

TO: All Providers

SUBJECT: Medicaid Claim Preparation

EFFECTIVE: Immediately

BACKGROUND: The New Jersey Medicaid Management Information System (NJMMIS) under the administration of the Division of Medical Assistance and Health Services (DMAHS), Department of Human Services and Unisys/Paramax Corporation, as Fiscal Agent, has been operational since November 29, 1991.

The New Jersey MMIS is a very complex, state-of-the-art management information system, dependent in large part on the proper completion of claim forms from which data is extracted. These data elements are system-entered and validated. Accurate data result in timely claims adjudication. Inaccurate or invalid data cause claims to suspend and/or to deny.

PURPOSE: The purpose of this Newsletter is to identify for Medicaid providers certain problems which have caused a significant number of claims to suspend or deny.

ACTION: Please read this Newsletter and follow the instructions carefully. Failure to do so may result in continued claims suspension or denial.

1. PROVIDER IDENTIFICATION

Enter the seven digit Medicaid provider billing number in the appropriate field on the respective Medicaid claim form. Unisys/Paramax has informed providers of the appropriate billing number. Providers should not enter the Medicaid number assigned under the previous Fiscal Agent(s).



2. RECIPIENT IDENTIFICATION NUMBER

Enter on the claim form the recipient's HSP (Medicaid) case number or PAAD (Pharmaceutical Assistance to the Aged and Disabled) number. These are twelve digit numbers, including the final two digit person number. All twelve numbers must be entered in the appropriate field(s) which may be labeled case number/person number.

3. FORMS

Many providers have indicated difficulty in obtaining the necessary forms, in particular, claim forms necessary for billing. Please contact Unisys/Paramax in writing or by telephone to obtain additional forms. There should be no problem in obtaining these forms at this time.

Providers are reminded to use only those forms authorized by the New Jersey Medicaid program.

4. SIGNATURES

All claim forms must be appropriately signed by providers and recipients. NJAC 10:49 details acceptable signature formats, including acceptable waivers and alternatives to provider and recipient signatures.

A signature on a claim form must be an original signature. Initials, photocopied signatures, stamped signatures, and machine-generated signatures are not acceptable.

In the event a recipient is either unavailable or unable to sign a claim form, the provider may indicate "Recipient unavailable/unable to sign" and then must sign his/her own signature on behalf of the recipient. Representatives of the recipient may also sign the form.

5. DATES

The date of signature (bill date) may not be earlier than the latest date of service on the claim form. If the date of signature precedes any date of service on the claim, that claim will suspend for review and correction. The signature date must be equal to or later than the latest date of service on the claim.

6. FISCAL AGENT BILLING SUPPLEMENT

Unisys/Paramax sent to all Medicaid-enrolled providers a billing supplement which details how claim forms must be completed. The supplement indicates values that must be used for certain fields on the claim form. The use of any other values will cause your claim to suspend or deny.

7. CLAIM LINE INFORMATION

Each line on the claim form, except for inpatient hospital claims, is considered in the NJMMIS as a separate claim. For each claim line, providers must enter all required data or the "claim line" will suspend or deny. The use of ditto marks, "same as above", or other descriptions is not acceptable.

8. CODING

Providers must use only ICD-9-CM Diagnosis Codes on the claims. Do not enter any additional leading or trailing zeros. Enter the diagnosis code as cited in the ICD-9-CM manuals.

Services may be identified by codes (HCPCS/ICD-9-CM Surgical Codes/NDC) and modifiers. Use only those codes and modifiers recognized as valid by Medicaid and communicated to providers by means of manuals and Newsletters.

In addition to these instructions, the Division of Medical Assistance and Health Services and Unisys/Paramax are now in the process of identifying specific claim form errors. Individual Newsletters with specific completion instructions will be forthcoming.