



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

MEDICAID ALERT

JUNE 1992

TO: All Providers - Except Hospitals and Long Term Care Facilities (Nursing Facilities, ICFs/MR, State and County Governmental Psychiatric Hospitals, Residential Treatment Centers)

SUBJECT: Prior Authorization Numbers ✓

EFFECTIVE: Immediately

BACKGROUND: A problem has recently surfaced that directly affects the automated prior authorization of Medicaid services.

Prior authorization forms have been distributed to the provider community that reflect an overlapping of preprinted prior authorization numbers.

ACTION: Providers are instructed to discard all prior authorization forms in their inventory that reflect prior authorization numbering within the following problematic ranges:

	<u>PA FORMS</u>	<u>RANGE OF DUPLICATE PA #s</u>
MC-9	Request for Authorization and Payment-Optical Appliances	00224751 - 00233070
MC-10	Dental Prior Authorization/Claim Form	00446251 - 00460589
MC-12(A)	Transportation Prior Authorization	00228601 - 00236500
FD-06	Prior Authorization for Rehabilitative Services	00053001 - 00057000
FD-07	Request for Authorization for Mental Health Services	00054251 - 00058250
FD-287	Home Apnea Monitor Certification	00050625 - 00054625
FD-352	Prior Authorization for Specialized Group Foster Home (ACCAP)	discard all forms
FD-353	Prior Authorization for Hospice Services (ACCAP)	discard all forms
FD-354	Medical Supplies and Equipment Prior Authorization	00277001 - 00288000

FD-355	Prior Authorization for Personal Care Assistant Services - DMH&H	00022001 - 00023000
FD-356	Request for Prior Authorization for Podiatric Services	discard all forms
FD-357	Request for Prior Authorization Prosthetic and Orthotic Services	discard all forms
FD-358	Request for Prior Authorization for Vision Care Services	00022001 - 00023000
FD-359	Request for Prior Authorization for Pharmaceutical Services	00206250 - 00216250
FD-365	Prior Authorization Request	00050625 - 00054625
GSHP-7	Garden State Health Plan Authorization Form	00163451 - 00170250

Recognizing that this requested action will deplete existing inventories of prior authorization forms, an attached Form Request document has been provided. Please complete it for a minimum (three month's) supply of those forms which you normally use. If your entire inventory falls within the range of duplicate prior authorization forms, continue to use what you have until the new supply is delivered. Upon receipt of the new supply of prior authorization forms, discard the duplicate stock.

Both Medicaid reviewers and Paramax/Unisys staff have been alerted to this problem and will make every effort to avoid possible delays in prior authorization and claims processing.

One of the mechanisms to expedite processing will be the replacement of an invalid and duplicate authorization number with an unduplicated number. The only action requested of providers in this instance is to be sensitive to the valid prior authorization number that is included on the notification letter. The notification letter sent to providers in response to requests for authorization will continue to document valid prior authorization numbers assigned to active prior authorization records.

Your efforts are appreciated in this regard and we extend our apologies for any inconvenience caused you.

If there are questions regarding this Medicaid Alert, please contact Paramax/Unisys Provider Services Department at 1-800-776-6334.

Attachment

RETAIN THIS MEDICAID ALERT AT THE END OF YOUR FISCAL AGENT BILLING SUPPLEMENT