



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

MEDICAID ALERT

MAY 1992

TO: All Providers

SUBJECT: Claim Adjustment Requests

BACKGROUND: Providers are submitting Claim Adjustment Requests (Form-999) in large numbers. A substantial number of these requests (more than 70%) cannot be processed, either because they are incomplete, or should not have been submitted as an adjustment.

PURPOSE: The purpose of this Medicaid Alert is to give providers the requirements for submitting an adjustment request, as well as an appropriate alternative for those cases in which an adjustment is not correct to obtain payment. These rules are significantly different than those used by the former Fiscal Agents:

1. The FD-999 is only to be used to request an adjustment to, or completely void, a previously **PAID** claim. This includes situations where the original claim was overpaid, underpaid, paid for the wrong service, paid to the wrong provider, or other reason resulting in a payment error.
2. Do not send any checks or other forms of payment with the adjustment or void request. The NJMMIS will automatically recover the amount of any overpayment from future claim payments.
3. Adjustments and Voids must be accompanied by a copy of the Remittance Advice (RA) showing the original paid claim. It is helpful to the Paramax/Unisys staff if providers also include a copy of the claim showing the corrections (use RED ink to highlight the corrections).
4. Be specific when describing the problem to be corrected (Box 5). Providers can only change information submitted on the original claim. Refer to the claim form field name or number (form locator) and indicate the new value for the field.

