



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

# MEDICAID ALERT

February 1994

**TO:** Providers of Transportation Services  
**SUBJECT:** Reprocessing by Unisys of Incorrectly Paid Claims  
**EFFECTIVE:** Immediately

**BACKGROUND:** A previous Alert dated June 1993, indicated that improper completion of the "Units" field, Item 17 F of the MC-12 claim form, may have resulted in incorrect payments of transportation claims. In many instances, providers were reimbursed the total amount charged rather than the correct Medicaid fee allowance because the number of units was overstated.

The previous Alert reemphasized the billing instructions located in the transportation Fiscal Agent Billing Supplement and provided examples of properly completed claim forms. Instructions were provided for the processing of overpayments (or underpayments) by using an Adjustment Request Form, FD-999, and via EMC.

**ACTION:** Unisys will automatically reprocess transportation claims that were overpaid because of incorrect entries in the "Units" field. This activity will appear on Remittance Advice Statements dated February 16, 1994, as adjusted claims for those providers who are so impacted. The NJMMIS will automatically recover the amount of any overpayment from future claim payments at the maximum rate of 30 percent of the provider's weekly payment.

These adjustments reflect an internal control number (ICN) in the range of:

9402302000102 through 9402302045097

**Note:** No impact will result in those instances in which providers submitted adjustments to incorrectly paid claims, as indicated in the previous Alert. Also, no financial impact will result in those instances in which providers billed and received the correct Medicaid reimbursement rate despite the fact that an incorrect entry was made in the "Units" field. The adjustments will be processed in order to correct the entries in the "Units" field.

Questions concerning this Medicaid Alert may be directed to Unisys' Provider Services Unit at 1-800-776-6334.

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