

TO: Medical Suppliers

SUBJECT: Clarification of Billing Instructions for Completion of the MMIS Claim Adjustment Form (FD-999)

EFFECTIVE: Immediately

BACKGROUND: The MMIS Claim Adjustment Form (FD-999) is available to medical suppliers to request an adjustment of a payment for a claim. In response to provider concerns regarding the proper completion of the FD-999 claim adjustment form for claims in which the provider incurs a cost greater than an assigned Medicaid fee allowance, the Program is clarifying the interim adjustment procedure. This adjustment procedure is in accordance with the intent of the Program, as announced in the Medicaid Newsletter Vol. 2, No. 8, and may be applied to claim adjustment requests subsequent to November 29, 1991.

ACTION: In the event a provider incurs a cost which exceeds the assigned fee allowance, the provider may request consideration of an adjustment by completing the MMIS Claim Adjustment Request Form (FD-999) as described below:

- (1) The MMIS Claim Adjustment Request Form (FD-999) must be completed as described in the Fiscal Agent Billing Supplement.
- (2) The modifier "22" must be added at the end of the HCPCS procedure code for which a claim adjustment is being requested. Failure to add the modifier "22" will result in no action on the adjustment request.
- (3) To justify the claim adjustment request, any respective invoice(s) or price list(s) must be attached to the MMIS Claim Adjustment Request Form (FD-999) when submitted to Paramax/Unisys for consideration.

This claim adjustment request billing procedure is an interim administrative accommodation for the purpose described and is not a substitute billing procedure to replace the payment of assigned fee allowances. Sufficient documentation must be provided for Fiscal Agent review for the Program to consider payment which exceeds fee schedule allowances.

If there are questions regarding this Newsletter, please contact Edward J. Vaccaro, R.Ph., Chief Pharmacy Consultant at (609) 588-2724.