



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

MEDICAID ALERT

MA-99-2

May 1999

TO: Hospitals

SUBJECT: Temporary billing procedures for family planning services

EFFECTIVE: IMMEDIATELY

PURPOSE: Establishment of temporary reimbursement procedures for providers who are experiencing problems with processing claims for family planning services on the UB92 form.

BACKGROUND: The Division has recently been advised that some providers who bill using the UB92 for family planning services for individuals who are enrolled in managed care, are having problems with the processing of their claims for payment. We are advising providers who are having problems to implement the following procedures immediately. These procedures will be in place temporarily until systems modifications can be completed. Once the systems changes have been completed, providers will be notified that they can resume sending their claims to Unisys.

Providers who are not having problems receiving reimbursement for family planning services for managed care beneficiaries should ignore this Alert.

ACTION: All claims which have not yet been sent to Unisys for processing and which would be timely filed if sent, should be sent to the Division at the address at the bottom on this letter. Claims should be submitted in one batch, once a month and need to follow the claims processing procedure outlined in your billing supplements. The condition code "A4" must be filled out on the claim as appropriate. These claims can be submitted hard copy or on a disk or tape. They can not be submitted on-line to the address noted below. Each submittal should be accompanied by a letter indicating the nature of the submittal, signed by an individual who has the authority to otherwise sign claims submitted for processing.

Claims which were previously submitted to Unisys and denied, and if resubmitted, would be considered timely, should also be sent to the address below, following the instructions in paragraph one. These claims must be submitted as a separate batch, with a letter indicating and certifying that the claims were previously submitted to Unisys, were denied due to managed care edits, and if resubmitted would still be considered filed timely.

Claims which were previously submitted to Unisys and denied, and if resubmitted, would be considered untimely, should also be sent to the address below, following the instructions in paragraph one. These claims must be submitted as a separate batch, with a letter indicating and certifying that the claims were previously submitted to Unisys timely and were denied by Unisys for managed care edits. If filing a hard copy, the remittance advice indicating the denial must also be sent with the claim.

Claims which were never previously submitted to Unisys, and if submitted now, would be considered untimely, should also be sent to the address below, following the instructions in paragraph one. These claims must be submitted as a separate batch, with a letter justifying why the claims were not submitted to Unisys timely and certifying that the claims were previously not submitted to Unisys timely and were not previously denied by Unisys for managed care edits.

In each of the above four situations, the claims must be separately batched. Do not combine the claims. This will delay processing them and cause them to be denied again. All claims will be reviewed for other billing errors and will be denied if appropriate.

The claims should be sent to:

Ms. Constance Thomas
Bureau of Policy and Intergovernmental Relations
PO Box 712, Mail Code # 27
Trenton, NJ 08625-0712

If you have questions or need additional information, you may contact Ms. Thomas at (609) 588-2629.

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