



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

# MEDICAID ALERT

August 1992

**TO:** All Providers except Hospitals, Long Term Care Facilities, and Pharmacies

**SUBJECT:** Billing Procedure for Multiple Units

**EFFECTIVE:** Immediately

**PURPOSE:** To remind all approved Medicaid providers of the appropriate procedure for billing of multiple units of the same service, for the same Medicaid recipient, provided on the same date of service.

**ACTION:** Multiple units must be billed on a single claim line with the number of units indicated in the units field. If you bill the individual services on separate lines, the first claim line will be paid and all subsequent lines will be denied as duplicate claims.

Two exceptions apply to this billing instruction. The same procedure code may be billed for the same Medicaid recipient, on the same date of service, on a separate billing line, if:

1. The procedure code can be differentiated by the use of a New Jersey Medicaid approved modifier; or
2. Identical services were identified as being rendered by two different servicing providers.

If you have billed for the identical service on different lines and have received a denial for the second unit, please submit a request to adjust the number of units on the paid claim using the claim adjustment request form (FD-999). **DO NOT** resubmit the denied claim for it will only result in subsequent denials.

The claim control number indicated in Block 6 of the claim adjustment request form should be the claim control number associated with the paid claim, **NOT** the number on the claim that was denied. In addition, **DO NOT** submit an adjustment request for claims that were already adjusted on an automated basis by Paramax/Unisys, the Medicaid fiscal agent.

For further information or questions concerning this Medicaid Alert, please contact Paramax/Unisys Provider Services Department at 1-800-776-6334.

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