



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

NEWSLETTER

Volume 5 No. 5

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TO: Providers of Pharmaceutical Services

SUBJECT: Use of the Medicaid Provider Servicing Number (PSN)
When Prescribing Drugs

EFFECTIVE: Immediately

BACKGROUND: The New Jersey Division of Medical Assistance and Health Services (DMAHS) requires pharmacists to report a Prescriber Servicing Number (PSN) on pharmacy claims in field 23 on the pharmacy claim form (MC-6). A similar number must be reported in the equivalent field on Electronic Media Claims (EMC).

The PSN is a unique seven (7) digit provider number assigned by Unisys to physicians/prescribers participating in the New Jersey Medicaid program. For non-participating New Jersey prescribers, a PSN consisting of seven (7) sixes (6666666) must be reported. For prescribers located out-of-state, a PSN consisting of seven (7) fives (5555555) must be reported.

ACTION: The New Jersey Medicaid program has attached updated statewide directories of PSNs for Medicaid physicians/prescribers practicing in the States of New Jersey, New York, Pennsylvania, and Delaware. In addition to these directories, separate directories of Hospital Provider Numbers (HPNs) for hospitals located in these same states are attached for your use.

HPNs must be reported by pharmacists on pharmacy claims for pharmaceutical services prescribed by hospital physicians/prescribers, including hospital clinic and emergency department physicians/prescribers. Drugs/pharmaceuticals prescribed for hospital patients by hospital based physicians/practitioners require the use of an HPN when the physician/prescriber is not a participating provider in the New Jersey Medicaid program.

The HPNs replace the seven (7) sixes (6666666) formerly reported on pharmacy claims for hospital physicians/prescribers of pharmacy services. The reporting of seven (7) fives (5555555) and seven sixes (6666666) shall be limited to out-of-state physicians/prescribers and non-participating New Jersey Medicaid physicians/prescribers respectively.

The Division has only included in these directories prescribers who actively participate in the Medicaid program. Pharmacists may request the individual PSN's of a prescriber not listed by contacting the Unisys Provider Services Unit at 1-800-776-6334, or your local Medicaid District Office.

DMAHS is establishing a provider grace period of two months intended to offer pharmacists an opportunity to properly update their software files with current PSNs and to encourage pharmacy compliance with PSN reporting. The New Jersey Medicaid Management Information System (NJMMIS) will closely monitor PSN reporting by posting the Error Code 004, "Invalid/Missing Prescriber's Medicaid I.D. Number" as an EOB message on Remittance Advice (RA) statements during the grace period.

Subsequent to the close of the provider grace period, pharmacy claims submitted to Unisys without a valid PSN or HPN shall be denied payment by the Medicaid and Pharmaceutical Assistance to the Aged and Disabled programs. In addition, pharmacy audits performed by Blue Cross/Blue Shield of New Jersey on behalf of DMAHS will monitor compliance with PSN or HPN reporting requirements. The use of inaccurate PSNs or HPNs may result in recapture of claims payments.

Garden State Health Plan (GSHP) PSN Requirements

On pharmacy claims submitted to Unisys for GSHP covered services, pharmacists must report, in field 23 of the pharmacy claim form (MC-6), the PSN of the Physician Case Manager (PCM) only if the PCM is the prescriber of services. If a service is the result of a PCM referral, the pharmacist must report the valid PSN of the referral prescriber in field 23 and a GSHP prior authorization number in field 20 on the pharmacy claim form. The GSHP prior authorization form (GSHP-7) must remain on file in the servicing pharmacy. To request valid PSNs, pharmacists may contact the GSHP office at 1-800-252-0047.

The reporting of invalid (GSHP) PSNs on pharmacy claims may subject these claims to payment recapture during postpayment audits conducted by the Garden State Health Plan program.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services at 609-588-2724.

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