



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

MEDICAID ALERT

August 1993

TO: End Stage Renal Dialysis Facilities (ESRD)

SUBJECT: Conversion to the UB-92 Claim Form

EFFECTIVE: October 1, 1993

BACKGROUND: The New Jersey Medicaid program, in accordance with instructions from the Federal Health Care Financing Administration (HCFA), is intending to accept the UB-92 claim in both hard-copy and electronic media claim formats according to the implementation schedule indicated in this Medicaid Alert. The New Jersey Medicaid Management Information System (NJMMIS) currently accepts ESRD claims either on the UB-82 (HCFA-1450) claim form or in an electronic media claim format specifically designed for compatibility with the NJMMIS. End Stage Renal Dialysis facilities are being advised on the anticipated conversion to the UB-92 in order to plan for this conversion.

ACTION: Claims for ESRD services may be submitted as follows:

1. Effective with hard-copy claims submitted on and after October 1, 1993, either the UB-82 or the UB-92 claim form will be acceptable for claims processing purposes.
2. Effective with hard-copy claims submitted on and after April 1, 1994, **ONLY** the UB-92 claim form will be accepted for claims processing purposes. The UB-82 claim form will **NOT** be accepted after March 31, 1994.
3. End Stage Renal Dialysis facilities must continue to utilize the current UB-82 electronic media claim formats until March 31, 1994, when the NJMMIS will accept either the HCFA Flat File (Version 4) or the ANSI 837 file format. Further details will be announced in future communications regarding the availability of EMC specifications and corresponding testing periods.

4. Hard-copy Medicare/Medicaid crossover claims for deductible and/or coinsurance may be submitted on either the UB-82 or the UB-92 claim form. As of April 1, 1994, **ONLY** the UB-92 claim form will be accepted for hard-copy crossover claims.

Billing instructions for proper completion of the UB-92 claim form will be distributed in the near future.

Questions regarding this Medicaid Alert may be directed to the Provider Services Unit at Paramax/Unisys at 1-800-776-6334.

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