

North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 1

January 1998

Attention: Physicians

A Special Message from the Secretary, Department of Health and Human Services

Dear Carolina ACCESS Physicians:

You are aware that our entire ACCESS strategy is based on the notion that excellent clinical care decision making will be cost effective. Ethical management of medical resources is the duty of every physician. Bean counter rules and market manipulations replace the physician's sacred responsibility when we fail to do our duty. External cost control mechanisms owe their existence to the waste, over utilization and inefficiency we allowed into the delivery system.

This brings me to the matter of hospital admissions from the ER. Last year about 15,000 children were admitted to the hospital from the ER at a cost of \$50 million to the Medicaid program. This is more than \$3,000 per child per admission. I am pleased to note that only a third of these admissions were for children enrolled in Carolina ACCESS, but we need to be sure that hospital admissions are based on solid clinical considerations. We must decrease to the absolute minimum, the influence of physician convenience in the decision to admit. We (Carolina ACCESS) do not want to put in arbitrary rules to govern the Medicaid admissions process. Our goal is to encourage and support ethical resource management by our ACCESS physicians. Each of you need to talk with your ER physicians about this problem. Work with them to arrange careful follow-up in the office the next morning rather than admission when that is a safe clinical option. Our hospital admissions per 1,000 Medicaid recipients is much higher than many other managed states. Admission to hospital needs to be reserved for only the children whose clinical conditions demand it.

Sincerely,

H. David Bruton, M.D.

Providers are responsible for informing their billing agency of information in this bulletin.

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Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and Electronic Data Systems (EDS) will be closed on Thursday, January 1, 1998, in observance of New Year's Day and Monday, January 19, 1998, in observance of Martin Luther King Jr.'s Birthday.

Attention: All Providers

Important Tax Information: Corrected 1099 Processing

All providers receiving Medicaid payments totaling more than \$600 annually will receive a 1099 MISC tax form from Electronic Data Systems Corporation (EDS). This 1099 MISC tax form is generated as required by IRS guidelines and will be mailed no later than January 31, 1998 to each identified provider. You should receive your annual 1099 MISC form in February 1998. This 1099 MISC tax form will reflect the tax information on file with Medicaid as of the last Medicaid Checkwrite cycle date, December 19, 1997. Upon receipt of this annual 1099 MISC tax form if either the tax name or tax identification is **incorrect**, you can request a correction to the original 1099 MISC. Requesting a correction is in your best interest to ensure accurate tax information is on file with Medicaid and sent to the IRS annually. Otherwise, backup withholding in the amount of 31 percent of future Medicaid payments could be required by the IRS and initiated by EDS to obtain correct tax data.

A correction to the original 1099 MISC must be **submitted by June 30, 1998** as follows:

- ◆ include a copy of original 1099 MISC
- ◆ complete the Special W-9 (included in this bulletin) clearly indicating the correct tax identification and tax name or a complete IRS W-9 form
- ◆ sign and date the Special W-9 or IRS W-9 certifying the tax information provided is correct
- ◆ fax both documents to (919) 851-4014 Attention: Corrected 1099 Request

or

- ◆ mail both documents to:

EDS
4905 Waters Edge Drive
Raleigh, NC 27606
Attention: Corrected 1099 Request

Upon receipt, your tax information on file with Medicaid will be updated according to the Special W-9 or IRS W-9. You can verify the tax information update by checking the last page of each Medicaid Remittance and Status Report (RA) which reflects both provider tax name and number on file. Additionally, you will receive a copy of the corrected 1099 generated for your files within 10-15 business days of our receipt and processing. All corrected 1099 requests will be summarized and reported to the IRS as required. Thank you.

EDS

1-800-688-6696 or 919-851-8888

Special W-9

Complete all four parts below and return to EDS. Incomplete forms will be returned to you for proper completion.

Provider Name:

Provider Number:

Part I. Provider Taxpayer Identification Number:

Your tax identification number should be reflected below exactly as the IRS has on file for you and/or your business. Please verify the number on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field (please write clearly in black ink):

Employer Identification Number/Taxpayer Identification Number

Social Security Number **If you do not have an employer ID then indicate social security number if you are an individual or sole proprietor only

Part II. Provider Tax Name:

Your tax name should be reflected below exactly as the IRS has on file for you and/or your business. Individuals and sole proprietors must use their proper personal names as their tax name. Please verify the name on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field:

Part III. Type of Organization - Indicate below:

<input type="checkbox"/> Corporation/Professional Association	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Government: _____	

Part IV. Certification

Certification - Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature	Title	Date

EDS Office Use Only

Date Received: _____ Name Control: _____ Date Entered: _____

Attention: DME Providers

Limitations on Gastrostomy Tubes

Effective with date of service January 1, 1998, the following limitations will apply to gastrostomy tubes:

HCPCS Code	Description	Limitations
B4084	gastrostomy/jejunostomy tubing	2 per month
W4210	low profile gastrostomy kit	4 per year
W4211	low profile gastrostomy extension/replacement kit for continuous feeding	2 per month
W4212	low profile gastrostomy extension/replacement kit for bolus feeding	2 per month

*Melody B. Yeargan, P.T., Medical Policy
DMA, 919-733-9434*

Attention: All Providers

Electronic Funds Transfer

EDS currently offers Electronic Funds Transfer (EFT) as an alternative to receiving a manual check . This service will enable you to receive your Medicaid payments through automatic deposit at your bank, while you continue to receive your Remittance and Status Report (RA) at your current mailing address. This process will ensure payment in a timely manner and prevent your check from being lost or stolen in the mail. Listed below are some of the most commonly asked questions about EFT:

What is the automatic deposit process?

EDS generates a list of deposits on an electronic wire which represents payment to providers who have chosen automatic deposit. This electronic wire is sent to the Federal Reserve Bank who makes the transactions to your particular home bank. Simultaneously our account is debited for the funds.

How do I enroll?

To enroll complete the form titled “Electronic Funds Transfer (EFT)” located on page six. A separate form must be completed for each provider number your organization plans to enroll. A deposit slip or voided check **must** also be attached for each bank account. The deposit slip or voided check confirms your account number and bank transit number.

Where do I send my forms?

Mail your completed forms along with a deposit slip/voided check for each bank account to:

EDS
Attention: Financial Unit
4905 Waters Edge Drive
Raleigh NC 27606

or

fax to: Attention: EDS Financial Unit
919-851-4014

When am I assured of receiving the money?

Funds will be automatically deposited into your account within 4 days of the checkwrite date. Please refer to the back of your "Medicaid Bulletin" for the checkwrite dates for each month. The short time frame between our claims processing cycles and the checkwrite dates makes it impossible for our bank to receive and process your Medicaid money in no more than 4 days of the checkwrite date.

How can I be sure my bank received the money?

Automatic deposit is a two-way street. Once we send the money out, it is each individual bank's responsibility to receive the money and post it to your account. You can confirm your bank's receipt of your money by calling your bank's Automatic Clearing House (ACH) Department. Tell the bank your account number, the checkwrite date and the amount of money we paid on the checkwrite date (which you can obtain by calling our automated voice inquiry line at 1-800-723-4337) and then the bank will verify receipt of the funds.

What are the advantages of having my check automatically deposited into my bank account?

The major advantage is that automatic deposit will eliminate needless worry about check delays and checks lost in the mail. It generally takes 2-3 weeks to reissue a lost check.

How will I know when my form has been processed and direct deposit begins?

The last page of your Remittance Advice (RA) indicates the method of your payment for that checkwrite. A "Check number" or an "EFT number" is in the top left corner beneath your provider number.

What do I do if I change my bank or my bank account?

Simply fill out a new "Electronic Funds Transfer" form with the new information. Be aware that there will be an interim time period of 2 checkwrites that you receive a paper check before your automatic deposit resumes to the new bank account. Special tests are run during this time to verify accuracy with your new bank account. The top left corner of the last page of your RA will indicate "EFT number" rather than "Check number" when your automatic deposit resumes.

Will my RA go to the bank or to my current mailing address?

The method of RA delivery will not change. You will receive only the RA in the mail at your current mailing address.

What if there is an error on my Remittance Advice (RA)?

An overpayment or underpayment should be handled just as it is now. A personal refund check should be sent with appropriate documentation for an overpayment and/or an adjustment request should be submitted for overpayments/underpayments.

Will recoupments ever be withdrawn from my bank account?

No. This system can not withdraw money from your account. EFT can only make deposits to your account, however, your deposit may be reduced by claim recoupments shown on the RA.

What if I have a question and/or concern regarding my automatic deposit?

EDS will be glad to address any questions or concerns regarding your automatic deposit. You may contact the EFT representative of the EDS Financial Unit by calling 1-800-688-6696 or 919-851-8888.

Note: EFT is not available to terminated providers or providers with Federal or State garnishments.

Electronic Funds Transfer (EFT)

North Carolina Medicaid Providers

EDS currently offers Electronic Funds Transfer (EFT) as an alternative to manual check issuance. This service will enable you to receive your Medicaid payments through automatic deposit at your bank, while you continue to receive your Remittance and Status Report (RA) at your current mailing address. This process will guarantee payment in a timely manner and prevent your check from being lost through the mail.

To ensure timely and accurate enrollment in the EFT program, please fill out the form on this page and return it by mail to:

EDS, 4905 Waters Edge, Raleigh, NC, 27606
or

Fax: 919-851-4014, Attention: Melody Bauman

We will run a trial test between our bank and yours. This test will be done on the first checkwrite you are paid after we receive this form. Thereafter, your payments will go directly to your bank account. Your RA will continue to come through the mail. On the last page of your RA in the top left corner it will state "EFT number" rather than "Check number" when the process has begun. Contact **Melody Bauman** at 919-851-8888 or 800-688-6696 with any questions regarding EFT.

Thank you for your cooperation in making this a smooth transition to Electronic Funds Transfer, and for helping us to make the Medicaid payment process more efficient for your provider community.

Authorization Agreement for Automatic Deposits (Credits)

Company Name: Electronic Data Systems (EDS)

I (we) hereby authorize EDS to initiate credit entries to my (our) checking or savings account indicated below and the depository name below, hereinafter call DEPOSITORY, to credit the same such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

BANK TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until EDS has received written notification from me (or either or us) of its termination in such time and in such a manner as to afford EDS a reasonable opportunity to act on it.

PROVIDER NAME(S) _____

BILLING PROVIDER NUMBER _____


DATE _____ SIGNED _____

Please list a name and telephone number of someone to contact with questions EDS may have on initiating this automatic deposit.

CONTACT _____ TELEPHONE NUMBER _____

USE A SEPARATE FORM FOR EACH PROVIDER NUMBER.

A DEPOSIT SLIP MUST BE ATTACHED FOR EACH BANK ACCOUNT.

DEPOSIT TICKET	JOHN B. SMITH 123 East Main St. Anytown, USA 12345	CASH				 22/1040/465 <small>This deposit is accepted subject to verification, the provisions of the uniform commercial code and the rules and regulations of this financial organization. Deposits may not be available for immediate withdrawal.</small>
	DATE _____ 19 _____	CHECKS				
	FIRST UNITED BANK OF ANYTOWN ROUTING AND TRANSIT NO. 123456789	TOTAL				
		LESS CASH RECEIVED				

BE SURE EACH ITEM IS ENDORSED

▪230105653▪ 1000000495945▪

Attention: All Providers

Refunds Resulting from Patient Liability Errors: Correction to October 1997 Medicaid Bulletin Article

A refund to Medicaid may be required because erroneous patient liability amounts and/or patient liability was reduced due to erroneous claim billing. When refunding, clearly indicate with the refund check and documentation that the reason for the refund is patient liability and identify the appropriate amount to be applied to claim. Examples are noted below:

	<u>Partial Refund</u>		<u>Full Refund</u>
	Example #1	Example #2	Example #3
	Partial refund overbilled by \$50 (\$45 claim error and \$5 erroneous deduction of patient liability)	Claim was overbilled by \$45 only - no effect on patient liability	Claim was billed completely wrong - refunding all monies. Since you are refunding all funds, the North Carolina Medicaid system will automatically adjust both the claim payment and patient liability as appropriate; therefore, you need not indicate patient liability information in this instance only
Original Claim Payment	\$100	\$100	\$200
Original Patient Liability Deducted	\$10	\$10	\$20

Refund the following:

Claim Payment Refund	\$45	\$45	\$200
Patient Liability Deduction - Refund	\$5	\$0	\$0
Total Refund	\$50	\$45	\$200

EDS

1-800-688-6996 or 919-851-8888

Attention: Physician Providers

Type of Treatment (TOT) codes

EDS is receiving an increasing number of claims filed with the incorrect TOT. These claims are subject to denial.

Providers can reduce claim denials and delays in receiving payment by entering the correct TOT in block 24C of the HCFA-1500 claim form.

Please refer to the following table to determine the correct TOT when billing surgical procedure codes.

Service Description	TOT of Claim Block 24C	Type of Service on RA
Primary Surgeon	02	3
Assistant At Surgery	08	2
Anesthesia	07	1

EDS

1-800-688-6696 or 919-851-8888

**Attention: Primary Care Providers (PCPs)
Departments of Social Services**

Additional DSS Categories Eligible for Carolina ACCESS Enrollment

Effective January 12, 1998, Carolina ACCESS will begin enrolling the following additional DSS Recipient Categories:

Mandatory Categories

SAD - Special Assistance-Aid to Disabled

MSB - Medicaid-Special Assistance to the Blind

Optional Categories

MPW - Medicaid-Pregnant Women

IAS - Title IV-E Adoption Subsidy

HSF - Foster Care-Non Title IV-E

Medicaid Recipients w/Medicare Coverage

For further information, contact your county Managed Care Representative or the DMA Managed Care Unit.

***DMA Managed Care Unit
919-715-5417***

Attention: All Hospital Providers

Utilization Review Continued Stay Dates

The Division of Medical Assistance (DMA), Medical Policy Section has received many questions from hospitals regarding the information in the utilization review plans, including where to write the continued stay review date. Clarification has been received from HCFA regarding the location of this continued stay review date. The HCFA letter states in part: "Continued stay information should be entered into the utilization review (UR) record AND also the recipient's medical record". When records are electronically filed, this date should be incorporated into both the computerized UR record and the medical record.

Reminder: Hospital UR Plans should be updated with changes in hospital operations (e.g. name changes, changes in ownership, increase/decrease in specialty beds, etc.). These updated plans must be approved by DMA before implementation. Copies of updated plans should be sent to:

Ann Hemmens,
Medical Policy Section, DMA
1985 Umstead Drive
Raleigh, North Carolina, 27626-0529.

Questions regarding these plans should be addressed to either Ann Hemmens or Carol Robertson at 919-733-2833.

***Ann Hemmens or Carol Robertson, Medical Policy
DMA, 919-733-2833***

Attention: Health Check Providers

Seminars

Health Check seminars will be held in March 1998. The February Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues and return to:

Provider Representative
EDS
P.O. Box 300009
Raleigh, NC 27622

Attention: Dialysis Providers

Individual Visits

EDS is offering individual provider visits for all Dialysis providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

Dialysis Provider Visit Request Form
(No Fee)

Provider Name _____ Provider Number _____
Address _____ Contact Person _____
City, Zip Code _____ County _____
Telephone Number _____ Date _____

List any specific concerns you would like us to address in the space provided below:

Return to: Provider Relations
EDS
P.O. Box 300009
Raleigh, NC 27622

Attention: Durable Medical Equipment (DME) Providers

Seminars

Durable Medical Equipment (DME) seminars will be held in March 1998. The February Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues and return to:

Return to: Provider Relations
 EDS
 P.O. Box 300009
 Raleigh, NC 27622

Attention: Certified Registered Nurse Anesthetists (CRNA) & Anesthesiologist Providers

Individual Visits

EDS is offering individual provider visits for all Certified Registered Nurse Anesthetists (CRNA) and Anesthesiologist providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

CRNA Provider Visit Request Form
(No Fee)

Provider Name _____ Provider Number _____
Address _____ Contact Person _____
City, Zip Code _____ County _____
Telephone Number _____ Date _____

List any specific concerns you would like us to address in the space provided below:

Return to: Provider Relations
 EDS
 P.O. Box 300009
 Raleigh, NC 27622

Attention: All Providers**Carolina ACCESS Video**

Carolina ACCESS has produced a new, recipient-oriented instructional video called Carolina ACCESS: Health Care for You. It describes the advantages and operating rules of the Carolina ACCESS Program. The video is ten minutes long and available in "looped" (continuous back-to-back) or single-copy format. It is suitable for showing in lobbies and waiting rooms or to individuals. ACCESS hopes you will utilize this tape to learn more about the program and to help educate your clients. Each DSS Managed Care Representative in your county has a small inventory on hand for loan or duplication.

Attention: All Providers**Billing Pap Smears with Correct Type of Treatment**

Effective with date of service January 1, 1998, Medicaid will cover three different types of Pap smears. Reference the 1998 CPT book for the complete definition of each procedure code:

- 88142-Thin prep
- 88150-88155-Non-Bethesda
- 88156-88158-Bethesda

Effective with date of service January 1, 1998, procedure code 88141, which represents the professional component, can only be billed when any one code (88142-88158) is billed as the technical component.

The following table illustrates how the procedure code(s) can be billed and the relationship between the type of treatment and type of service. Note 88142-88158 can be billed as either T or 5, but not both.

Procedure Code	Type of Treatment on HCFA-1500 box 24C	Type of Service reported on RA	Place of Service
88142-88158	T (technical)	T	1-3
88142-88158	5 (complete)	3	1-3

Remember, when any of the procedure codes 88142-88158 is billed as the complete component, 88141 will deny.

Procedure Code	Type of Treatment on HCFA-1500 Box 24C	Type of Service Reported on RA	Place of Service
88141	4 (professional)	5	1-3

EDS

1-800-688-6696 or 919-851-8888

Attention: All HMO Providers in Gaston and Mecklenburg Counties

Complete List of In-Plan and Out-of-Plan Benefits for HMO Enrollees: Correction to October 1997 Bulletin Article

Some in-plan and out-of-plan benefits for HMO enrollees were omitted from the October 1997 Bulletin article entitled, "HMO Enrollment of the Blind, Disabled, and Adult Care Home Residents." A complete list of benefits is listed below:

In-Plan Benefits

Adult Health Screening	Home Health	Except MHSA*
Ambulance	Home Infusion Therapy	Speech Therapy
Chiropractic Services	Hospice	Podiatry
Clinic Services- Except MHSA*	Inpatient Hospital - except MHSA*	Private Duty Nursing
Diagnostic Services	Laboratory Services	Prosthetics/Orthotics
Dialysis	Midwife	Radiology Services
Durable Medical Equipment	Occupational Therapy	Sterilization
Emergency Room	Optical Supplies	Total Parenteral Nutrition
Eye Care	Outpatient Hospital	* (MHSA) Mental Health and Substance Abuse
Family Planning Services & Supplies	Physical Therapy	
Health Check	Physician Services, including Physician Assistants and Nurse Practitioners-	
Hearing Aids		

Out-of-Plan Benefits

At-Risk Case Management	HIV Case Management	Prescription Drugs
CAP Services	ICF- MR	School-Related & Head Start Therapies
Carolina Alternatives	Maternity Care Coordination	Skilled or Intermediate Nursing Care
Child Service Coordination	Mental Health - Inpatient & Outpatient	Substance Abuse
Dental	Personal Care Services	
DSS Non-Emergency Transportation	Adult Care Home-Personal Care	

DMA Managed Care Unit
919-715-5417

Attention: All Providers

1998 CPT Updates

Effective with date of service January 1, 1998, Medicaid providers may bill the 1998 CPT codes.

Claims filed with obsolete 1997 CPT codes for dates of service January 1, 1998 through March 31, 1998 will be accepted for processing. Dates of service on and after April 1, 1998 must be filed with 1998 CPT codes.

Close attention should be given to the individual psychotherapy codes, 90816 through 90829. North Carolina Medicaid does not reimburse for psychotherapy in partial hospital facilities or residential care facilities except when they are billed through the Area Mental Health Centers. Psychotherapy provided in an inpatient hospital is reimbursed by Medicaid for qualified providers.

The 1998 CPT codes requiring further review by the Division of Medical Assistance are currently not covered:

CPT 35400	Angioscopy (non-coronary vessels or grafts during therapeutic intervention).
CPT 76390	Magnetic Resonance Spectroscopy
CPT 78491	Myocardial Imaging PET single study
CPT 78492	Myocardial Imaging PET multiple study

The 1998 CPT codes that are non-covered are:

CPT 89251	Culture and fertilization of oocyte(s) with co-culture of embryos
CPT 89252	Assisted oocyte fertilization, microtechnique (any method)
CPT 89253	Assisted embryo hatching, microtechnique (any method)
CPT 89254	Oocyte identification from follicular fluid
CPT 89255	Preparation of embryos for transfer (any method)
CPT 89256	Preparation of cryopreserved embryos for transfer (include thaw)
CPT 89257	Sperm identification from aspiration (other than seminal fluid)
CPT 89258	Cryopreservation; embryo
CPT 89259	Cryopreservation; sperm
CPT 89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
CPT 89261	Sperm isolation; complex prep (e.g., per col gradient) for insemination or diagnosis with semen analysis
CPT 90885	Psychiatric Evaluation of hospital records, reports, tests and other accumulated data for medical diagnostic purposes.
CPT 96902	Microscopic examination of hairs plucked or clipped to determine counts or structural hair shaft abnormality
CPT 97001	Physical Therapy evaluation
CPT 97002	Physical Therapy re-evaluation
CPT 97003	Occupational Therapy evaluation
CPT 97004	Occupational Therapy re-evaluation
CPT 97780	Acupuncture, one or more needles, without electrical stimulation
CPT 97781	Acupuncture, with electrical stimulation
CPT 99141	Sedation with or without anesthesia (conscious sedation); IV, IM, or Inhalation.
CPT 99142	Sedation with or without analgesia (conscious sedation) oral, rectal and/or intranasal.
CPT 99374-99380	Care Plan Oversight Services

EDS

1-800-688-6696 or 919-851-8888

Attention: All Providers

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Checkwrite Schedule

December 30, 1997	February 3, 1998	March 3, 1998
January 6, 1998	February 10, 1998	March 10, 1998
January 13, 1998	February 19, 1998	March 17, 1998
January 22, 1998		March 26, 1998

Electronic Cut-Off Schedule *

December 19, 1997	January 30, 1998	February 27, 1998
January 2, 1998	February 6, 1998	March 6, 1998
January 9, 1998	February 13, 1998	March 13, 1998
January 16, 1998		March 20, 1998

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

Paul R. Perruzzi, Director
Division of Medical Assistance
Department of Health and Human Services

James R. Clayton
Executive Director
EDS



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