



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

# MEDICAID ALERT

May 1993

**TO:** Chief Executive Officer - Hospitals

**SUBJECT:** UB-82 Payer Codes

**EFFECTIVE:** Immediately

**ACTION:** Providers are instructed to discard the roster of carrier codes originally contained in the Fiscal Agent Billing Supplement.

Attached to this Medicaid Alert is a roster of UB-82 Payer Identification Codes which must be used when completing inpatient or outpatient claims for submission to Medicaid.

Enter the appropriate code(s) in field number **FLN57 (A,B,C)**. The New Jersey Medicaid Management Information System (NJMMIS) will validate the Payer Identification Code. If the code is invalid, an edit is posted to the claim, and a claim correction form for submitted hardcopy claims is generated. For electronically submitted claims, a claim denial is generated, and a new claim must be submitted by the provider.

Questions regarding this Medicaid Alert should be directed to Paramax/Unisys, Provider Services, 1-800-776-6334.

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