



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

# MEDICAID ALERT

February 1994

**TO:** Providers of Durable Medical Equipment (DME) and Prosthetics and Orthotics (P&O)

**SUBJECT:** HCPCS Procedure Codes in the "J", "K", or "Q" Series

**EFFECTIVE:** Immediately

**PURPOSE:**

1. To inform providers that claims for DME and P&O cannot be processed, at present, if the service rendered is identified on the claim with a "J", "K", or "Q" HCPCS code;
2. To instruct providers in the correct manner in which to bill Medicaid for Medicaid-only as well as for Medicare/Medicaid crossover claims.

**BACKGROUND:** As of January 1, 1994, the transition from Pennsylvania Blue Shield (PBS) to Travelers for processing Medicare claims for DME and P&O became effective. Along with this transition, Medicare has implemented the use of certain "J", "K", or "Q" procedure codes to identify DME and P&O items. At present, the New Jersey Medicaid Management Information Systems (NJMMIS) is not designed to process claims utilizing these codes. The necessary systems changes are underway, and providers will be informed as to when these codes can be accommodated within the NJMMIS.

**ACTION:** Until further notice:

1. Providers who submit claims directly to Medicaid for DME and P&O may only use those HCPCS procedure codes which have been distributed to them by Medicaid.
2. The use of "J", "K", or "Q" codes is prohibited at the present on either Medicaid-only claims or on Medicare/Medicaid crossover claims.
3. The automated crossover of claims from Travelers to Unisys will not include claims with "J", "K", or "Q" codes. For deductible and/or coinsurance purposes providers must submit a hard-copy 1500 N.J. claim form using the appropriate Medicaid HCPCS code and attach to

the hard-copy claim a copy of the Medicare Explanation of Benefits (EOB), even though the EOB will indicate Medicare's processing of the "J", "K", or "Q" code. The crossover claims will be processed accordingly.

For example, If you billed Medicare code K0001, "Standard wheelchair", this claim will not cross over. Therefore, you must bill Unisys on a 1500 N.J. form using code E1130 or E1140, whichever is appropriate, and attach the Medicare EOB. Procedure codes for DME can be found in Newsletter Vol.2 No.8, issued March 1992. Procedure codes for P&O can be found in Newsletter Vol.2 No.34, issued July 1992.

Providers are reminded that the following procedures for Medicare/Medicaid claims remain in place:

- Reconciliation of downgraded Medicare/Medicaid claims - See Newsletter Vol.3 No.8, issued April 1993
- Use of Modifier XE - See Alert of May 1992
- Proper use of Modifiers - See Alert of May 1993
- In those instances where the Medicare/Medicaid claim is not reflected on the Providers Medicaid Remittance Advice (RA) within 45 days from the date of the Medicare EOB, the provider is required to submit a "hard copy" claim along with the Medicare EOB to Unisys.
- Claims denied by Medicare do not cross over, therefore providers must submit those claims "hard copy" to Unisys with the Medicare EOB attached.

If you have any questions or inquiries concerning this Alert, please contact Unisys Provider Services Unit, the Medicaid fiscal agent, at 1-800-776-6334.

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