

TO: All Providers except Hospitals; Providers of Pharmaceutical, Dental, Transportation, and Optical Appliances Services; Long Term Care Facilities (Nursing Facilities, Intermediate Care Facilities for the Mentally Retarded, State and County Governmental Psychiatric Hospitals, and Residential Treatment Centers)

SUBJECT: Use of 1500 N.J. Claim Form

EFFECTIVE: Immediately

BACKGROUND: The New Jersey Medicaid program requires that Medicaid providers who utilize the 1500 claim form use only the 1500 N.J. version when submitting hard-copy claims for services provided to Medicaid recipients. The use of the 1500 N.J. claim form is also required when providers are requesting Medicaid's consideration of payment for hard-copy crossover claims for services provided to Medicare/Medicaid recipients, i.e., consideration of the Medicare deductible and/or coinsurance.

Under federal Medicare regulations, effective May 1, 1992, providers who submit Medicare claims to the Medicare carrier must use the newly-adopted HCFA-1500 (12/90) edition. The use of the federal HCFA-1500 version for MEDICAID claims, as well as for Medicare/Medicaid crossover claims, is currently under review by the New Jersey Medicaid program. At this time, however, the New Jersey Medicaid Management Information System (NJMMIS) cannot process the federal HCFA-1500 version. The form layout and a significant number of the required data elements are at variance with the design of the NJMMIS. As a result, claims submitted on the federal HCFA-1500 claim form cannot be paid.

ACTION: The purpose of this Newsletter is to advise Medicaid providers who utilize the 1500 claim form that only the 1500 N.J. version is acceptable for Medicaid claims processing purposes. The submission of the federal HCFA-1500 will cause the claim to be returned to the provider in order that the claim data be transferred to the 1500 N.J. version.

Every effort is being taken by the State of New Jersey to evaluate the HCFA-1500 (12/90) version of this claim form for use with the NJMMIS. In the meantime, however, providers submitting their claims must utilize the 1500 N.J. version until further notice.