



- TO:** All Providers Billing on the 1500 N.J. Claim Form
- SUBJECT:** Optical Character Recognition (OCR) Update
- EFFECTIVE:** Immediately
- BACKGROUND:** The Division of Medical Assistance and Health Services and Unisys recently began the use of technology known as Optical Character Recognition or "OCR" to process computer-generated or typewritten claim forms.
- PURPOSE:** The purpose of this Newsletter is to inform you of billing problems identified during the first few weeks of OCR operations. This information will assist you in the proper completion of OCR forms which will improve the accuracy and efficiency of claims processing.
- ACTION:** Please read carefully the items on the following list and make the necessary corrections to your forms:
- 1) The claim form must be the newly revised 1500 N.J. claim form printed in red drop-out ink.
 - 2) If you are having your own scannable 1500 N.J. claim forms produced, ensure that the "555" (document I.D.) located at the top of the form is printed in black ink. The remaining items on the form must be printed in red drop-out ink.
 - 3) All data must be typed or computer generated in black ink.
 - 4) The print size must be 8, 10, or 12 pitch; 10 or 12 pitch is preferred. Do not use compressed or script print; the block style font is best suited for the scanning equipment.
 - 5) All claims must be properly aligned to ensure that the data is correctly transmitted to the system. When aligning your claims, please be sure that your printer strikes directly on the "H" in the alignment box located to the left of field #1.
 - 6) All data must be contained within the specified block. If not, critical data may be passed off into another block, thus delaying the processing of your claim.

- 7) Do not use any special characters such as ditto marks, hyphens, periods, dollar signs, or slashes (/), etc.
- 8) Eliminate embedded spaces in all data fields.

Example: PATIENT'S DATE OF BIRTH -
 Should be: 011540
 Not: 0 1 1 5 4 0

- 9) There should be no more than six lines of service on a 1500 N.J. claim form.
- 10) Dates should be printed in a MMDDYY format.

Example: Should be: 101588
 Not: 10 15 1988

- 11) In field #8, enter the recipient's HSP (Medicaid) Case Number (first 10 digits only) to the left of the vertical line. Enter the 11th and 12th digits of the HSP (Medicaid) Case Number separately, to the right of the vertical line.
- 12) If a claim contains a "from" date and a "to" date, enter the complete "from" date along with the complete "to" date as indicated:

Example: -----
 010293
 010593

- 13) If you are cutting off perforations instead of tearing them, do not cut the form smaller than 8 1/2" X 11".
- 14) The provider's signature in field #25 must not overlap into other fields, such as field #24 or field #32.
- 15) The following items should not be hand printed on OCR forms when all other fields are computer generated or typewritten:
 - 24.C. - T.O.S.
 - 24.D. - Procedure Code: Modifiers
 - 24.E. - Diagnosis Code
 - 24.I. - Provider Service Number

- 16) Do not print across the "555" (document I.D.) located at the top of the form.
- 17) Do not use numeric 0 for alpha o in names.
Do not use alpha o for numeric 0 in numeric fields.
- 18) Do not handwrite additional information on the claim because the form will fail the scanning process and will be handled manually.

Please remember that OCR processing is only available to providers who produce computer-generated or typewritten claim forms. All other claims that do not qualify for scanning may be submitted on the new form but will continue to be processed manually.

All claims submitted for OCR processing must be mailed to CN-4815.

If you use a billing service, please provide the service with a copy of this Newsletter.

If you have any questions regarding this Newsletter, please contact Provider Services, Unisys, at 1-800-776-6334.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**