



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

# MEDICAID ALERT

MA-2002-01

February 2002

**TO:** Mental Health Clinics, Federally Qualified Health Centers, Psychiatrists, Psychologists, Certified Nurse Practitioners/Clinical Nurse Specialists, Acute Care Hospitals, Psychiatric Hospitals, JCAHO Accredited Psychiatric Residential Treatment Centers, Non-JCAHO Accredited Psychiatric Community Residential Care Facilities, Personal Care Assistance Services Providers (Mental Health) and Care Management Organizations – **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** Form locator "1" (Coverage Indicator) of the HCFA 1500 claim form

**EFFECTIVE:** **Immediately**

**PURPOSE:** To advise providers of appropriate completion of form locator "1" of the HCFA 1500 for children who are enrolled in the Children's System of Care Initiative (CSOCI)

**ACTION:** When completing the HCFA 1500 for mental health rehabilitation services, please comply with the following directions for form locator "1" (Coverage Indicator):

Place an "X" in the box for Medicaid if billing for services provided to a CSOCI-enrolled child who **is** a Medicaid/NJ FamilyCare beneficiary. These beneficiaries will have a Medicaid/NJ FamilyCare eligibility identification card and a CSOCI eligibility identification card with their regular 12-digit Medicaid/NJ FamilyCare number.

Place an "X" in the box for Other if billing for services provided to a CSOCI-only enrolled child who **is not** a Medicaid/NJ FamilyCare beneficiary. These beneficiaries will only present a CSOCI eligibility identification card and the 12-digit number will begin with "3560."

If you have any questions regarding this Alert, please contact Unisys Provider Services at 1-800-776-6334.

**RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE MEDICAID ALERTS TAB**

**(GREEN TAB MARKED "4")**