



# North Carolina Medicaid Bulletin

Visit DMA on the Web at: <http://www.dhhs.state.nc.us/dma>

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Providers are responsible for informing their billing agency of information in this bulletin.  
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## **Attention: All Providers**

# **R**ates for 2006 CPT Codes

**Effective January 1, DMA will publish the new rates for the 2006 CPT codes. The codes were revised based on information from the Center for Medicare and Medicaid Services (CMS).**

The fee schedules may be accessed through the DHHS website at <http://www.dhhs.state.nc.us/dma/> or <http://www.dhhs.state.nc.us/dma/fee/fee.htm>. Providers may also receive a current fee schedule by completing and submitting a copy of the Fee Schedule Request form <http://www.dhhs.state.nc.us/dma/Forms.html>.

Providers must bill their usual and customary charges.

For assistance, please call EDS @ 1-800-688-6696, local providers can call 919-851-8888.

**EDS, 1-800-688-6696 or 919-851-8888**

## Attention: All Providers

# Clinical Coverage Policies

The following new or amended clinical coverage policies are now available on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm>:

**5A – Durable Medical Equipment**

**5B – Orthotics and Prosthetics**

**8A – Mental Health/Developmental Disabilities/Substance Abuse Services**

**8C – Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers**

**8D1 – Psychiatric Residential Treatment Facilities for Children under the Age of 21**

**8J – Children's Developmental Service Agencies**

**10A – Outpatient Specialized Therapies**

**10B – Independent Practitioners**

**10C – Local Education Agencies**

**A1 – Special Services: After Hours**

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

**Clinical Policy and Programs**

**DMA, 919-855-4260**

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## Attention: All Providers

# Changes to the Prior Approval Process and Requests for Non-covered Services

Information regarding changes to the prior approval process and requests for non-covered services is available in the January 2006 Special Bulletin on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.

**Clinical Policy and Programs**

**DMA, 919-855-4260**

## Attention: All Providers

# CPT Code Update 2006

The Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) have added new and deleted current CPT codes effective with date of service **January 1, 2006**. New CPT codes are covered by the N.C. Medicaid program effective with date of service January 1, 2006. Claims submitted with deleted codes will deny for dates of service on or after January 1, 2006.

The following table lists the new CPT codes that **are covered** by N.C. Medicaid beginning with date of service January 1, 2006:

99300	99304	99305	99306	99307	99308	99309	99310	99318	99324	99325
99326	99327	99328	99334	99335	99336	99337	01965	01966	15040	15110
15111	15115	15116	15130	15131	15135	15136	15150	15151	15152	15155
15156	15157	15170	15171	15175	15176	15300	15301	15320	15321	15330
15331	15335	15336	15340	15341	15360	15361	15365	15366	15420	15421
15430	15431	22010	22015	32503	32504	33507	33768	33925	33926	33598
37184	37185	37186	37187	37188	37718	37722	44180	44186	44187	44188
44213	44227	45395	45397	45400	45402	45499	45990	46505	46710	46712
50250	50382	50384	50387	50389	51999	57295	58110	76376	76377	77421
77422	77423	80198	82271	82272	83695	83700	83701	83704	83900	83907
83908	83909	83914	86200	86355	86357	86367	86480	86923	86960	87209
87900	88333	88334	89049	90714	90760	90761	90765	90766	90767	90768
90772	90773	90774	90775	91022	92626	92627	92630	92633	95865	95866
95873	95874	96101	96116	96118	96401	96402	96409	96411	96413	96415
96416	96417	96521	96522	96523	97760	97761	97762	99051	99053	99060

The following table lists CPT codes that were **end-dated** effective with date of service December 31, 2005:

01964	15342	15343	15350	15351	15810	15811	16010	16015	21493	21494
31585	31586	32520	32522	32525	33918	33919	37720	37730	42325	42326
43638	43639	44200	44201	44239	69410	76375	78160	78162	78170	78172
78455	82273	83715	83716	86064	86379	86585	86587	90780	90781	90782
90783	90784	90788	90799	90871	90939	92230	92235	92390	92391	92392
92393	92395	92396	92510	95858	96100	96115	96117	96400	96408	96410
96412	96414	96520	96530	96545	97020	97504	97520	97703	99052	99054
99141	99142	99261	99262	99263	99271	99272	99273	99274	99275	99301
99302	99303	99311	99312	99313	99321	99322	99323	99331	99332	99333

The following table lists the new 2006 CPT codes that are **not covered pending further review**:

99340	64650	64653	83631	88384	88385	88386
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The following table lists the new 2006 CPT codes that are **not covered**:

99339	22523	22524	22525	28890	33548	33880	33881	33883	33884	33886
33889	33891	43770	43771	43772	43773	43774	43886	43887	43888	50592
61630	61635	61640	61641	61642	75956	75957	75958	75959	83037	90649
90736	90779	95251	96102	96103	96119	96120	98960	98961	98962	99143
99144	99145	99148	99149	99150						

The following CPT code was non-covered by N.C. Medicaid during the 2005 CPT Update. This code is now **covered** by N.C. Medicaid beginning with date of service January 1:

87807
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**Ambulatory Surgery Center (ASC)**

The following table lists the new CPT codes that **are covered** by N.C. Medicaid for an **Ambulatory Surgery Center (ASC)** beginning with date of service January 1:

Code	ASC Payment Group								
15040	2	15110	2	15111	1	15115	2	15116	1
15130	2	15131	1	15135	2	15136	1	15150	2
15151	1	15152	1	15155	2	15156	1	15157	1
15300	2	15301	1	15320	2	15321	1	15330	2
15331	1	15335	2	15336	1	15420	2	15421	1
15430	2	15431	1	16025	2	16030	2	37718	3
37722	3	45990	2						

The following table lists CPT codes that were **end-dated** for an **Ambulatory Surgery Center (ASC)** effective with date of service December 31, 2005:

15350	15351	16015	21493	21494	31585	31586	37720	37730	42325
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Additional information will be published in future general Medicaid bulletins as necessary.

**Clinical Policy and Programs**  
**DMA, 919-855-4260**

**Attention: All Providers**

**M**edical Review of North Carolina (MRNC) Unveils New Name!

**The programs affected are: Prior Authorization of Outpatient Specialized Therapies, Non-Qualified Alien Medical Review, Medicaid Community Alternatives Program for Disabled Adults Quality Assurance Program, Program Integrity Postpayment Hospital Review**

MRNC has changed dramatically over the years, and now has a new identity and a new name.



**The Carolinas Center  
for Medical Excellence**

*Improving healthcare quality since 1983*

**The Carolinas Center for Medical Excellence (CCME)** unifies its operations in North and South Carolina. More importantly, it characterizes the work in quality improvement across the healthcare spectrum.

The address, phone and fax numbers remain the same:  
100 Regency Forest Drive, Suite 200  
Cary, NC 27511-8598

<b>Main Phone</b>	919-380-9860 or toll free at 800-862-2650
<b>Main Fax</b>	919-380-7637
<b>Prior Authorization Phone</b>	800-228-3365
<b>Prior Authorization Fax</b>	800-228-1437
<b>AQUIP Help Desk Phone</b>	919-380-9860 or 800-682-2650 ext 2000
<b>AQUIP Help Desk Fax</b>	919-380-9457

The new web address is [www.thecarolinascenter.org](http://www.thecarolinascenter.org) (but [www.mrnc.org](http://www.mrnc.org) will be active for the next several months).

**Audra Troy**  
**MRNC, 919-380-9860**

**Attention: All Providers**

**Mental Health Non-Licensed Clinician Fee Schedule Effective September 1, 2005**

Effective with a September 1, 2005 service date, Medicaid will reimburse the following rates for Non-Licensed Clinicians. This represents 70% of the current rate paid to licensed MH/DD/SA providers.

SERVICE CODE	DESCRIPTION	Unit	9/1/05 RATE FOR SERVICE
H0001	Behavioral Health Assessment	15 minutes	\$15.40
H0005	Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$5.68
H0031	Mental Health Assessment	15 minutes	\$15.40

**Rate Setting  
DMA, 919-855-4200**

**Attention: All Providers**

**Rate Change for Mirena IUD, J7302**

Effective date of service January 1, 2006, the maximum rate for the Mirena IUD, J7302, is \$407.70. Providers should continue to bill their usual and customary charges. The family planning modifier may apply to this procedure.

**Rate Setting  
DMA, 919-855-4200**

## **Attention: All Providers**

# **Updated EOB Code Crosswalk to HIPAA Standard Codes**

The list of standard national codes used on the Electronic Remittance Advice (ERA) has been cross-walked to EOB codes as an informational aid to adjudicated claims listed on the Remittance and Status Report (RA). An updated version of the list is available on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/prov.htm>.

With the implementation of standards for electronic transactions mandated by the Health Insurance Portability and Accountability Act (HIPAA), providers now have the option to receive an ERA in addition to the paper version of the RA.

The EOB codes that providers currently receive on a paper RA are not used on the ERA. Because the EOB codes on the paper RA provide a greater level of detail on claim denials, all providers will continue to receive the paper version of the RA, even if they choose to receive the ERA transaction. The list is current as of the date of publication. Providers will be notified of changes to the list through the general Medicaid bulletin.

**EDS, 1-800-688-6696 or 919-851-8888**

## **Attention: Adult Care Home Providers**

# **Medicaid Payment for Recipients Residing in an Adult Care Home Special Care Unit for Persons with Alzheimer's and Related Disorders**

During the 2004/05 legislative session, Session Law 2005-276 was passed which provided additional funding for Special Care Units (SCU's) for persons with Alzheimer's and Related Disorders located in Adult Care Homes. As part of that legislation, effective October 1, 2005, an enhanced state and county special assistance rate became available to cover an increased room and board charge in a SCU for Persons with Alzheimer's and Related Disorders.

The legislation also required N.C. Medicaid to implement an enhanced personal care service rate to Medicaid recipients in such SCUs. Effective with date of service October 1, 2006, the N.C. Medicaid program will implement this SCU enhanced personal care service rate. However, this special care unit rate will not be automatic. Providers will need to obtain prior approval from Medicaid before admitting a Medicaid resident to a SCU and receiving this new enhanced rate.

The prior approval process and criteria for admission/continued stay are being developed at this time. Providers will be notified through an upcoming general Medicaid bulletin when the process and criteria are finalized.

**Medicaid Clinical Policy and Programs**  
**DMA, 919-855-4360**

## Attention: CDSA's (Children's Developmental Services Agencies) CPT Code Changes for CDSA's

Effective with date of service January 1, 2006, the following codes were end-dated and replaced with new CPT codes. Claims submitted with end-dated codes for dates of service January 1, 2006 and after will deny. CPT codes 92626 and 92627 have been added to the list of appropriate codes that audiologists may now bill beginning with date of service January 1, 2006.

End-Dated Code(s)	New CPT Code(s)	Description
92510	92626	Evaluation of auditory rehabilitation status; first hour 1 unit = 1 hour
	92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary procedure) 1 unit = 15 minutes <b>Note:</b> Use 92627 in conjunction with 92626.
	92630	Auditory rehabilitation; pre-lingual hearing loss 1 unit = 1 visit
	92633	Auditory rehabilitation; post-lingual hearing loss 1 unit = 1 visit
97520	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes 1 unit = 15 minutes
97703	97762	Checkout for Orthotic/Prosthetic use, established patient, each 15 minutes 1 unit = 15 minutes
96100	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi, rorshach, wais), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report 1 unit = 1 hour
96115	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report 1 unit = 1 hour
96117	96118	Neuropsychological g test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report 1 unit = 1 hour

Clinic Coverage Policy 8J has been updated to reflect these codes changes and is available on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm>.

**EDS, 1-800-688-6696 or 919-851-8888**

**Attention: Home Health Agencies, Private Duty Nursing Providers and Community Alternatives Program Case Managers**

**HCPCS Code Changes for Medical Supplies**

The following changes to the HCPCS codes will be implemented to comply with national standard codes mandated by the Health Insurance Portability and Accountability Act (HIPAA).

**Code Deletions**

The deleted codes can no longer be used after date of service December 31, 2005.

<b>HCPCS Code</b>	<b>Description</b>	<b>Billing Unit</b>
A4656	Needle, any size	Each
A5119	Skin barrier, wipes or swabs	Box 50

**Code Additions**

The codes listed below are being added effective with the date of service January 1, 2006.

<b>HCPCS Code</b>	<b>Description</b>	<b>Billing Unit</b>	<b>Maximum Reimbursement Rate</b>
A5120	Skin barrier, wipes or swabs	Each	.24
A6457	Tubular dressing with or without elastic, any width, per linear yard	Per Linear Yard = 1 unit	1.19

**EDS, 1-800-688-6696 or 919-851-8888**

**Attention: Dialysis Centers**

**Doxercalciferol, 1 mcg (Hectorol, J1270) - Billing Guidelines**

Effective with date of processing, November 2, 2005, the list of ICD-9-CM diagnosis codes covered by N.C. Medicaid for Doxercalciferol, 1 mcg (Hectorol, J1270) was updated according to the 2004/2005 edition of the ICD-9-CM diagnosis codes.

<b>ICD-9-CM Diagnosis Code</b>	<b>Diagnosis Description</b>
588.81** or 588.89	Hyperparathyroidism of Renal Origin
588.0	Renal Osteodystrophy
252.1	Hyperparathyroidism

**\*\*Note:** Diagnosis code 588.8 was expanded to the 5th digit in 2004. Claims submitted with ICD-9 CM diagnosis codes 588.8 will deny for EOB 82 (Service is not consistent with/or not covered for this diagnosis/or description does not match diagnosis). Providers must resubmit the claim with the diagnosis code to the highest level of specificity.

<b>Dialysis Treatment Facility Billing Requirements for Hectorol, J1270</b>
Use the UB-92 claim form for billing
Enter revenue code 250 in form locator 42
Enter the description of the drug in form locator 43
Enter HCPCS code J1270 in form locator 44
Enter the date of service in form locator 45
Enter the units given in form locator 46 (1 mcg = 1 unit)
Enter the total charges in form locator 47
Enter diagnosis code 588 81 or 588.89. 588.0 or 252.1 in form locator 67

**EDS, 1-800-688-6696 or 919-851-8888**

## Attention: Durable Medical Equipment Providers

# HCPSC Code Changes for Durable Medical Equipment

Effective with date of service January 1, 2006, in order to comply with the Centers for Medicare and Medicaid Services (CMS) HCPSC coding changes, the following code conversions were made:

Old Code	New Code	Description	Lifetime Expectancy or Quantity Limitation	Maximum Reimbursement Rate
<b>A4254</b>	<b>A4233</b>	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	8 per year	New Purchase: \$ 6.27#
	<b>A4234</b>	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	8 per year	New Purchase: \$ 6.27#
	<b>A4235</b>	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	8 per year	New Purchase: \$ 6.27#
	<b>A4236</b>	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	8 per year	New Purchase: \$ 6.27#
<b>E0972</b>	<b>E0705</b>	Transfer board or device, any type, each	1 year ages 0-20; 3 years ages 21 and older	New Purchase: \$ 52.36# Used Purchase: \$ 38.35# Rental: \$ 5.33#
<b>K0064</b>	<b>E2216</b>	Manual wheelchair accessory, foam filled propulsion tire, any size, each	2 years	New Purchase: \$ 28.89# Used Purchase: \$ 21.65# Rental: \$ 2.90#

Old Code	New Code	Description	Lifetime Expectancy or Quantity Limitation	Maximum Reimbursement Rate
K0066	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	1 year	New Purchase: \$ 28.52 Used Purchase: 21.81 Rental: 2.75
K0067	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	1 year	New Purchase: 40.91 Used Purchase: 29.30 Rental: 4.01
K0068	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	1 year	New Purchase: 5.88 Used Purchase: 4.42 Rental: 0.61
K0074	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	1 year	New Purchase: 30.61 Used Purchase: 22.96 Rental: 3.37
K0075	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	2 years	New Purchase: 39.75# Used Purchase: 29.82# Rental: 4.48#
K0076	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	1 year	New Purchase: 25.55 Used Purchase: 19.18 Rental: 2.58
K0078	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	1 year	New Purchase: 9.60 Used Purchase: 7.18 Rental: 0.95
K0102	E2207	Wheelchair accessory, crutch and cane holder, each	3 years	New Purchase: 43.35 Used Purchase: 32.51 Rental: 4.34
K0104	E2208	Wheelchair accessory, cylinder tank carrier, each	3 years	New Purchase: 118.78 Used Purchase: 89.09 Rental: 11.87
K0106	E2209	Wheelchair accessory, arm trough, each	3 years	New Purchase: 107.16 Used Purchase: 80.38 Rental: 10.74
W4721	E2371*	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	1 year	New Purchase: 404.38# Used Purchase: 303.29# Rental: 40.44#
	E2372*	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	1 year	New Purchase: 404.38# Used Purchase: 303.29# Rental: 40.44#

Old Code	New Code	Description	Lifetime Expectancy or Quantity Limitation	Maximum Reimbursement Rate
<b>W4737</b>	<b>E0911*</b>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed,with grab bar	3 years	New Purchase: \$2,274.65# Used Purchase: 1,705.99# Rental: 227.47#
	<b>E0912*</b>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing,complete with grab bar	3 years	New Purchase: \$2,274.65# Used Purchase: 1,705.99# Rental: 227.47#

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.  
 HCPCS codes that are bolded indicate that the item is covered by Medicare.  
 Items with# after the price indicate that Medicare has not established a rate for these items and the current rate will be considered an interim rate.

In addition, the following code description changes were made effective with date of service January 1, 2006.

Code	New Description
A4215	Needle, sterile, any size, each
<b>A6550</b> <b>(Note A)</b>	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
<b>A7032</b>	Cushion for use on nasal mask interface, replacement only, each
<b>A7033</b>	Pillow for use on nasal cannula type interface, replacement only, pair
<b>B4149</b>	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
<b>E0935*</b>	Continuous passive motion exercise device for use on knee only
<b>E0971</b>	Manual wheelchair accessory, anti-tipping device, each
<b>E1038*</b>	Transport chair, adult size, patient weight capacity up to and including 300 pounds

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.  
 HCPCS codes that are bolded indicate that the item is covered by Medicare.

**Note A:** Because CMS combined this code with deleted code A6551, the rate will change to the Medicare rate of \$27.42

The following HCPCS codes were added to the DME Fee Schedule effective with date of service January 1, 2006.

Code	Description	Lifetime Expectancy or Quantity Limitation	Maximum Reimbursement Rate
<b>E1039*</b> <b>(Note B)</b>	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	4 years	New Purchase: \$ 342.00# Used Purchase: 256.50# Rental: 34.20
<b>E2210</b>	Wheelchair accessory, bearings, any type, replacement only, each	1 year	New Purchase: 6.55
<b>E2213</b>	Manual wheelchair accessory, pneumatic propulsion tire (removable), any type, any size, each	1 year	New Purchase: 30.41 Used Purchase: 22.79 Rental: 3.05
<b>E2218</b>	Manual wheelchair accessory, foam propulsion tire, any size, each	1 year	New Purchase: 31.00# Used Purchase: 23.25# Rental: 3.10#
<b>E2219</b>	Manual wheelchair accessory, foam caster tire, any size, each	1 year	New Purchase: 41.85 Used Purchase: 31.39 Rental: 4.72
<b>E2222</b>	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	1 year	New Purchase: 82.20# Used Purchase: 61.65# Rental: 8.22#
<b>E2223</b>	Manual wheelchair accessory, valve, any type, replacement only, each	1 year	New Purchase: 7.00# Used Purchase: 5.25# Rental: 0.70#
<b>E2224</b>	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	1 year	New Purchase: 95.56 Used Purchase: 71.67 Rental: 9.56
<b>E2225</b>	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	1 year	New Purchase: 40.67# Used Purchase: 30.50# Rental: 4.06#
<b>E2226</b>	Manual wheelchair accessory, caster fork, any size, replacement only, each	1 year	New Purchase: 80.09# Used Purchase: 60.07# Rental: 8.00#

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.

HCPCS codes that are bolded indicate that the item is covered by Medicare.

Items with# after the price indicate that Medicare has not established a rate for these items and the current rate will be considered an interim rate.

**Note B:** Due to the addition of E1039 and change in description of E1038, E1038 pricing has changed based on the Medicare rate to RR – 18.03, NU – 180.30#, UE – 135.23#.

The following codes have been discontinued by CMS and are being deleted from the DME Fee Schedule effective with date of service December 31, 2005.

<b>Code</b>	<b>Description</b>
A6551	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each
E1025	Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)
E1026	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)
E1027	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)

Refer to Clinical Coverage Policy #5A, Durable Medical Equipment, on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm> for detailed coverage and billing information. A Certificate of Medical Necessity and Prior Approval form must be completed for all items regardless of the requirement for prior approval. Providers are reminded that these are maximum reimbursement rates. Providers must bill their usual and customary rate for all DME.

**EDS, 1-800-688-6696 or 919-851-8888**

## Attention: Family Planning Waiver Providers

### Code Update for Family Planning Services

Effective with date of service December 31, 2005, the following CPT procedure codes were end-dated for services provided through the N.C. Medicaid Family Planning Waiver.

<b>99052</b>	Services requested between 10:00 p.m. and 8:00 a.m. in addition to basic service
<b>99054</b>	Services requested on Sundays and holidays in addition to basic service

Refer to the January 2006 Special Bulletin, Family Planning Waiver “Be Smart,” on DMA’s website at <http://www.dhhs.state.nc.us/dma/bulletin.htm> for additional information.

**EDS, 1-800-688-6696 or 919-851-8888**

## Attention: Home Infusion Therapists

### HCPCS Code Changes for Parenteral Nutrition Supplies

The following changes to the HCPCS codes for parenteral nutrition supplies will be implemented to comply with national standard codes mandated by the Health Insurance Portability and Accountability Act (HIPAA).

#### Code Deletions

The following codes are being end-dated and can no longer be used after date of service December 31, 2005.

HCPCS Code	Description	Billing Unit
B4184	Parenteral nutrition solution; lipids, 10% with administration set	500 ML = 1 UNIT
B4186	Parenteral nutrition solution, lipids, 20% with administration set	500 ML = 1 UNIT

#### Code Addition

The following code is being effective with date of service January 1, 2006.

HCPCS Code	Description	Billing Unit	Maximum Reimbursement Rate
B4185	Parenteral nutrition solution, per 10 grams lipids	10 GM Lipids = 1 unit	14.63

**EDS, 1-800-688-6696 or 919-851-8888**

**Attention: Hospitals and Physicians****HCPCS Code Changes for Radiopharmaceutical Agents**

Effective with date of service January 1, 2006, the following HCPCS codes for radiopharmaceutical agents were end-dated and replaced with new codes. Claims submitted with end-dated codes for dates of service January 1, 2006 and after will deny. The new codes are priced according to the original invoice submitted with the claim. Claims submitted without original invoices will deny.

<b>End-Dated HCPCS Code</b>	<b>Description</b>	<b>Unit</b>	<b>New HCPCS Code</b>	<b>Description</b>	<b>Unit</b>
A9513	Radiopharmaceutical agent Technetium TC-99M, mebrofenin	Per MCI	A9537	Technetium TC-99M mebrofenin, diagnostic, per study dose	Up to 15 millicuries
A9514	Radiopharmaceutical agent Technetium TC-99M, pyrophosphate	Per MCI	A9538	Technetium TC-99M pyrophosphate, diagnostic, per study dose	Up to 25 millicuries
A9515	Radiopharmaceutical agent Technetium TC-99M, pentetate	Per MCI	A9539	Technetium TC-99M pentetate, diagnostic, per study dose	Up to 25 millicuries
A9520	Radiopharmaceutical agent Technetium TC-99M, sulfur colloid	Per MCI	A9541	Technetium TC-99M sulfur colloid, diagnostic, per study dose	Up to 20 millicuries

Effective with date of service January 1, 2006, Medicaid covers the following HCPCS codes for radiopharmaceutical agents. The new codes are priced according to the invoice submitted with the claim. Claims submitted without the original invoices will deny.

<b>New HCPCS Code</b>	<b>Description</b>	<b>Unit</b>
A9536	Technetium TC-99M depreotide, diagnostic, per study dose	Up to 35 millicuries
A9540	Technetium TC-99M macroaggregated albumin, diagnostic, per study dose	Up to 10 millicuries
A9542	Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose	Up to 5 millicuries
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose	Up to 40 millicuries
A9544	Iodine I-131 Tositumomab, diagnostic	Per study dose
A9545	Iodine I-131 tositumomab, therapeutic	Per treatment dose
A9646	Cobalt CO-57/58, cyanocobalamin, diagnostic,	Per study dose, up to 1 microcurie
A9547	Indium IN-111 oxyquinoline, diagnostic,	Per 0.5 millicurie

<b>New HCPCS Code</b>	<b>Description</b>	<b>Unit</b>
A9548	Indium IN-111 pentetate, diagnostic,	Per 0.5 millicurie
A9549	Technetium TC-99M arcitumomab, diagnostic	Per study dose, up to 25 millicuries
A9550	Technetium TC-99M sodium gluceptate, diagnostic	Per study dose, up to 25 millicuries
A9551	Technetium TC-99M succimer, diagnostic (DMSA)	Per study dose, up to 10 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic	Per study dose, up to 45 millicuries
A9553	Chromium CR-51 sodium chromate, diagnostic	Per study dose, up to 250 microcuries
A9554	Iodine I-125 sodium iothalamate, diagnostic	Per study dose, up to 10 microcuries
A9555	Rubidium RB-82, diagnostic	Per study dose, up to 60 millicuries
A9556	Gallium GA-67 citrate, diagnostic	Per millicurie
A9557	Technetium TC-99M bicsate, diagnostic	Per study dose, up to 25 millicuries
A9560	Technetium TC-99M labeled red blood cells, diagnostic	Per study dose, up to 30 millicuries
A9561	Technetium TC-99M oxidronate, diagnostic	Per study dose, up to 30 millicuries
A9562	Technetium TC-99M mertiatide, diagnostic	Per study dose, up to 15 millicuries
A9563	Sodium phosphate P-32, therapeutic	Per millicurie
A9565	Indium IN-111 pentetrotide, diagnostic	Per millicurie
A9566	Technetium TC-99M fanolesomab, diagnostic (neutrospec)	Per study dose, up to 25 millicuries

**EDS, 1-800-688-6696 or 919-851-8888**

## Attention: Independent Practitioners and Local Education Agencies Code Changes

Effective with date of service January 1, 2006, the following codes were end-dated and replaced with new CPT codes. Claims submitted with end-dated codes for dates of service January 1, 2006 and after will deny. CPT codes 92626 and 92627 have been added to the list of appropriate codes that audiologists may now bill beginning with date of service January 1, 2006.

End-Dated Code(s)	New CPT Code(s)	Description
92510	92626	Evaluation of auditory rehabilitation status; first hour. 1 unit = 1 hour
	92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary procedure). 1 unit = 15 minutes <b>Note:</b> Use 92627 in conjunction with 92626.
	92630	Auditory rehabilitation; pre-lingual hearing loss. 1 unit = 1 visit
	92633	Auditory rehabilitation; post-lingual hearing loss. 1 unit = 1 visit
97504	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes. 1 unit = 15 minutes <b>Note:</b> Codes 97760 and 97116 should not be billed together for the same extremity.
97520	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes. 1 unit = 15 minutes
97703	97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes. 1 unit = 15 minutes
96100	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi, rorshach, wais), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report. 1 unit = 1 hour
96115	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report. 1 unit = 1 hour
96117	96118	Neuropsychological testing (eg, halstead-reitan neuropsychological battery, wechsler memory scales and wisconsin card sorting test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report. 1 unit = 1 hour

Clinic Coverage Policies 10B, *Independent Practitioners* and 10C, *Local Education Agencies*, have been updated to reflect these code changes and are available on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm>.

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## Attention: Mental Health Practitioners

# 2006 Annual CPT Code Update

The American Medical Association (AMA) annually makes revisions to CPT codes. The following CPT codes will be end-dated 12/31/05 and the new codes will be effective January 1, 2006. Claims with codes deleted for 2005 will deny with dates of service on or after January 1, 2006. There will not be a “grace” period.

Procedure Code	Description	New Procedure Code
96100	Psychological Testing	96101
96115	Neurobehavioral Status Exam	96116
96117	Neuropsychological Testing Battery	96118

The following code change applies to Local Management Entities only:

Procedure Code	Description	New Procedure Code
90782	Therapeutic, Prophylactic or Diagnostic Injection	90772

**Behavioral Health Services**  
**DMA, 919-855-4291**

## Attention: Orthotic and Prosthetic Providers

### HCPCS Code Changes for Orthotics and Prosthetics

Effective with date of service January 1, 2006, in order to comply with the Centers for Medicare and Medicaid Services (CMS) HCPCS coding changes, the following code conversions are being made:

Old Code	New Code	Description
<b>K0628</b>	<b>A5512*</b>	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer or 3/16 inch material of shore
<b>K0629</b>	<b>A5513*</b>	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each
<b>K0630</b>	<b>L0621</b>	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0631</b>	<b>L0622</b>	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
<b>K0632</b>	<b>L0623</b>	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment

Old Code	New Code	Description
<b>K0633</b>	<b>L0624</b>	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
<b>K0634</b>	<b>L0625</b>	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment
<b>K0635</b>	<b>L0626</b>	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0636</b>	<b>L0627</b>	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0637</b>	<b>L0628</b>	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0638</b>	<b>L0629</b>	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated

Old Code	New Code	Description
<b>K0639</b>	<b>L0630</b>	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0640</b>	<b>L0631*</b>	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0641</b>	<b>L0632*</b>	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
<b>K0642</b>	<b>L0633</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0643</b>	<b>L0634</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated

Old Code	New Code	Description
<b>K0644</b>	<b>L0635*</b>	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0645</b>	<b>L0636*</b>	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
<b>K0646</b>	<b>L0637*</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
<b>K0647</b>	<b>L0638*</b>	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
<b>K0648</b>	<b>L0639*</b>	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment

<b>Old Code</b>	<b>New Code</b>	<b>Description</b>
<b>K0649</b>	<b>L0640*</b>	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
<b>L0860</b>	<b>L0859*</b>	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
<b>L2039</b>	<b>L2034*</b>	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, mediallylateral rotation control, with or without free motion ankle, custom fabricated
	<b>L2387*</b>	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
L8100	A6530	Gradient compression stocking, below knee, 18-30 mmHg, each
L8110	A6531	Gradient compression stocking, below knee, 30-40 mmHg, each
L8120	A6532	Gradient compression stocking, below knee, 40-50 mmHg, each
L8130	A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each
L8140	A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each
L8150	A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each
L8160	A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each
L8170	A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each
L8180	A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each
L8190	A6539	Gradient compression stocking, waist length, 18-30 mmHg, each

Old Code	New Code	Description
L8195	A6540	Gradient compression stocking, waist length, 30-40 mmHg, each
L8200	A6541	Gradient compression stocking, waist length, 40-50 mmHg, each
L8210	A6542	Gradient compression stocking, custom made
L8220	A6543	Gradient compression stocking, lymphedema
L8230	A6544	Gradient compression stocking, garter belt
<b>L8239</b>	<b>A6549*</b>	Gradient compression stocking, not otherwise specified

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.  
 HCPCS codes that are bolded indicate the item is covered by Medicare.

The following charts provides additional information about the coverage of these codes.

Old Code	New Code	Lifetime Expectancy or Quantity Limitation	Certification Requirement	LT/RT Modifier Requirement	Maximum Reimbursement Rate
<b>K0628</b>	<b>A5512*</b>	3 per foot, per year	CO, CP, CPO, or CPed	Yes	New Purchase: \$ 24.22
<b>K0629</b>	<b>A5513*</b>	3 per foot, per year	CO, CP, CPO, or CPed	Yes	New Purchase: 36.14
<b>K0630</b>	<b>L0621</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 72.17
<b>K0631</b>	<b>L0622</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 195.70
<b>K0632</b>	<b>L0623</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 205.67#
<b>K0633</b>	<b>L0624</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 260.77#
<b>K0634</b>	<b>L0625</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 44.60

<b>Old Code</b>	<b>New Code</b>	<b>Lifetime Expectancy or Quantity Limitation</b>	<b>Certification Requirement</b>	<b>LT/RT Modifier Requirement</b>	<b>Maximum Reimbursement Rate</b>
<b>K0635</b>	<b>L0626</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: \$ 63.10
<b>K0636</b>	<b>L0627</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 332.72
<b>K0637</b>	<b>L0628</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 67.89
<b>K0638</b>	<b>L0629</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 214.10#
<b>K0639</b>	<b>L0630</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 131.07
<b>K0640</b>	<b>L0631</b> *	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 830.92
<b>K0641</b>	<b>L0632</b> *	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 292.00#
<b>K0642</b>	<b>L0633</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 232.10
<b>K0643</b>	<b>L0634</b>	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 309.92#
<b>K0644</b>	<b>L0635</b> *	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 860.71
<b>K0645</b>	<b>L0636</b> *	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 1,270.02

Old Code	New Code	Lifetime Expectancy or Quantity Limitation	Certification Requirement	LT/RT Modifier Requirement	Maximum Reimbursement Rate
K0646	L0637*	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: \$ 67.89
K0647	L0638*	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 1,067.55
K0648	L0639*	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 1,101.92
K0649	L0640*	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO	No	New Purchase: 846.98
L0860	L0859*	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	No	New Purchase: 917.03
L2039	L2034*	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,798.84#
	L2387*	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,798.84#
L8100	A6530	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 39.56#
L8110	A6531	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 43.27
L8120	A6532	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 60.96

Old Code	New Code	Lifetime Expectancy or Quantity Limitation	Certification Requirement	LT/RT Modifier Requirement	Maximum Reimbursement Rate
L8130	A6533	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: \$ 63.13#
L8140	A6534	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 74.88#
L8150	A6535	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 77.13#
L8160	A6536	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 95.55#
L8170	A6537	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 106.75#
L8180	A6538	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 115.30#
L8190	A6539	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 131.78#
L8195	A6540	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 136.50#
L8200	A6541	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 147.06#
L8210	A6542	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 172.50#
L8220	A6543	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 119.83#
L8230	A6544	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: 29.35#
<b>L8239</b>	<b>A6549*</b>	4 per year	CO, CP, CPO, RFO, COF, RFOM	Yes	New Purchase: manually priced

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.

HCPCS codes that are bolded indicate that the item is covered by Medicare.

Items with# after the price indicate that Medicare has not established a rate for these items and the current rate will be considered an interim rate.

In addition, the following code description changes were made effective with date of service January 2006.

<b>Code</b>	<b>New Description</b>
<b>L1832*</b>	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment
<b>L1843*</b>	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
<b>L1844*</b>	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
<b>L1845*</b>	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
<b>L1846*</b>	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
<b>L2036*</b>	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
<b>L2037*</b>	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
<b>L2038*</b>	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
<b>L2405</b>	Addition to knee joint, drop lock, each
<b>L3170</b>	Foot, plastic, silicone or equal, heel stabilizer, each
L3215+	Orthopedic footwear, ladies shoe, oxford, each
L3216+	Orthopedic footwear, ladies shoe, depth inlay, each
L3217+	Orthopedic footwear, ladies shoe, hightop, depth inlay, each
L3219+	Orthopedic footwear, men's shoe, oxford, each
L3221+	Orthopedic footwear, men's shoe, depth inlay, each
L3222+	Orthopedic footwear, men's shoe, hightop, depth inlay, each
<b>L3906</b>	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<b>L3923</b>	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.

HCPCS codes that are bolded indicate that the item is covered by Medicare.

HCPCS codes with a + indicate that prior approval is required for recipients age 21 and older.

The following HCPCS codes are being added to the Orthotic and Prosthetic Fee Schedule effective with date of service January 1, 2006.

<b>Code</b>	<b>Description</b>	<b>Lifetime Expectancy or Quantity Limitation</b>	<b>Certification Requirement</b>	<b>LT/RT Modifier Requirement</b>	<b>Maximum Reimbursement Rate</b>
<b>L3671</b>	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: \$ 491.25#
<b>L3672*</b>	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,119.10#
<b>L3673*</b>	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,289.10#
<b>L3702</b>	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 253.00#
<b>L3763</b>	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 430.50#
<b>L3764*</b>	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 702.00#

<b>Code</b>	<b>Description</b>	<b>Lifetime Expectancy or Quantity Limitation</b>	<b>Certification Requirement</b>	<b>LT/RT Modifier Requirement</b>	<b>Maximum Reimbursement Rate</b>
<b>L3765*</b>	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 834.00#
<b>L3766*</b>	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 855.00#
<b>L3905*</b>	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 701.75#
<b>L3913</b>	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 239.57#
<b>L3919</b>	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 186.00#

<b>Code</b>	<b>Description</b>	<b>Lifetime Expectancy or Quantity Limitation</b>	<b>Certification Requirement</b>	<b>LT/RT Modifier Requirement</b>	<b>Maximum Reimbursement Rate</b>
<b>L3921</b>	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: \$ 276.83#
<b>L3933</b>	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 118.24#
<b>L3935</b>	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 130.91#
<b>L3961*</b>	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,587.52#
<b>L3967*</b>	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,795.98#

<b>Code</b>	<b>Description</b>	<b>Lifetime Expectancy or Quantity Limitation</b>	<b>Certification Requirement</b>	<b>LT/RT Modifier Requirement</b>	<b>Maximum Reimbursement Rate</b>
<b>L3971*</b>	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: \$1,745.98#
<b>L3973*</b>	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,469.93#
<b>L3975*</b>	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,497.24#
<b>L3976*</b>	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,647.12#

<b>Code</b>	<b>Description</b>	<b>Lifetime Expectancy or Quantity Limitation</b>	<b>Certification Requirement</b>	<b>LT/RT Modifier Requirement</b>	<b>Maximum Reimbursement Rate</b>
<b>L3977*</b>	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: \$1,597.74#
<b>L3978*</b>	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO	Yes	New Purchase: 1,795.98#
<b>L5703*</b>	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	6 months	CO, CPO	Yes	New Purchase: 3,149.75#
<b>L5971</b>	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 163.00#
<b>L6883*</b>	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	6 months	CO, CPO	Yes	New Purchase: 2,100.00#
<b>L6884*</b>	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	6 months	CO, CPO	Yes	New Purchase: 2,704.00#

Code	Description	Lifetime Expectancy or Quantity Limitation	Certification Requirement	LT/RT Modifier Requirement	Maximum Reimbursement Rate
<b>L6885*</b>	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	6 months	CO, CPO	Yes	New Purchase: \$3,451.00#
<b>L7400</b>	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 397.27#
<b>L7401</b>	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 523.86#
<b>L7402*</b>	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 628.00#
<b>L7403</b>	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 255.00#
<b>L7404</b>	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 347.37#
<b>L7405</b>	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	1 year: ages 0-20; 3 years 21 and older	CO, CPO	Yes	New Purchase: 431.00#
<b>L7600</b>	Prosthetic donning sleeve, any material, each	4 per year	CO, CPO	Yes	New Purchase: 74.87#

**Note:** HCPCS codes with an asterisk indicate that prior approval is required.

HCPCS codes that are bolded indicate the item is covered by Medicare.

Items with # after the price indicate that Medicare has not established a rate for these items and the current rate will be considered an interim rate.

Additionally, the following HCPCS codes have been discontinued by CMS and deleted from the Orthotic and Prosthetic Fee Schedule effective with date of service December 31, 2005.

Code	Description
L3963	Shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom-fabricated
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment

Refer to Clinical Coverage Policy #5B, Orthotics and Prosthetics, on DMA’s website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm> for detailed coverage and billing information. A Certificate of Medical Necessity and Prior Approval form must be completed for all items regardless of the requirement for prior approval. Providers are reminded that these are maximum reimbursement rates. Providers must bill their usual and customary rate for all orthotic and prosthetic devices.

**Note:** Old codes can not be used per federal guidelines.

**EDS, 1-800-688-6696 or 919-851-8888**

## Attention: Physicians

# HCPCS Code Changes for the Physician's Drug Program

The following HCPCS code changes have been made to comply with the Centers for Medicare and Medicaid Services (CMS) HCPCS code changes.

### End-Dated Codes with No Replacement Codes

The following HCPCS codes were end-dated effective with date of service December 31, 2005. Claims submitted for dates of service on or after January 1, 2006 using the end-dated codes will deny.

End-Dated HCPCS Code	Description	Unit
J7051	Sterile saline or water	Up to 5 cc
J7320	Hylan G-F 20, for intra-articular injection	16 mg

### New HCPCS Codes

The following HCPCS codes were added to the list of covered codes for the Physicians Drug Program effective with date of service January 1, 2006.

New HCPCS Code	Description	Unit	Maximum Reimbursement Rate
J0133	Acyclovir	5 mg	\$0.03
J1265	Dopamine HCL	40 mg	\$0.39

### End-Dated Codes with Replacement Codes

The following codes were end-dated and replaced with new codes effective with date of service January 1, 2006. Claims submitted for dates of service on or after January 1, 2006 using the end-dated codes will deny.

End-Dated HCPCS Code	Description	Unit	New HCPCS Code	Description	Unit	Maximum Resimbursement Rate
J0880	Darbepoetin alfa (Aranesp)	5 mcg	J0881	Darbepoetin alfa (non-ESRD use) (Aranesp)	1 mcg	\$15.06
			J0882	Darbepoetin alfa (for ESRD on dialysis) (Aranesp)	1 mcg	\$15.06
J1563 and J1564	Immune globulin, intravenous	1 G and 10 mg	J1566	Immune globulin, IV, lyophilized (powder) 500 mg	500 mg	\$41.12
			J1567	Immune globulin, IV, non-lyophilized (liquid) 500 mg	500 mg	\$41.12

End-Dated HCPCS Code	Description	Unit	New HCPCS Code	Description	Unit	Maximum Resimbursement Rate
J1750	Iron dextran (Infed)	50 mg	J1751	Iron dextran 165 (Infed)	50 mg	\$11.22
			J1752	Iron dextran 267 (Dexferrum)	50 mg	\$11.22
J7317	Sodium hyaluronate, for intra-articular injection	Per 20 to 25 mg dose	J7318	Hyaluronan (sodium hyaluronate) or derivative (Hyalgan)	1 mg	\$4.68
S0016	Amikacin sulfate	500 mg				
S0072	Amikacin sulfate	100 mg	J0278	Amikacin sulfate	100 mg	\$7.32
S0168	Azacitidine (Vidaza)	100 mg	J9025	Azacitidine (Vidaza)	1 mg	\$4.46
Q0187	Factor VIIa (antihemophilic factor, recombinant)	1.2 mg	J7189	Factor VIIA (antihemophilic factor, recombinant)	1 mcg	\$1.02

**New Codes that were previously billed with the Miscellaneous Drug Codes J3490 and J9999**

Effective with date of service January 1, 2006, the N.C. Medicaid program covers the individual HCPCS codes for the drugs listed in the following table. Claims submitted for dates of service on or after January 1, 2006, using the unlisted drug codes J3490 or J9999 for these drugs will deny. Claims submitted for dates of service on or after January 1, 2006 using the miscellaneous drug codes, J3490 and J9999, instead of the new established codes for these drugs, will deny. An invoice is not required.

Old HCPCS Code	Description	Unit	New HCPCS Code	Description	Unit	Maximum Reimbursement Rate
J3490	Ziconotide intrathecal (Prialt)	25 mcg	J2278	Ziconotide (Prialt)	1 mcg	\$6.59
J3490	Pegaptanib (Macugen)	0.3 mg	J2503	Pegaptanib sodium (Macugen)	0.3 mg	\$1,001.97
J3490	Natalizumab (Tysabri)	300 mg	Q4079	Natalizumab (Tysabri)	1 mg	\$6.78
J9999	Paclitaxel protein-bound particles (Abraxane)	1 mg	J9264	Paclitaxel protein-bound particles (Abraxane)	1 mg	\$7.90

**EDS, 1-800-688-6696 or 919-851-8888**

## **Attention: All Physicians**

### **Anticipated 2006 CPT Code Rate Changes**

As physicians are aware, CMS has indicated that there will be a decrease of more than 4% in the CPT physician reimbursement rates and that this rate change is to be effective January 1, 2006. The Division of Medical Assistance will not adjust its physician reimbursement rates as of January 1, 2006 to recognize these changes in CPT code rates.

Based on recent history where CMS has contemplated a decrease in CPT code reimbursement rates, CMS subsequently released a revised fee schedule such that there was an increase in the CPT code reimbursement rates. CMS did this in both calendar years 2003 and 2004.

Because we anticipate that there likely will be a reoccurrence and that 2006 will follow the 2003 and 2004 pattern, adjustments to CPT physician reimbursement rates will not be made on January 1, 2006. DMA will adjust its CPT rates when it becomes clear whether or not a second set of adjustments will be issued by CMS. In this regard, it might behoove providers to wait until this subject is finalized. In the interim, please continue to bill Medicaid your usual and customary charge.

**EDS, 1-800-688-6696 or 919-851-8888**

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## **Attention: UB-92 Billers**

### **Payer Code H9999**

Effective with date of processing, January 1, 2005, Medicaid will recognize payer code H9999. H9999 should be used for commercial HMO where the docket number is unassigned. Providers should list the payer code H9999 in FL 50 of the UB-92. Any claims that were submitted with payer code H9999 prior to the system modification can be resubmitted at this time.

**EDS, 1-800-688-6696 or 919-851-8888**

## NCLeads Update

Information related to the implementation of the new Medicaid Management Information System, *NCLeads*, can be found online at <http://ncleads.dhhs.state.nc.us>. Please refer to this web site for information, updates, and contact information related to the *NCLeads* system.

NCLeads Provider Relations  
Office of MMIS Services  
919-647-8315

## Proposed Clinical Coverage Policies

In accordance with Session Law 2005-276, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's website at <http://www.dhhs.state.nc.us/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the website. Providers without Internet access can submit written comments to the address listed below.

Gina Rutherford  
Division of Medical Assistance  
Clinical Policy Section  
2501 Mail Service Center  
Raleigh, NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

## Holiday Closing

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, January 2, 2006 in observance of the New Year's Day and Monday, January 16, 2006 in observance of Martin Luther King's Birthday.

## 2006 Checkwrite Schedule

Month	Electronic Cut-Off Date	Checkwrite Date
January	12/30/05	01/06/06
	01/06/06	01/10/06
	01/13/06	01/18/06
	01/20/06	01/26/06
February	02/03/06	02/07/06
	02/10/06	02/14/06
	02/17/06	02/23/06
March	03/03/06	03/07/06
	03/10/06	03/14/06
	03/17/06	03/21/06
	03/24/06	03/30/06

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.*

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Mark T. Benton, Senior Deputy Director  
and Chief Operating Officer  
Division of Medical Assistance  
Department of Health and Human Services



Cheryll Collier  
Executive Director  
EDS

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