ YES ☐ NO \$ CHARGES																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. F00 B. C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER										F. \$ CHARGES G. DAYS OR UNITS H. EPSDT (Family Plan) I. ID. QUAL. J. RENDERING PROVIDER ID. #																			
1 12 1 22 12 1 22 11 H0006 HF HG 1 152 00 1 NPI R123456789																													
2																													
3																													
4																													
5																													
6																													
25. FEDERAL TAX I.D. NUMBER 123456789 SSN EIN ☐ ☒										26. PATIENT'S ACCOUNT NO. XXXXXX																			
27. ACCEPT ASSIGNMENT? (For gov. claims, see back) ☒ YES ☐ NO										28. TOTAL CHARGE \$ 152 00																			
29. AMOUNT PAID \$										30. Rsvd for NUCC Use																			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) PROVIDER SIGNED 12/27/2022 DATE										32. SERVICE FACILITY LOCATION INFORMATION PROVIDER OFFICE 456 MAIN STREET ANY TOWN, NJ 08001																			
33. BILLING PROVIDER INFO & PH # (609) 1234567										PROVIDER GROUP 456 MAIN ST ANY TOWN, NJ 08001																			
a. G123456789										b.																			

NUCC Instruction Manual available at: www.nucc.org

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HEALTH INSURANCE CLAIM FORM

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

PICA ☐

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE ☐ MEDICAID ☒ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA ☐ LUNG ☐ OTHER ☐ (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)		1a. INSURED'S LD. NUMBER (For Program in Item 1) YHZ12345678	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) JOHN DOE		4. INSURED'S NAME (Last Name, First Name, Middle Initial) JOHN DOE	
5. PATIENT'S ADDRESS (No., Street) 123 MAIN ST		7. INSURED'S ADDRESS (No., Street) 123 MAIN ST	
CITY ANY TOWN		CITY ANY TOWN	
STATE NJ		STATE NJ	
ZIP CODE 08000		ZIP CODE 08000	
TELEPHONE (Include Area Code) (609) 1234567		TELEPHONE (Include Area Code) (609) 1234567	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER 780	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐	
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME HORIZON NJ HEALTH		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO <i>If yes, complete items 9, 9a, and 9d.</i>	
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. SIGNED _____ DATE _____			
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 _____			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.		15. OTHER DATE MM DD YY QUAL.	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ☐ YES ☐ NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. F00 B. C. D. E. F. G. H. I. J. K. L. ICD Ind.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSCOT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
1 12 1 22 12 1 22 11 H0006 HF SU 1 76 00 1 NPI R123456789		2 NPI	
3 NPI		4 NPI	
5 NPI		6 NPI	
25. FEDERAL TAX ID. NUMBER SSN EIN ☐ ☒ 123456789		26. PATIENT'S ACCOUNT NO. XXXXXX	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☒ YES ☐ NO		28. TOTAL CHARGE \$ 76 00	
29. AMOUNT PAID \$		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) PROVIDER SIGNED 12/27/2022		32. SERVICE FACILITY LOCATION INFORMATION PROVIDER OFFICE 456 MAIN STREET ANY TOWN, NJ 08001 a. NPI b.	
33. BILLING PROVIDER INFO & PH # (609) 1234567		PROVIDER GROUP 456 MAIN ST ANY TOWN, NJ 08001 a. G123456789 b.	

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About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in Camden and regionally.

Through our National Center for Complex Health and Social Needs (National Center), an initiative of the Camden Coalition, we connect complex care practitioners with each other and support the field with tools and resources that move complex care forward.