

§1
C.26:2S-41
§2
C.52:14-17.29qq
§3
C.52:14-17.46.6y
§4
C.30:4D-6bb
§5
Note

P.L. 2025, CHAPTER 369, *approved January 20, 2026*
Assembly, No. 5052

1 AN ACT concerning insurance and Medicaid coverage for preventive
2 care for developmental and behavioral needs in children and
3 supplementing various parts of the statutory law.
4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7
8 1. a. A carrier that offers a health benefits plan in this State shall
9 provide benefits to any subscriber for medical expenses incurred in
10 screening, prevention, and treatment services of behavioral health
11 issues in children. A carrier shall accept and reimburse claims for
12 screening, prevention, and treatment using an at-risk diagnosis.
13 b. The benefits shall be provided to the same extent as for any
14 other service, drug, device, product, or procedure under the contract.
15 c. As used in this section:
16 “*At-risk diagnosis*” means a diagnosis made after consideration of
17 factors influencing behavioral health and child development, such as
18 family circumstances or life challenges, that does not lead to a formal
19 mental health diagnosis and instead, promotes preventive care.
20 Allowing providers to bill for an “at-risk diagnosis” authorizes
21 providers to use an alternative code, including a Social Determinants
22 of Health Z-code, to the codes of the American Psychiatric
23 Association Diagnostic and Statistical Manual of Mental Disorders
24 or the Diagnostic Classification of Mental Health and Developmental
25 Disorders of Infancy and Early Childhood, when billing for services,
26 without a formal mental health diagnosis, for children who are 18
27 years of age or younger.
28 “*Carrier*” means an insurance company, health service
29 corporation, hospital service corporation, medical service
30 corporation, or health maintenance organization authorized to issue
31 health benefits plans in this State.
32 “*Screening, prevention, and treatment*” includes the prevention
33 and early identification of mental health conditions, without a
34 behavioral health diagnosis. Services may include, but are not
35 limited to, screenings and individual, group, and family

1 psychotherapy to individuals with potential mental health disorders
2 not yet diagnosed.

3
4 2. a. The State Health Benefits Commission shall ensure that
5 every contract purchased by the commission on or after the effective
6 date of this act that provides hospital and medical expense benefits
7 shall provide benefits to any covered person for medical expenses
8 incurred in the screening, prevention, and treatment services of
9 behavioral health issues in children. The contract shall allow for
10 acceptance and reimbursement of claims for screening, prevention,
11 and treatment using an at-risk diagnosis.

12 b. The benefits shall be provided to the same extent as for any
13 other service, drug, device, product, or procedure under the contract.

14 c. As used in this section:

15 “At-risk diagnosis” means a diagnosis made after consideration of
16 factors influencing behavioral health and child development, such as
17 family circumstances or life challenges, that does not lead to a formal
18 mental health diagnosis and instead, promotes preventive care.
19 Allowing providers to bill for an “at-risk diagnosis” authorizes
20 providers to use an alternative code, including a Social Determinants
21 of Health Z-code, to the codes of the American Psychiatric
22 Association Diagnostic and Statistical Manual of Mental Disorders
23 or the Diagnostic Classification of Mental Health and Developmental
24 Disorders of Infancy and Early Childhood, when billing for services,
25 without a formal mental health diagnosis, for children who are 18
26 years of age or younger.

27 “Screening, prevention, and treatment” includes the prevention
28 and early identification of mental health conditions, without a
29 behavioral health diagnosis. Services may include, but are not
30 limited to, screenings and individual, group, and family
31 psychotherapy to individuals with potential mental health disorders
32 not yet diagnosed.

33

34 3. a. The School Employees' Health Benefits Commission shall
35 ensure that every contract purchased by the commission on or after
36 the effective date of this act that provides hospital and medical
37 expense benefits shall provide benefits to any covered person for
38 medical expenses incurred in the screening, prevention, and
39 treatment services of behavioral health issues in children. The
40 contract shall allow for acceptance and reimbursement of claims for
41 screening, prevention, and treatment using an at-risk diagnosis.

42 b. The benefits shall be provided to the same extent as for any
43 other service, drug, device, product, or procedure under the contract.

44 c. As used in this section:

45 “At-risk diagnosis” means a diagnosis made after consideration of
46 factors influencing behavioral health and child development, such as
47 family circumstances or life challenges, that does not lead to a formal
48 mental health diagnosis and instead, promotes preventive care.

1 Allowing providers to bill for an “at-risk diagnosis” authorizes
2 providers to use an alternative code, including a Social Determinants
3 of Health Z-code, to the codes of the American Psychiatric
4 Association Diagnostic and Statistical Manual of Mental Disorders
5 or the Diagnostic Classification of Mental Health and Developmental
6 Disorders of Infancy and Early Childhood, when billing for services,
7 without a formal mental health diagnosis, for children who are 18
8 years of age or younger.

9 “Screening, prevention, and treatment” includes the prevention
10 and early identification of mental health conditions, without a
11 behavioral health diagnosis. Services may include, but are not
12 limited to, screenings and individual, group, and family
13 psychotherapy to individuals with potential mental health disorders
14 not yet diagnosed.

15

16 4. a. Notwithstanding any law, rule, or regulation to the contrary,
17 the Division of Medical Assistance and Health Services within the
18 Department of Human Services, or a managed care organization that
19 contracts with the division to provide medical services to
20 beneficiaries of the NJ FamilyCare program, shall ensure the
21 provision of benefits for medical expenses incurred in screening,
22 prevention, and treatment services of behavioral health issues in
23 children. The division or the managed care organization shall accept
24 and reimburse claims for screening, prevention, and treatment using
25 an at-risk diagnosis.

26 b. The department may take any administrative action necessary
27 to effectuate the provisions of this section, including modifying or
28 amending any applicable contract or promulgating, amending, or
29 repealing any guidance, guidelines, or rules, which rules or
30 amendments thereto shall be effective immediately upon filing with
31 the Office of Administrative Law for a period not to exceed 12
32 months, and may, thereafter, be amended, adopted or readopted in
33 accordance with the provisions of the “Administrative Procedure
34 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.).

35 c. The Commissioner of Human Services shall apply for such
36 State plan amendments or waivers as may be necessary to implement
37 the provisions of this section and to secure federal financial
38 participation for State Medicaid expenditures under the federal
39 Medicaid program.

40 d. As used in this section:

41 “At-risk diagnosis” means a diagnosis made after consideration of
42 factors influencing behavioral health and child development, such as
43 family circumstances or life challenges, that does not lead to a formal
44 mental health diagnosis and instead, promotes preventive care.
45 Allowing providers to bill for an “at-risk diagnosis” authorizes
46 providers to use an alternative code, including a Social Determinants
47 of Health Z-code, to the codes of the American Psychiatric
48 Association Diagnostic and Statistical Manual of Mental Disorders

1 or the Diagnostic Classification of Mental Health and Developmental
2 Disorders of Infancy and Early Childhood, when billing for services,
3 without a formal mental health diagnosis, for children who are 18
4 years of age or younger.

5 “Screening, prevention, and treatment” includes the prevention
6 and early identification of mental health conditions, without a
7 behavioral health diagnosis. Services may include, but are not
8 limited to, screenings and individual, group, and family
9 psychotherapy to individuals with potential mental health disorders
10 not yet diagnosed.

11
12 5. This act shall take effect on the 90th day next following
13 enactment and shall apply to policies, plans, and contracts delivered,
14 executed, issued, or renewed on or after that date.

15 16 17 STATEMENT

18
19 This bill requires health insurers (health, hospital and medical
20 service corporations, commercial individual and group health
21 insurers, health maintenance organizations, health benefits plans
22 issued pursuant to the New Jersey Individual Health Coverage and
23 Small Employer Health Benefits Programs, the State Health Benefits
24 Program, and the School Employees’ Health Benefits Program) and
25 the State Medicaid program to provide benefits to any covered person
26 for medical expenses incurred relating to screening, prevention, and
27 treatment of behavioral health issues in children. Carriers and the
28 State Medicaid program are required to accept and reimburse claims
29 for screening, prevention, and treatment using an at-risk diagnosis.

30 As used in the bill, an “at-risk diagnosis” is a diagnosis made after
31 consideration of factors influencing behavioral health and child
32 development, such as family circumstances or life challenges, that
33 does not lead to a formal mental health diagnosis and instead,
34 promotes preventive care. Allowing providers to bill for an “at-risk
35 diagnosis” authorizes providers to use an alternative code, including
36 a Social Determinants of Health Z-code, to the codes of the American
37 Psychiatric Association Diagnostic and Statistical Manual of Mental
38 Disorders or the Diagnostic Classification of Mental Health and
39 Developmental Disorders of Infancy and Early Childhood when
40 billing for services, without a formal mental health diagnosis for
41 children who are 18 years of age or younger.

42
43
44
45
46 Requires health insurance and Medicaid coverage for screening,
47 prevention, and treatment services of behavioral health issues
48 affecting children.