



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health Services*

Newsletter

Volume 20 No. 19

September 2010

TO: Medical Suppliers, Providers of Prosthetics and Orthotic Services –
For Action
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Reporting of “Total Fee Requested” on the FD-287, FD-354 and
FD-357 Prior Authorization Request Forms**

EFFECTIVE: Immediately

PURPOSE: To remind medical suppliers and providers of prosthetics and orthotic services of the requirement that they report the appropriate “Total Fee Requested” on prior authorization request forms.

BACKGROUND: The Medical Supplies and Equipment Prior Authorization Request Form (FD 354); the Request for Prior Authorization for Prosthetics and Orthotic Services (FD-357); and the Home Apnea Monitor Certification Form (FD-287) are submitted by providers when requesting prior authorization for Medicaid/NJ FamilyCare-covered services. Fields 14I and 17I are used to report a provider’s usual and customary charge for each service or procedure code reported on the Form.

ACTION: Providers are reminded of the requirement that they report the appropriate usual and customary charge for each service or procedure code reported on the prior authorization request form. The amount reported must reflect the total charge for all days or units of a service reported on a procedure code line. For example, five (5) units of service at \$5.00 per unit would be reported as 25.00. Do not report the “\$” sign.

If any questions regarding this Newsletter, please contact Molina Medicaid Healthcare Solutions (formerly Unisys) Provider Services at (800) 776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE