



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

MEDICAID ALERT

MA - 97-1

July 1997

TO: All Providers (except HMOs, Hospitals, ICF/MRs, and Nursing Facilities)

SUBJECT: Prior Authorization and Claims Processing Procedures for General Assistance Beneficiaries

EFFECTIVE: Immediately

BACKGROUND: Newsletter Volume 7, Number 7 provided information concerning the processing and payment of all General Assistance claims with service dates on or after February 1, 1997. During the transition of this function from the Municipal Welfare Departments to the Division of Medical Assistance and Health Services', Fiscal Agent, Unisys, not all claims and requests for prior authorization were directed to the appropriate location. As a result, delays in prior authorization of certain medical services and delays in issuance of payment have occurred.

ACTION: This situation can be corrected by submitting prior authorization requests and claims in accordance with the following:

Specific services require prior authorization by the Division of Medical Assistance and Health Services prior to processing a claim for payment, (see the appropriate Medicaid policy manual for specific services requiring prior authorization). A request must be submitted on the appropriate prior authorization form (see the Medicaid Provider billing supplement for special detailed instructions) to the Medicaid District Office (MDO) serving the county of residence of the beneficiary, (see attached MDO Directory).

Following is a listing of those services which generally require prior authorization.

1. Medical Supplies & Equipment
2. Personal Care Assistance Services over 25 Hours Per Week
3. Prosthetic & Orthotic Services
4. Transportation Services (mail claims to P.O. Box 4813)

The following services may require Prior Authorization and are to be sent to specific addresses as follows:

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|----|---------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------|
| 5. | Dental Services | Prior Authorization | Division of Medical Assistance and Health Services
Dental Unit
P.O. Box 713
Trenton, NJ
08625-0713 |
| | | Claims | Unisys
P.O. Box 4811
Trenton, NJ
08650-4811 |
| 6. | Shoes and Shoe Appliances | Prior Authorization | Division of Medical Assistance and Health Services
Podiatric Unit
P.O. Box 712
Trenton, NJ
08625-0712 |
| | | Claims | Unisys
P.O. Box 4808
Trenton, NJ
08625-4808 |
| 7. | Mental Health Services | Prior Authorization | Division of Medical Assistance and Health Services
Mental Health Unit
P.O. Box 712
Trenton, NJ
08625-0712 |
| | | Claims | Unisys
P.O. Box 4808
Trenton, NJ
08622-4808 |

8. Optical Appliances Prior Authorization Division of Medical Assistance and Health Services
Vision Care Unit
P.O. Box 712
Trenton, NJ
08625-0712

Claims Unisys
P.O. Box 4812
Trenton, NJ
08650-4812

9. Pharmaceutical Services - For certain high-cost drugs and related products, General Assistance requires special Prior Authorization.

For the residents of the cities of Newark and East Orange please contact the Division of Family Development/GA Pharmacy Operations at 1-800-609-0106 (see DMAHS Newsletters Volume 6, #9, March 1996, and Volume 6, #62, December 1996). Claims for payment are to be submitted to Unisys, P.O. Box 4807, Trenton, NJ 08650-4807.

For all other pharmacy services requiring prior authorization, contact the Local Medicaid District Office serving the county of residence of the beneficiary.

Claims - Unisys, P.O. Box 4807, Trenton, NJ 08650 - 4807.

10. Case Management Services for the Chronically Mentally Ill

Requests for prior authorization are to be sent to: Division of Mental Health Services, P.O. Box 727, Trenton, NJ 08625-0727.

Claims - Unisys, P.O. Box 4808, Trenton, NJ 08650 - 4808

In addition to the above, the following services are covered by the General Assistance Program and do not require prior authorization.

Certified Nurse Practitioner/Clinical Nurse Specialist Services
Chiropractic Services
Clinic Services (**note:** If the service provided by the clinic requires prior authorization, please follow the above prior authorization instructions for that service.)
Family Planning Services
Hearing-Aid Services
Home Care Services (other than PCA) mail claims to P.O. Box 4806
Hospice Services
Laboratory (clinical) Services
Non-Maternity Nurse-Midwifery Services, such as Family Planning
Optometric Services
Physician Services
Psychological Services
Radiological Services
Rehabilitative Services (i.e., physical, occupational & speech-language therapy and audiology services)
In-patient services only if provided by Mt. Carmel Guild Hospital located in Newark, NJ. (Mail claims to : P.O. Box 4806)

All claims for payment of these services rendered should be forwarded to Unisys, the Medicaid Fiscal Agent, at P.O. Box 4808, Trenton, NJ 08650-4808, unless otherwise noted in this Alert.

Please note that certain General Assistance beneficiaries may be eligible for Medicare benefits. In such cases, claims should be forwarded to Medicare as the primary payer. Thus the General Assistance program will consider payment of deductible and coinsurance amounts as applicable. The provider should submit a hard copy claim along with the Medicare Explanation of Benefits (EOB) to the Medicaid fiscal agent according to the time frames indicated at N.J.A.C. 10:49-7.2(d).

For emphasis it should be noted that claims for payment of services rendered to GA beneficiaries are to be handled and processed in the same manner as all other Medicaid claims with only minor exceptions as noted in this Alert.

Please refer to the previously issued Newsletter, Volume 7, #7 dated January 1997 for additional details. Any further questions concerning the processing of GA claims may be directed to Unisys, the Medicaid Fiscal Agent, at 1-800-776-6334, Monday thru Friday, 8:00 am to 5:00 pm.

**RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE ALERTS TAB
(GREEN TAB MARKED "4")**