



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

MEDICAID ALERT

June 1994

TO: Hospitals - Chief Executive Officer, and
Home Health Agencies

ROUTE TO: Finance and Billing offices

SUBJECT: NEW Claim Correction Form (CCF)

EFFECTIVE: Remittance Advice dated June 15, 1994

BACKGROUND: The Division of Medical Assistance and Health Services and Unisys, the Medicaid fiscal agent, are pleased to present our revised New Jersey Medicaid Management Information System (NJMMIS) Claim Correction Form (CCF). CCFs are generated weekly for claims pending with missing or invalid data. Their purpose is to request the missing information or corrections from providers. Providers enter the missing or corrected information on the CCF directly below the field with invalid or missing data. Completed CCFs are returned to Unisys for processing.

Our enhancements of the format and processing of CCFs were initiated in response to the concerns of Medicaid providers. The enhancements were developed based on input received by the Division from the provider community.

PURPOSE: To introduce the new CCF format and CCF procedures to providers, provider billing staff, and billing agencies.

ACTION: Review the sample CCFs and instructions. Please note the following points:

- A) The new CCFs will use less paper and require less work. The data corrected on one CCF may be applied to several pending claims (claim lines) from the same claim form.

Currently, for outpatient claims and home health claims, the NJMMIS prints a CCF for every pending claim (revenue line item) when an error is found in a common field. Examples of common fields are Medicaid ID number, statement period, occurrence codes, diagnosis codes, and total claim charge.

The new CCF will combine pended outpatient and home health claims with a common field error into one CCF. Separate CCFs will be printed from a single claim form only if errors are found in two or more line item fields. Examples of line item fields are revenue code and clinic code.

A detailed explanation entitled **CORRECTING MULTIPLE CLAIMS ON A CCF** is attached. It contains an important comparison of the old CCF process and the new CCF process. However, the major points of that section are easily summarized:

- 1) correct every invalid or missing item identified in the error descriptions printed on your CCFs, even if the same invalid or missing item appears on two or more CCFs;
 - 2) return every CCF page that contains a correction.
- B) The revenue code data is organized more clearly and certain required elements, such as line item service dates on Medicare-related hospital outpatient claims, have been added. **Only the pages containing corrections should be returned to Unisys.** For example, if an inpatient hospital claim contains only an error for an invalid revenue code, return only the page containing the correction.
- C) New CCF form locator numbers (FLNs) are used to identify each field on the form. When you have a question concerning your CCF, the FLN will make it easier to identify the field to be corrected.
- D) An asterisk (*) will indicate the specific invalid code found in fields such as the payor ID, surgical procedure code and date, revenue code, occurrence code and date, or condition code. This feature will make it easier to identify the specific code that caused an error.
- E) A new PO Box (4809) has been established for the return of all CCFs. The complete return address is listed on the back of the CCF.
- F) New graphics on the CCF make the field descriptions and preprinted claim data easier to read and correct. The new format will also improve Unisys processing of returned CCFs.

Examples of the new CCFs and instructions are attached. The new forms are organized as follows:

Form BBB: reports all data on Outpatient and Home Health claims and reports the common fields of Outpatient Medicare claims.

Form HHH: reports Outpatient Medicare and revenue data. The form will print up to six lines of revenue center information. If the claim contains more than six lines, additional form(s) will be printed. The **LINES** and **THRU** fields at the top of the CCF indicate which of the revenue lines are printed on each page of the form.

Form CCC: reports common fields of Inpatient and Inpatient Medicare claims.

Form GGG: reports Inpatient Medicare and revenue data. The form will print up to twelve lines of revenue center information. If the claim contains more than twelve lines, additional form(s) will be printed. The **LINES** and **THRU** fields at the top of the CCF indicate which of the revenue lines are printed on each page of the form.

UB-92 NOTE: Future versions of the CCF will include the new fields that appear on the UB-92 claim form. Until these future versions are developed, claims that are submitted on UB-92 claim forms can be corrected with the new CCF format.

Complete and return your old CCFs promptly. The new CCF format does not affect claims that are currently pending.

Please distribute this Medicaid Alert to your billing staff or billing agencies, as appropriate.

If you have any questions regarding this Medicaid Alert, please contact Provider Services at (800) 776-6334.

Attachments: Instructions for the new CCF
 Sample CCF forms

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