



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

MEDICAID ALERT

August 1992

TO: All Providers

SUBJECT: Claim Attachments

BACKGROUND: Paramax/Unisys and the Division of Medical Assistance and Health Services are concerned about the number of attachments submitted with claims. In some instances, the attachments are necessary in order to process the claims. In other instances, the attachments are unnecessary because the information is neither requested nor required by the Division or the fiscal agent.

ACTION: Listed below are examples of necessary attachments:

1. Catalog pages and price lists for durable medical equipment, medical supplies and hearing aids;
2. Certificates of medical necessity, when applicable;
3. Copies of Explanation of Benefit Statement (EOB, EOMB, etc.) when recipients have other health insurance coverage, including Medicare;
4. Copies of documentation which support timely filing; and
5. The Medicaid Second Opinion Referral Form (FD-263), Sterilization Consent Form (7473-MED), Physician Certification Form (FD-179), and the Hysterectomy Receipt of Information Form (FD-189)(7/83).

If attachments are on thin or odd-sized paper, please copy these attachments on to standard sized paper (8 and 1/2 by 11 inch) when submitting them with the claim form.

Please direct questions regarding this Medicaid Alert to Paramax/Unisys, Provider Services, 1-800-776-6334 or 1-609-587-1955.

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