



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 19 No. 12

April 2009

**TO:** Federally Qualified Health Centers (FQHCs)

**SUBJECT:** FQHC Payment History Reports

**EFFECTIVE:** For payment history report after April 1, 2009

**PURPOSE:** To inform FQHCs that ten disposition code fields and seven additional error code fields have been added to the detail payment history report that is distributed on a quarterly basis to FQHCs on CDs along with the summary payment history report. The enhanced report will better assist FQHCs in analyzing their claims and making corrections as necessary.

**BACKGROUND:** The Division of Medical Assistance and Health Services (DMAHS) is providing summary (hard copy) and detailed (CD) claims data on a quarterly basis to assist FQHCs to better prepare their claim forms.

**ACTION:** Ten disposition code fields and seven error code fields in addition to the existing 3 error code fields have been added to the FQHCs Payment History Report detail file (CD). In order for the FQHCs to utilize the enhanced report, explanations of the disposition codes are provided below.

**EDIT DISPOSITIONS FOR ADJUDICATED CLAIMS:** After claims are adjudicated, they either have no edit errors posted or edit errors are posted that have been assigned one of three dispositions. Those three edit dispositions are:

**“E” (Pay and give message to provider):** This edit (called “EOB”) is posted as a way to give an explanation or message to the provider. Sometimes, these edits explain the method the system used in processing the claim. EOB edits are reported on the provider’s Remittance Advice (RA). Examples include: **0302, 0306, 0236 & 0392.**

**“D” (Denied):** The claim has been denied. A denial can involve an error on the claim in which case the provider needs to resubmit a corrected claim. It can also indicate an enforcement of State policy in which the provider has the right to appeal to Fair Hearing. These edits are reported on the provider’s RA. Examples include: **0011, 0299, 0380 & 0800.**

**“R” (This disposition code is for internal tracking and does not affect the claims payment).** Examples include: **0611, 0978 & 0096.**

**EDIT DISPOSITIONS FOR PENDED CLAIMS:** There are two edit dispositions for pended claims, “P” and “C”.

**Disposition “P” (Review):** The State requires that pended claims be resolved within 30 days of the processing date. There are multiple reasons claims can receive this disposition. Those reasons include:

**Recycle:** Claims that receive these edits are recycled through the claims payment system for a specific period of time. Usually, this is a three-week period. If the file in question (eligibility or PA file) is updated anytime during that time period, the edit will drop off. If the file in question is not updated, the claim will be automatically denied. Examples include: **0301, 0321, 0471, 0774.**

**Review / Manual Pricing:** Claims with this edit must have pricing documentation attached. The documentation can be either a price list or a manufacturer’s invoice. If the requirements are met a clerk will price the claim. If the requirements are not met, the clerk will manually deny the claim. Example includes: **0608.**

**Review / Consent Form:** The federal government requires claims with surgical procedures for sterilization, hysterectomy and abortion be accompanied by a specific consent form. The consent form in question is reviewed by trained personnel. If the consent form meets all requirements, the clerk will override the posted edit. If the consent form does not meet all requirements, the clerk will manually deny the claim. Examples include: **0336, 0337, 0338.**

**Review / Timely Filing:** Pended claims with service dates that are more than a year from the receipt date must be reviewed to determine if the attachment indicates proof of timely filing. If the attachment(s) do indicate timely filing, the clerk overrides the edit. If the attachment does not indicate proof of timely filing, the clerk manually denies the claim. Examples include **0076, 0077.**

**Review / TPL:** Claims that indicate Third party Liability (TPL) attachments are reviewed. If all requirements are met, the clerk will override the posted edit. If all requirements are not met, the clerk will manually deny the claim. Example includes: **0973.**

**Review / Keying Errors:** These claims pend to allow for the correction of a data entry error. If an error is found, the clerk corrects the error. If an error is not found, the clerk manually denies the claim. Examples include **0086.**

**Disposition “C”(CCF):** A Claims Correction Form (CCF) is generated for claims that receive an edit in which the edit disposition set to “C”. A CCF can also be generated due to actions taken by a clerk who reviewed a claim with an edit disposition set to “P”. These claims have been identified as having a correctable error. CCF’s are mailed to the provider along with the Remittance Advice. The claim remains pended until the CCF, with the corrected data, has been returned and keyed.

There are two ways to submit a CCF:

The paper CCF will be attached to the Provider's Remittance Advice. The Provider has 30 days from the date on the CCF to make the correction and get it back into to Unisys.

Providers may also do their CCF on line at [www.njmmis.com](http://www.njmmis.com) . The Provider must be registered to login to the secure site. This will give the Provider 53 days instead of 30 to make the correction. See Newsletter Vol. 13 #22.

If no corrections are made within the time allowed the claim will deny for the reason it was pending and also with the edit of 0189 which reads CCF time expired. At this time the Provider must resubmit the claim.

**Each FQHC should concentrate on correcting all claims with a 3 (denied claims) in the status code field. Each claim with a status code 3 has up to 10 error code fields which give the reason that the claim was denied. Use the error code listing on the NJMMIS website for a description of each error code. This will assist you in determining the action needed to correct the denied claims.**

**A complete list of edit codes can be found on NJMMIS website:**

<http://www.njmmis.com>

Click on the **Edit Codes** under the **Information** section on the left side of the screen.

**A Table of the fields/column headings of the enhanced payment history report and Instructions on how to open the CD in Excel are included with this newsletter.**

If your FQHC requires training on the Payment History Summary and Detail Reports, call Unisys Provider Services at 1-800-776-6334 and a trainer will contact you.

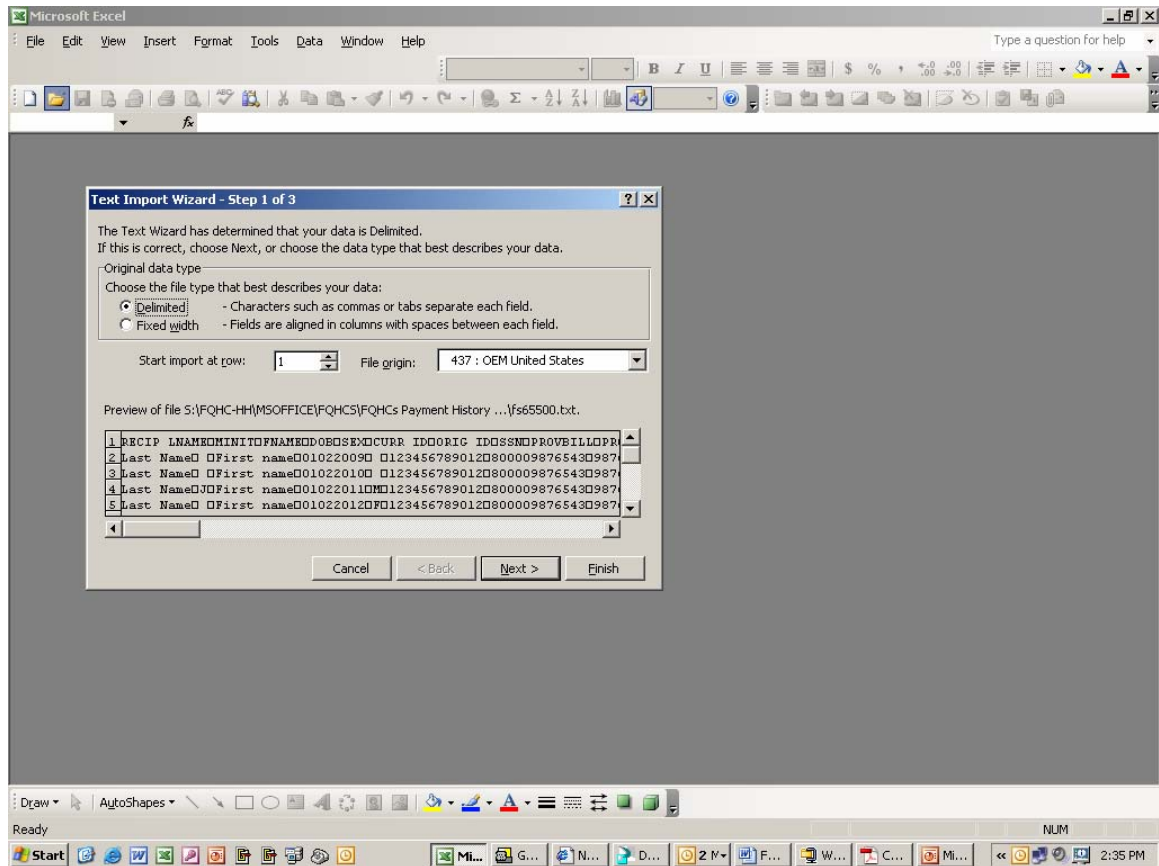
**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**

**The fields/column headings of the enhanced payment history report are as follows:**

<b>Column Heading</b>	<b>Explanation</b>
RECIP LNAME	Recipient Last Name
MINIT	Middle Initial
FNAME	First Name
DOB	Date of Birth
SEX	Sex
CURR ID	Current ID Number
ORIG ID	Original ID Number
SSN	Social Security Number
PROVBILL	Billing Provider Number
PROVSERV	Service Provider Number
PAT ACCT NUM	Patient Account Number
ICN	Internal Control Number
ICN FORMER	Former Internal Control Number
BEG DTE	Service Begin Date
END DTE	Service End Date
PMT DTE	Payment Date
CHARGE	Charge Amount
PMT	Payment Amount
TPL PMT	Third Party Liability Payment Amount
MCARE PMT	Medicare Payment Amount
ADJ AMT	Adjustment Amount
HCPCS	Healthcare Common Procedure Coding System/Procedure Code
MOD	Modifier
UNIT	Service Unit
STAT	Claim Status
TRANTYP	Claim Transaction Type
CLMTYP	Claim Type
ERR1	Error Code 1
DISP1	Disposition Code 1
ERR2	Error Code 2
DISP2	Disposition Code 2
ERR3	Error Code 3
DISP3	Disposition Code 3
ERR4	Error Code 4
DISP4	Disposition Code 4
ERR5	Error Code 5
DISP5	Disposition Code 5
ERR6	Error Code 6
DISP6	Disposition Code 6
ERR7	Error Code 7
DISP7	Disposition Code 7
ERR8	Error Code 8
DISP8	Disposition Code 8
ERR9	Error Code 9
DISP9	Disposition Code 9
ERR10	Error Code 10
DISP10	Disposition Code 10
PROVTYP	Provider Type
DIAG1	Diagnostic Code 1
DIAG2	Diagnostic Code 2
DIAG3	Diagnostic Code 3
DIAG4	Diagnostic Code 4
DIAG5	Diagnostic Code 5
PSC	Program Status Code

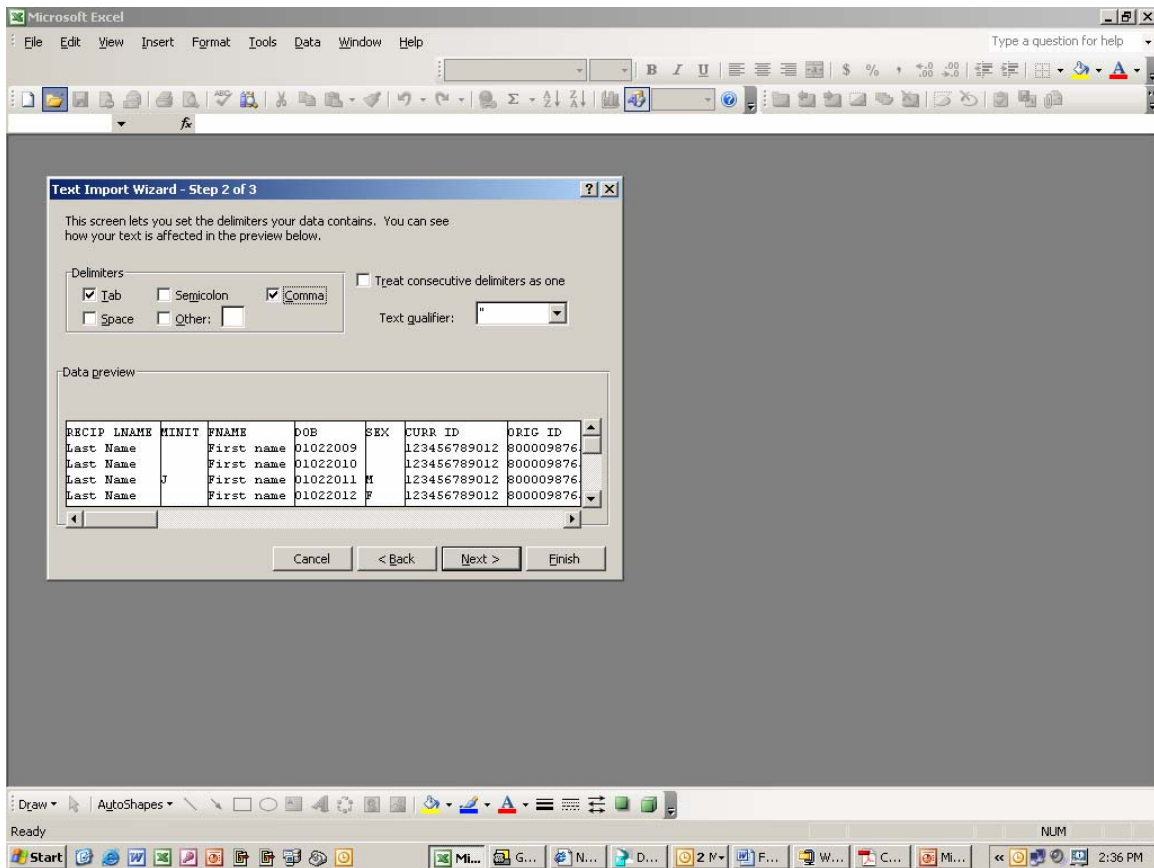
## Instructions on how to open the comma delimited detailed file (CD) in Excel:

- Open Excel
- File → Open (choose CD drive and choose 'all files' on drop down box)
- Double Click on the report No. to open the file
- Select **Delimited**

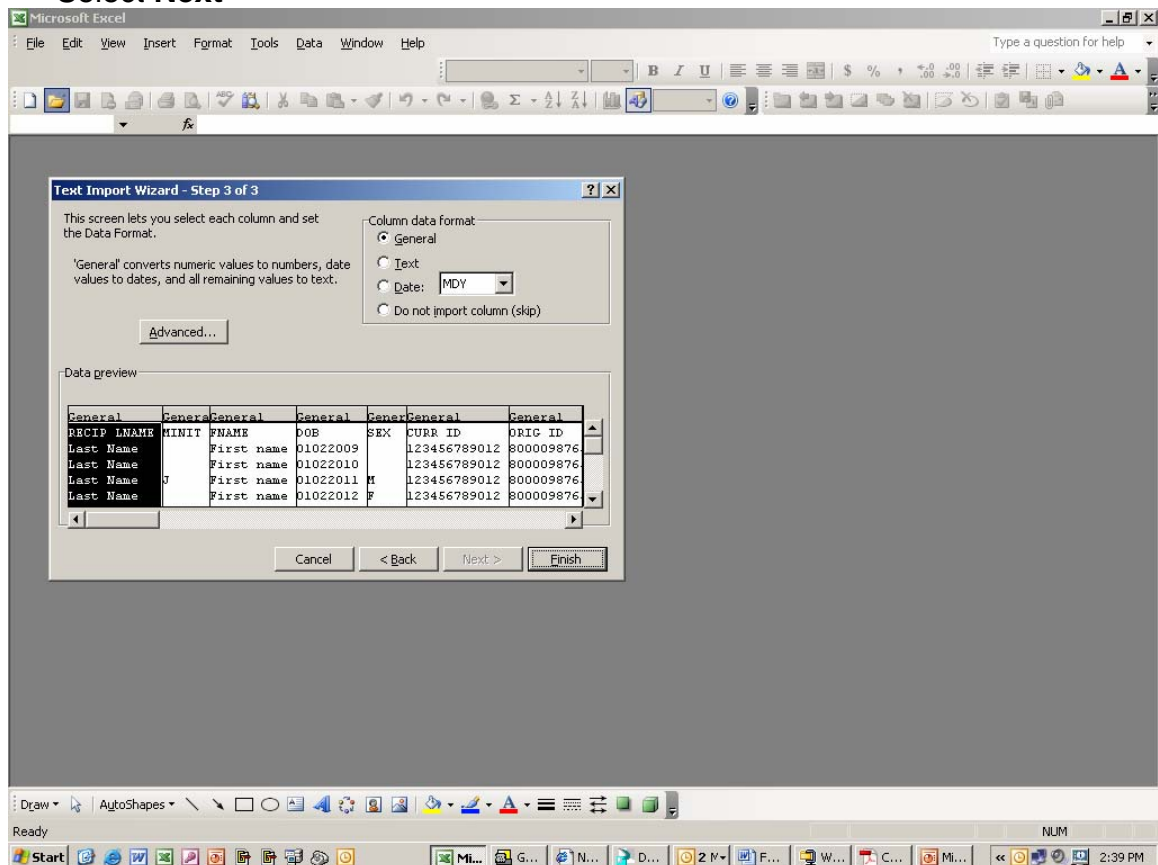


- Select **Next**

- **Select Comma**

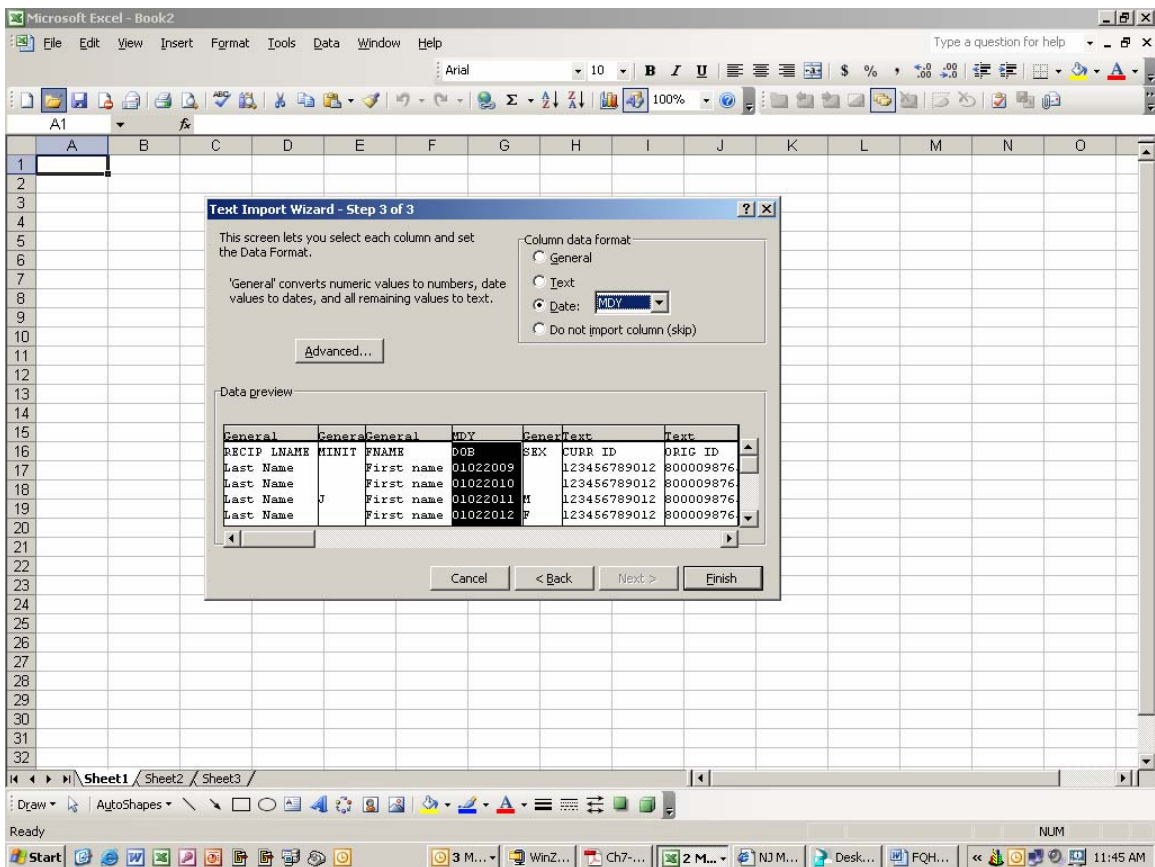


- **Select Next**



- Click onto each cell and choose the proper format as indicated below:  
All other column fields will be "General" Column data format.

**DOB**            **Date**  
**CURR ID**       **Text**  
**ORIG ID**       **Text**  
**SSN**            **Text**  
**PROVBILL**      **Text**  
**PROVSERV**      **Text**  
**ICN**            **Text**  
**ICN FORMER**     **Text**  
**BEG DTE**       **Date**  
**END DTE**       **Date**  
**PMT DTE**       **Date**



- Select **Finish**