



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

NEWSLETTER

Volume 5 No. 35

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TO: Providers of Pharmaceutical Services

SUBJECT: Provider Signatures on Pharmacy Claims (MC-6)

EFFECTIVE: Immediately

BACKGROUND: In accordance with N.J.A.C. 10:49-9.5, "all providers shall certify that the information furnished on the claim form is true, accurate and complete." N.J.A.C. 10:49-9.5(a)1 further requires that all claim forms "must be personally signed by the provider or an authorized representative of the provider...unless the provider is approved for electronic media claims (EMC) submission by the fiscal agent."

ACTION: Providers of Pharmaceutical Services who submit pharmacy claims prepared by hand or computer-generated hard copy pharmacy claims to the fiscal agent for payment consideration must personally sign or have an authorized representative sign the certification statement in Field 8 on each pharmacy claim (MC-6). This requirement applies to both retail pharmacy claims and claims submitted for pharmacy services provided to Medicaid recipients residing in nursing facilities.

Pharmacy claims, other than EMC claims, submitted without the original signature of a pharmacist or an authorized representative shall be returned to providers by the Medicaid and PAAD programs.

If you have any questions regarding this Newsletter, please contact the New Jersey Medicaid program's Chief, Pharmaceutical Services, at (609) 588-2724.

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