



# North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance  
Published by EDS, fiscal agent for the North Carolina Medicaid Program*

Visit DMA on the Web at: [www.dhhs.state.nc.us/dma](http://www.dhhs.state.nc.us/dma)

Attention: All Dental Providers and Dental Health Department Clinics

## Mandatory Use of the 1999 ADA Claim Form Effective March 1, 2001

Effective March 1, 2001, all requests for prior approval and all claims for payment for dental services must be submitted on the 1999 American Dental Association (ADA) claim form. Any claims or prior approval requests not received on the 1999 claim form beginning March 1, 2001 will be returned to the provider.

A sample of the 1999 ADA claim form is printed in the Dental Forms and Instructions Section of the May 2000 North Carolina Medicaid Dental Services manual. Refer to a copy of this manual for complete prior approval and billing instructions. Additional manuals may be purchased by contacting EDS Provider Enrollment or EDS Provider Services (919-851-8888 or 1-800-688-6696).

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

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

## Attention: Nursing Facility Providers

### Preadmission Screening and Annual Resident Review

In the January 2001 Bulletin, providers were informed that residents “grandfathered” into the Preadmission Screening and Annual Resident Review (PASARR) program with forms used prior to February 1994 must have a First Health (formerly First Mental Health) PASARR screen and receive a PASARR number from First Health (FH) by January 1, 2001.

Due to the multitude of requests forwarded to FH, the deadline for these “grandfathered” residents has been **extended to April 1, 2001.**

**Margaret O. Langston, RN, Institutional Services, Medical Policy Section  
DMA, 919-857-4020**

## Attention: Carolina ACCESS PCPs and Area Mental Health Centers

### Outpatient Mental Health Services for Children Birth through 20 Years of Age

Effective February 1, 2001, the Division of Medical Assistance will increase access to mental health services to children birth through 20 years of age by directly enrolling Licensed Psychologists, Licensed Clinical Social Workers, and Certified Child and Adolescent Psychiatric Nurse Practitioners and Clinical Nurse Specialists as Medicaid providers.

The benefit package includes 26 outpatient visits per calendar year when referred by the Carolina ACCESS PCP or Area Mental Health Center. Visits beyond the 26-visit limit will require the mental health provider to request prior authorization from Value-Options, the utilization review organization.

As the referring provider, the PCP or Area Mental Health Center will give the mental health provider a referral number for payment of the claim. The mental health provider cannot be paid unless the referring provider’s number appears on the claim. To facilitate the referral process, referrals may be made by telephone, fax, or in writing. Mental health providers are expected to communicate the plan of care and anticipated length of treatment to the referring provider following the guidelines for patient confidentiality as a means to assure continuity of care.

**Carol Robertson, Medical Policy Section  
DMA, 919-857-4020**

## Attention: All Providers Where to Obtain Forms

All forms – except claim forms – used by providers enrolled in the Medicaid program are available from EDS Provider Services. Many of the forms are included in the provider manuals, Medicaid Bulletins, and workshop handouts, and can be copied for use by the provider. Some forms are also available on the Division of Medical Assistance’s Internet home page at [www.dhhs.state.nc.us/dma](http://www.dhhs.state.nc.us/dma). The following table lists where to obtain forms.

<b>Name of Form</b>	<b>DMA Internet Home Page</b>	<b>Medicaid Publications (Bulletins, Provider Manuals, Workshop Handouts)</b>	<b>EDS Provider Services 1-800-688-6696 or 919-851-8888</b>	<b>Other</b>
Attorney Medicaid Lien Request (DMA-2071)	X		X	
ADA Dental Claim (version 1999)				American Dental Association 1-800-947-4746
Adult Care Home Personal Care Physician Authorization and Care Plan (DMA-3050)			X	
Certificate of Need (DMA 3009)			X	
Certificate of Need (DMA 3009-A)			X	
Certification of Signature on File	X	X	X	
CLIA Certification	X	X	X	
DEA Number Request	X	X	X	
Disability Determination Transmittal (DMA-4037)	X		X	
Electronic Funds Transfer Authorization Agreement	X	X	X	
Emergency Certification for Medicaid (DMA-5050)	X		X	
Fee Schedule Request	X	X	X	
HCFA-1500 Claim				Available from most office supply stores
Health Insurance Information Referral (DMA-2057)	X	X	X	
Health Insurance Premium Payment Application (DMA-2069)	X		X	
Individual Authorization (DMA-3019)	X		X	
Instructions for Medicaid Lien Request (DMA-2071-I)	X		X	
Insurance Medicaid Lien Request (DMA-2072)	X		X	
Long Term Care Services (FL2)			X	

Name of Form	DMA Internet Home Page	Medicaid Publications (Bulletins, Provider Manuals, Workshop Handouts)	EDS Provider Services 1-800-688-6696 or 919-851-8888	Other
Long Term Care Services Utilization Review Report (FL12)			X	
Medicaid Claim Adjustment Request	X	X	X	
Medicaid Credit Balance Report	X	X	X	
Medicaid Resolution Inquiry	X	X	X	
Medical Provider Verification (DMA-5037)	X		X	
Medicare Crossover Reference Request	X	X	X	
Notification of Change in Provider Status	X	X	X	
Personal Care Services (PCS) Physician Authorization and Plan of Care (DMA-3000)	X		X	
Pharmacy Adjustment Request (372-200)	X	X	X	
Pharmacy Claim			X	
Prior Approval <ul style="list-style-type: none"> <li>• Certificate of Medical Necessity and Prior Approval for DME (372-131)</li> <li>• General Request for Prior Approval (372-118)</li> <li>• Supplement to Dental Prior Approval</li> <li>• Request for Visual Aids (372-017)</li> <li>• Psychiatric Prior Approval</li> <li>• Private Duty Nursing Referral</li> </ul>			X	
Provider Visit Request	X	X	X	
Referral for Diagnosis and Treatment			X	
Referral to Local Social Security Office (DMA-5049)	X		X	
Report of Medical Examination (DMA-5006)	X		X	
Six Prescription Limit Override (DMA-3098)	X	X	X	
State-to-State Ambulance Transport Addendum (372-118A)			X	
Sterilization Consent Statement		X	X	

Name of Form	DMA Internet Home Page	Medicaid Publications (Bulletins, Provider Manuals, Workshop Handouts)	EDS Provider Services 1-800-688-6696 or 919-851-8888	Other
TPR Accident Information Report (DMA 2043)	X	X	X	
TPR Health and Accident Resources Information (DMA-2041)	X		X	
UB-92 Claim				Available from most office supply stores

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

## Attention: Physicians and Durable Medical Equipment Providers

### Upper and Lower Extremity Compression Sleeves

This article is intended to provide clarification of the billing guidelines for compression sleeves.

Durable Medical Equipment (DME) providers can bill for a medically necessary segmental or nonsegmental pneumatic appliance for use with pneumatic compressor, full arm. These appliances are used with a compressor (E0650, E0651 or E0652), which must be rented on a monthly basis. A pneumatic compression device is covered only for the treatment of refractory lymphedema. When it is necessary for a recipient to be treated with a segmental or nonsegmental pneumatic compressor on an upper extremity, one of the following appliance procedure codes should be used:

- E0668 Segmental, pneumatic appliance for use with pneumatic compressor, full arm
- E0672 Segmental gradient pressure pneumatic appliance, full arm

**Note: DME providers may also bill half-arm appliances as well as lower extremity appliances. The procedure codes listed above require prior approval. Providers are expected to bill their usual and customary rates.**

Jobst compression sleeves for upper and lower extremities are covered under physician services when they are medically necessary. Jobst compression sleeves are not attached to a compressor. A qualified staff member must measure the recipient’s extremity. The sleeve must be ordered specifically for the recipient and dispensed from the physician’s office to the recipient. Billing guidelines require the invoice to be submitted with the claim. The invoice must identify the item ordered (Jobst compression sleeve) and indicate it was ordered for the recipient. W5120 must be billed for compression sleeves for either the upper and lower extremities.

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

## Attention: All Prescribers

### Recommendations from Drug Utilization Review Study

Last quarter the Drug Utilization Review (DUR) Board, consisting of practicing physicians and clinical pharmacists, conducted a review of prescription claims for diabetic patients who have been diagnosed with hypertension and who were not on an ACE-inhibitor, beta blocker, or angiotension II receptor antagonist.

Surprising results revealed that calcium channel blockers were prescribed as the preferred drug by many practitioners in North Carolina. For example, Norvasc was the 11<sup>th</sup> most frequently prescribed Medicaid prescription dispensed between August 1999 through August 2000.

Based on recent information in the *New England Journal of Medicine* (1999; 340:677-84), calcium channel blockers have proven inferior to other anti-hypertensives, especially in selected subgroups such as elderly patients with both diabetes and systolic hypertension. These agents, which are more expensive, do not decrease morbidity and mortality in this patient population.

It is apparent from this DUR Board review that prescribing practices are not consistent with evidence-based guidelines. We encourage prescribers to consider evidence-driven prescribing practices (as described below) for the treatment of hypertension in the diabetic population.

The Sixth Report of Joint National Committee on Prevention, Detection, Evaluation, Treatment of High Blood Pressure (JNCVI) reported an increasing prevalence of patients who have a diagnosis of both hypertension and diabetes. An estimated 35 percent to 75 percent of diabetic complications (stroke, coronary artery disease, peripheral vascular disease, blindness, ESRD, and amputation) can be attributed to hypertension. Consensus statements from JNCVI and the American Diabetes Association (ADA) recommend ACE-inhibitors as first-line therapy for patients with hypertension and concomitant Diabetes Mellitus (DM) with nephropathy. The ADA recommends the use of ACE-inhibitors for both normotensive and hypertensive patients with Type I DM and microalbuminuria. Guidelines also advocate the use of ACE-inhibitors in hypertensive Type 2 DM patients with microalbuminuria. Appropriate prescribing in this patient population should decrease progression to overt nephropathy and ESRD, and decrease health care costs.

The findings from published randomized clinical trials (FACET, ABCD, MIDAS, SHEP) of hypertensive patients with diabetes or prediabetes show it is prudent to use ACE-inhibitors and low-dose diuretics as the preferred first-line agents. ACE-inhibitors are superior to calcium channel blockers in preventing cardiovascular events.

In conclusion, strong evidence exists that ACE-inhibitors and beta blockers are effective and that ACE-inhibitors are better than calcium channel blockers as first-line agents for diabetics. ACE-inhibitors can significantly reduce the risk of death, heart attacks, and heart failure complications for those patients at risk.

Please use this educational message and share it with your peers and patients. This information is intended to enhance patient health care outcomes.

**Sharman Leinwand, DUR Coordinator, Program Integrity Section  
DMA, 919-733-3590 ext. 229**

## Attention: All Providers

### Corrected 1099 Requests – Action Required by March 1, 2001

The 1099 MISC form is generated as required by IRS guidelines and is mailed to each provider by January 31 every year. The 1099 MISC tax form mailed to providers for 2000 reflects the tax information on file with Medicaid as of the last Medicaid Checkwrite cycle date, December 15, 2000.

If the tax name or tax identification number on the annual 1099 MISC you receive is **incorrect**, a correction to the 1099 MISC can be requested. Correction ensures that accurate tax information is on file with Medicaid and sent to the IRS annually. When the IRS receives incorrect information on your 1099 MISC it may require backup withholding in the amount of **31 percent of future Medicaid payments**. The IRS could require EDS to initiate and continue this withholding to obtain correct tax data.

A correction to the original 1099 MISC must be **submitted by March 1, 2001** and must be accompanied by the following documentation:

- A copy of original 1099 MISC
- A completed Special W-9 (included in this bulletin) clearly indicating the correct tax identification number and tax name or a completed IRS W-9 form (ensure all fields are completed as required)
- A signed and dated Special W-9 or IRS W-9 certifying that the tax information provided is correct

Fax both documents to 919-859-9703, Attention: Corrected 1099 Request  
or

Mail both documents to:

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

Upon receipt of the fax or mailed correction request, tax information on file with Medicaid will be updated according to the Special W-9 or IRS W-9. Tax information updates can be verified by checking the last page of each Medicaid Remittance and Status Advice (RA), which reflects both the provider tax name and tax identification number on file. Additionally, a copy of the corrected 1099 MISC will be generated and mailed for your record retention. All corrected 1099 MISC requests will be summarized and reported to the IRS as required.

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





## Attention: All Providers

# Stereotactic Pallidotomy

The Division of Medical Assistance began covering Stereotactic Pallidotomy, CPT code 61720, beginning with date of service November 1, 2000. Coverage is only for ICD9-CM diagnosis code 332.0, Idiopathic Parkinson's Disorder, and prior approval is required.

Documentation must support **all** of the following:

1. Recipient must exhibit at least rigidity and bradykinesia.
2. Recipient must have typical paralysis agitans.
3. Recipient must have shown optimal response to levodopa in the past.
4. There must be a neurological evaluation that indicates the recipient has become refractory to medical therapy or has developed intolerance to medication.
5. The absence of advanced cerebral atrophy, focal lesion or lacuna of the basal ganglia must be documented through MRI or CT.
6. Recipient must be alert, cooperative, and in general good health.
7. Recipient must have had active disease for more than five years.

Prior approval may be denied if any of the following are present:

- dementia, cerebral atrophy or confusional state
- history of nonresponse to medication
- atypical Parkinson's Disorder
- advanced disease
- other conditions that could explain the neurological symptoms

Prior approval will **not** be considered for:

- pallidotomy using stereotactic radiation. (This is considered investigational and is therefore noncovered by Medicaid.)
- bilateral pallidotomy on the same date of service.

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## Attention: All Providers

# Renovation of the MMIS System – Identification Tracking Measurement Enhancement (ITME) Project

The Division of Medical Assistance (DMA) is upgrading and enhancing the Medicaid Management Information System (MMIS). The goals of the renovation, as noted in the April, 2000 Bulletin, are:

- more efficient claims processing
- improved flexibility to administer special programs and experiment with new methods for program oversight
- begin use of web-based technologies

The enhancements will include minimal changes to the Remittance and Status Advice (RA), submission of adjustment requests, prior approval, and voice response and eligibility verification systems.

Changes to the following parts are detailed in the Provider Impact section of this article.

### **Part I - Remittance and Status Advice**

### **Part II - Adjustment Requests – NEW FORM**

### **Part III - Prior Approval (PA)**

### **Part IV - Automated Voice Response (AVR) System and Eligibility Verification System (EVS)**

## **Implementation Schedule**

**Updated Implementation Date:** The implementation of system changes for the ITME project has been extended to February 9, 2001. The revised date of February 9, 2001 supercedes the original implementation date reflected in the September and October, 2000 ITME bulletin articles. Please note that all references to effective dates in the remainder of this article have been revised to reflect the extended date of February 9, 2001.

The RA will reflect the changes noted in Part I beginning February 9, 2001. Part II reflects the new N.C. Medicaid adjustment form. Use of this form is required as of February 9, 2001. Part III provides new instructions for submitting services that have been prior approved. Part IV addresses changes to the AVR System and EVS resulting from this enhancement.

## **Provider Impact**

### **Part I: Remittance and Status Advice (RA) - See Example 1**

RA modifications/format changes will be kept to only those that are necessary in conjunction with the ITME project. Overall, the RA will look very similar to the current format. Please note the format changes on the RA sample following this article (Example 1).

### Addition of Financial Payer Code

A financial payer code follows the claim internal control number (ICN) in the first line of the claim data reflected on the RA. This financial payer code denotes the entity responsible for payment of the claims listed on the RA. Upon implementation, N.C. Medicaid will be the only financially responsible payer; therefore, the N.C. Medicaid payer code of NCXIX (five characters) will be reflected.

Addition of Population Group Payer Code

The RA reflects the population payer code for each claim detail. The population payer code is printed at the beginning of each claim detail line on the RA. The population payer code denotes the special program/population group from which a recipient is receiving Medicaid benefits. Examples of population payer codes are as follows:

<b>Code</b>	<b>Name</b>	<b>Description</b>
CA-I	Carolina ACCESS	All recipients enrolled in Medicaid's Carolina ACCESS program
CA-II	ACCESS II	All recipients enrolled in Medicaid's ACCESS II program
CAB	ACCESS III – Cabarrus County	All recipients enrolled in Medicaid's ACCESS III program for Cabarrus County
PITT	ACCESS III – Pitt County	All recipients enrolled in Medicaid's ACCESS III program for Pitt County
HMOM	Health Maintenance Organization (HMO)	All recipients enrolled in Medicaid's HMO program
NCXIX	Medicaid	All recipients not enrolled in any of the above noted population payer programs. Any recipient not identified with Carolina ACCESS, ACCESS II, ACCESS III, or HMO will be assigned the NCXIX population payer code to identify them with the Medicaid fee-for-service program.

Other population payers may be designated by DMA in the future.

Addition of new totals following the current claim total line

An additional line is added following each claim total line of the paid and denied claim sections of the RA for the following claim types: Medical (J), Dental (K), Home Health, Hospice and Personal Care (Q), Medical Vendor (P), Outpatient (M), and Professional Crossover (O). This additional line reflects original claim billed amount, original claim detail count, and total number of financial payers. Upon implementation in February, 2001, N.C. Medicaid will be the only financial payer; these new totals will reflect the submitted claim totals.

These additional totals do not appear for claim types Drug (D), Inpatient (S), Nursing Home (T), and Medicare Crossover (W) since they are not processed at the claim detail level and will not have multiple financial payers assigned, based on current N.C. Medicaid billing policy.

Addition of a new summary page at end of RA

For each Medicaid population payer identified on the paper RA, a new summary page showing total payments by population payer is provided at the end of the RA. This provides population payer detail information for tracking and informational purposes.

New specifications for Tape RA

Updated specifications have been mailed to all Tape RA Providers. If you are currently receiving a Tape RA and have not received the updated specifications, or have questions regarding the changes, please contact Glenda Raynor, Manager of EDS Electronic Commerce Services, at 919-851-8888 extension 5-3099.

**Part II: Adjustment Requests – NEW FORM (Example 2)**

The N.C. Medicaid program will begin using a new RA format in February, 2001. This new format affects the way adjustment request forms are completed by the provider and processed by EDS. The appropriate “financial payer” information found on the new RA will be required on all adjustment request forms after February 9, 2001. DMA and EDS have implemented a new adjustment request form to help with these changes. One of the predominant changes is in the “claim number” field. This area is now identified with twenty boxes, each box for one number of the referenced claim number. Until February 9, 2001, there will be five empty boxes at the end of the claim number. After the February 9, 2001 implementation of the MMIS enhancements, these spaces will be used for the financial payer code information. Providers may begin using this new adjustment request form now if it facilitates implementing these changes. (Refer to example of claim field below.) Please contact EDS Provider Services with questions about the new format and processing of an adjustment request.

Claim # field on Adjustment form from RA prior to February 9, 2001:

Claim #: 

#	#	#	#	#	#	#	#	#	#	#	#	#	#	#					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Claim # field on Adjustment form from RA after February 9, 2001:

Claim #: 

#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	N	C	X	I	X
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**Part III: Prior Approval (PA)**

Effective February 9, 2001, entering the prior approval number on the claim form by the provider to receive payment for services rendered will no longer be required. This holds true for all prior approved Medicaid services, regardless of the entity giving the prior approval.

Prior approval requirements and the criteria for approval of services have not changed. Those services that previously required prior approval before the implementation of the enhanced MMIS will continue to require prior approval. If a service was approved prior to February 9, 2001 but was not provided or billed until after February 9, 2001, the original prior approval is still valid. The MMIS will verify that prior approval was obtained before claims payment can occur. If the services being submitted on the claim form require prior approval, and approval has not been obtained, that claim will be denied. The only change is that the input of the prior approval number is no longer required on the claim form by the provider as of February 9, 2001.

**Part IV: Automated Voice Response (AVR) System and Eligibility Verification System (EVS)**

These systems will be enhanced with new messages that will explain under which special Medicaid program or programs a recipient is enrolled as a participant. Additional information regarding these system enhancements will be provided in subsequent bulletin articles.

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

EXAMPLE 1

**NORTH CAROLINA MEDICAID  
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
ANYWHERE NC 22222

PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		1		280767		
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG		TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAYED	EXPLANA-					
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION		BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION					
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS				CHARGES		CODES					
<b>PAID CLAIMS</b>																		
<b>MEDICAL</b>																		
JONES MARY	D CO=81 RCC=			CLAIM NUMBER=101999165181580NCXIX														
988888888A	MED REC=9999999			ATTN PROV=89XXXX								1.0000						
NCXIX	06011999	06011999	1 3	99244	OUTPT. CONSULT, SEVERE- PHY	23000	11029	11971	00	11971	00	11971	534					
				25														
NCXIX	06011999	06011999	1 3	93526	COMB RT HEART CATHETERIZATI	130000	00	130000	00	130000	00	130000	99					
				26														
NCXIX	06011999	06011999	1 3	93543	INJECTION FOR HEART X-RAY	25100	22328	2772	00	2772	00	2772	98					
NCXIX	06011999	06011999	1 3	93545	INJECTION FOR HEART X-RAY	42500	39585	2915	00	2915	00	2915	98					
NCXIX	06011999	06011999	1 5	93555	IMAGING SUPERVISION, INTERP	26000	22581	3419	00	3419	00	3419	98					
				26														
NCXIX	06011999	06011999	1 5	93556	IMAGING SUPERVISION, INTERP	36500	32438	4062	00	4062	00	4062	98					
				26														
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	283100	127961	155139	00	155139	00	155139
ORIGINAL BILLED AMOUNT=			2831.00			ORIGINAL DETAIL COUNT=		6	TOTAL FINANCIAL PAYERS=					1				
MOORE JOE	D CO=77 RCC=			CLAIM NUMBER=101999170192650NCXIX														
999777777A	MED REC=00008888888			ATTN PROV=8900000								1.0000						
NCXIX	05311999	05311999	4 3	84520	UREA NITROGEN; QUANTITATIVE	2000	1061	939	00	939	00	939	2955					
NCXIX	05311999	05311999	1 3	82565	CREATININE; BLOOD	2300	2300	00	00	00	00	00	2954					
NCXIX	05311999	05311999	1 3	84132	POTASSIUM SERUM	2000	2000	00	00	00	00	00	2954					
NCXIX	05311999	05311999	1 3	85014	BLOOD COUNT; OTHER THAN SPU	1400	1073	327	00	327	00	327	98					
NCXIX	05311999	05311999	1 3	85018	HEMOGLOBIN	1800	1473	327	00	327	00	327	98					
NCXIX	06011999	06011999	1 3	93010	ELECTROCARDIOGRAM REPORT	3500	2491	1009	00	1009	00	1009	534					
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	13000	10398	2602	00	2602	00	2602
ORIGINAL BILLED AMOUNT=			130.00			ORIGINAL DETAIL COUNT=		6	TOTAL FINANCIAL PAYERS=					1				
2 CLAIMS			15	MEDICAL			*****											
						296100	138359	157741	00	157741	00	157741	157741					
****->	TOTAL PAID CLAIMS			2 CLAIMS		296100	138359	157741	00	157741	00	157741	157741					

EXAMPLE 1

**NORTH CAROLINA MEDICAID  
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
ANYWHERE NC 22222

PROVIDER NUMBER		890000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		280767		PAGE		2	
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAYED	EXPLANA-					
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION					
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES					
<b>ADJUSTED CLAIMS</b>																	
<b>PROFESSIONAL ADJUSTMENT</b>																	
BARNES	LARRY	D	CO=43	RCC=	CLAIM NUMBER=901999183001888NCXIX **ADJ**DEBIT TO 101998100300888NCXIX				PAID 12231998	ATTN PROV=							
977788888A	08131998	08141998	2	3	99232	HOSP VISIT, MODERATE. PHYS	18200	8096	10104	8083	2021	00	2021	8926			
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888				MED REC=00009033333									8926			
	21 DUPLICATE OF CLAIM NCXIX 1019990466666666 PAID 03011999																
NCXIX	08171998	08171998	1	3	99231	HOSP VISIT, STABLE. PHYS T	5900	2474	3426	2741	685	00	685	8926			
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																
NCXIX	18181998	08181998	1	3	99232	HOSP VISIT, MODERATE. PHYS	9100	4048	5052	4042	1010	00	1010	8926			
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																
NCXIX	08191998	08191998	1	3	99238	HOSPITAL DISCHARGE DAY MANA	10200	4227	5973	4778	1195	00	1195	8926			
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=	.00	TPL=	.00	43400	18845	24555	19644	4911	00	4911	
1	CLAIMS	5	PROFESSIONAL ADJUSTMENT							43400	18845	24555	19644	4911	00	4911	
****->	TOTAL ADJUSTED CLAIMS		1 CLAIMS							43400	18845	24555	19644	4911	00	4911	

EXAMPLE 1

**NORTH CAROLINA MEDICAID  
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XYZ CORPORATION  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
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PROVIDER NUMBER 8900000		REPORT SEQ. NUMBER 21		DATE 10/27/1999		PAGE 3						
NAME	SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANATION CODES
RECIPIENT ID	FROM	TO										
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS					
<b>DENIED CLAIMS MEDICAL</b>												
JONES JERRY	D CO=77			CLAIM NUMBER=901999197050025NCXIX								
97777777A				MED REC= 00006100000				ATTN PROV= 8910000				
NCXIX	11091998	11091998	1 3	86316 TUMOR ANTIGEN IMMUNOASSAY	8200	5324	2876	00	00	00	00	21
21 DUPLICATE OF CLAIM NCXIX 10199904777777 PAID 0531999												
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 8200 5324 2876 00 0 00 0												
ORIGINAL BILLED AMOUNT= 82.00 ORIGINAL DETAIL COUNT= 1 TOTAL FINANCIAL PAYERS= 1												
PERRY JOHNNY	A CO=48			CLAIM NUMBER=901999172168421NCXIX								
944444444B				MED REC= 10455555				ATTN PROV= 7924000				
NCXIX	06081999	06081999	1 3	99213 OV ESTAB. PT, MODERATE. PHYS	6200	6200	00	00	00	00	00	270
NCXIX	06081999	06081999	1 3	82962 BLOOD GLUCOSE BY MONITORING D Q4	1300	1300	00	00	00	00	00	270
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 7500 7500 00 00 00 00 00												
ORIGINAL BILLED AMOUNT= 75.00 ORIGINAL DETAIL COUNT= 2 TOTAL FINANCIAL PAYERS= 1												
2 CLAIMS 3 MEDICAL ***** 15700 12824 2876 00 00 00												
****--> TOTAL DENIED CLAIMS 2 CLAIMS 15700 12824 2876 00 00 00												

EXAMPLE 1

**NORTH CAROLINA MEDICAID  
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION  
ACCOUNTS RECEIVABLE DEPT  
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PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		4	
NAME	SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES			
RECIPIENT ID	FROM	TO													
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS								
CLAIMS IN PROCESS - THESE CLAIMS ARE BEING PROCESSED AS LISTED															
PROFESSIONAL															
945751888A	GARRETT	JOE	R09081998	09111998	CLAIM= 101999167167167NCXIX		23600			MED REC= 00006655555		102			
901200000A	MCCONNELL	JERRY	04281999	04281999	CLAIM= 101999155166144NCXIX		26500			MED REC= 00009160000		102			
900534500A	SHEPHERD	DAVID	J11011998	11011998	CLAIM= 10199916711111111NCXIX		3500			MED REC= 00006644444		102			
94599200A	BEAN	ALICE	J02011999	02011999	CLAIM= 101999134988888NCXIX		223			MED REC= 00004333333		101			
24966666A	BROWN	WADE	01141999	01141999	CLAIM= 901999155555555NCXIX		1047			MED REC= 00009588888		101			
252645999A	DIXON	EDNA	07121998	07121998	CLAIM= 901999160999999NCXIX		1370			MED REC= 00004444444		101			
6	CLAIMS		PROFESSIONAL		*****		56240								
****->	TOTAL PENDING CLAIMS		6 CLAIMS				56240								
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY															
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H <100%	TXF IND	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB				
ADJUSTMENTS															
NEGATIVE															
PRINCIPAL															
JONES MIRA 900846721Q	09/01/1999 11/15/1999	931999307990020NCXIX 1999309750040NCXIX	1999254751630NCXIX	99%/	N	50000	50000	00	00	50000	0112				
						SUB TOTAL:	50000	50000	00	00	50000				
INTEREST															
MOORE JOHN 976542318P	08/01/1999 10/20/1999	931999400500040NCXIX 1999293502360NCXIX	1999254751631NCXIX		N	1627	1627	00	00	1627	2256				
YOUTH GLADYS 976542318P	08/01/1999 11/25/1999	931999504221001NCXIX 1999329502360NCXIX			N	2075	2075	00	00	2075	2256				
						SUB TOTAL:	3702	3702	00	00	3702				
						TOTAL PPI:	53702	53702	00	00	53702				

(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = WITHHELD AMOUNT ON CLAIMS PAYMENT SUMMARY PAGE)



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REMITTANCE AND STATUS REPORT**

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PROVIDER NUMBER 8900000				REPORT SEQ. NUMBER 21			DATE 10/27/1999		PAGE 5			
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES
<b>FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY</b>												
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	REFUND CCN/ ORIGINAL CCN/ICN	AR CCN	REFUND AMOUNT	BAL FROM PRIOR CYCLE	\$ APPLIED THIS CYCLE	ENDING BALANCE (B-C=E)	EOB				
				(A)	(B)	(C)	(E)					
<b>REFUNDS</b>												
INMAN WILLI 246705500A	04/22/1998 05/03/1999	1999153000002NCXIX 101999109666666NCXIX		4359	4359	517	3842	2242				
ROPER JOE 246705500A	03/28/1998 02/01/1999	1999177400050NCXIX 101999204772555NCXIX		2755	2755	2755	00	2242				
TOTAL:				7114	7114	3272	3842					
(TOTAL OF COLUMN C=TO CREDIT AMOUNT ON CLAIMS PAYMENT SUMMARY PAGE)												
TOTAL FINANCIAL ITEMS		5	*****	60816	60816	56974						

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PROVIDER NUMBER 8900000		REPORT SEQ NUMBER 21		DATE 10/27/1999		PAGE 6						
NAME	SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANATION CODES
RECIPIENT ID	FROM	TO										
POPULATION GROUP	MMDDCCYY	MMDDCCYY	UNITS									
<b>CLAIMS PAYMENT SUMMARY</b> EFT NUMBER 123456												
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>			
	CLAIMS PAID	PAID CLAIMS AMOUNT	WITHHELD AMOUNT(*)	NET PAY AMOUNT (A-B)	CREDIT AMOUNT	NET 1099 AMOUNT (C-D)	IRS WITHHELD AMOUNT	POS & EDI	OTHER W/H	ADJUSTED (NET PAY (C-F-G-H))		
CURRENT PROCESSED	5	1626.52	.00	1626.52	32.72	1593.80	.00	.00	.00	1626.52		
YEAR-TO-DATE TOTAL	12	5000.00	.00	5000.00	32.72	4967.28	.00	.00	.00	5000.00		
1099 INFORMATION 1099 - THIS INFORMATION IF BEING FURNISHED TO THE INTERNAL REVENUE SERVICE												
PROVIDER TAX ID : 62-2222222				PROVIDER TAX NAME : XYZ CORPORATION								
PAYER ID : ELECTRONIC DATA SYSTEMS CORPORATION, PO BOX 30968 RALEIGH, NC 27622 #75-2548211												
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:												
EDS PO BOX 300009 RALEIGH, NORTH CAROLINA 27622												
CLIA - NONE ASSIGNED UPIN - NONE ASSIGNED												
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT												
98 FEE ADJUSTED TO MAXIMUM PAYABLE												
99 PAID AS BILLED												
101 PENDING NORMAL IN-HOUSE PROCESSING												
102 PENDING IN-HOUSE REVIEW												
112 CHECK AMOUNT REDUCED BY RECOUPMENT AMOUNT												
270 BILLING PROVIDER IS NOT THE RECIPIENT'S CAROLINA ACCESS PCP. CONTACT THE PCP FOR AUTHORIZATION; PUT AUTHORIZATION NUMBER IN BLOCK 19 ON THE HCFA-1500 OR FORM LOCATOR 11 OF THE UB-92												
534 COPAY PREVIOUSLY DEDUCTED FOR THIS DATE OF SERVICE												
2242 REFUND APPLIED TO OUTSTANDING PRINCIPAL, PENALTY, AND INTEREST BALANCES (REFER TO WRITE-OFF EOB). 1099 CREDITED FOR RETURN OF MEDICAID PAYMENTS												
2954 REIMBURSEMENT WAS MADE ON PREVIOUSLY PAID DETAIL. PAYMENT IS DETERMINED BY # OF AUTOMATED TESTS BILLED. PAYMENT OF # OF UNITS ARE REFLECTED ON 1ST DETAIL. SEE 5/98 BULLETIN.												
2955 PAYMENT REDUCED TO EQUAL THE NUMBER OF AUTOMATED LAB TESTS BILLED FOR THIS RECIPIENT. ADDITIONAL PAYMENT WAS MADE ON A PREVIOUSLY PAID DETAIL. SEE 5/98 BULLETIN												
8926 ALLOWABLE REDUCED FOR OTHER INSURANCE PAYMENT												

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XYZ CORPORATION  
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PROVIDER NUMBER 8900000		REPORT SEQ. NUMBER 21		DATE 10/27/1999		PAGE 7						
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES

\*\*\*\*\*  
 \* SPECIAL NOTE: IF YOUR REMITTANCE ADVICE IS TEN PAGES OR MORE AND YOU ARE DUE A PAPER CHECK FOR CLAIMS REIMBURSEMENT, YOUR \*  
 \* CHECK WILL BE MAILED IN A SEPARATE ENVELOPE. \*  
 \*\*\*\*\*

EXAMPLE 1

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XYZ CORPORATION  
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PAGE 8

PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		8	
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAYED	EXPLANA- TION CODES			
RECIPIENT ID	FROM	TO	OR		BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT				
POPULATION GROUP	MM	DD	CCYY		MM	DD	CCYY	UNITS		CHARGES					
TOTALS BY POPULATION GROUPING:															
POPULATION GROUPING NUMBER	POPULATION GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT												
NCXIX	MEDICAID	1626.52	3000.00												
CA-I	CCN1	0	1100.00												
CA-II	CCN2	0	900.00												
TOTAL PAID		1626.52	5000.00												



## Attention: Health Check Providers (Physicians, Nurse Practitioners, Nurse Midwives, Federally Qualified Health Centers, Rural Health Clinics)

### Coverage of Health Check Screenings Performed by Child Health Nurse Screeners – Correction to Initial Rostering Requirements

This article corrects the initial roosting requirements listed in the article titled *Coverage of Health Check Screenings Performed by Child Health Nurse Screeners* published in the September 2000 Medicaid Bulletin. The requirements are as follows:

#### **ROSTERING REQUIREMENTS**

##### **Initial Requirements**

To become a Rostered Child Health Nurse Screener, a nurse must:

- Have current licensure as a registered nurse (RN) in the State of North Carolina;
- **Complete the “Introduction to Principles and Practices of Public Health and Public Health Nursing” course (only non-Bachelor of Science in Nursing (BSN) RNs employed in a public health setting); and**
- Complete one of the following:
  1. The North Carolina Child Health Training Program (CHTP) with documented 60 hours minimum of clinical preceptorship.

#### **OR**

2. Comparable pediatric history and physical examination courses with documented 60 hours of clinical preceptorship, **and** successful completion of the CHTP Challenge Procedure, which includes written and clinical examinations.

A letter acknowledging the RN’s rostered status will be mailed from the Office of Public Health Nursing and Professional Development (OPHNPD) upon successful completion and documentation of the initial requirements. A roster of RNs who qualify as Health Check screeners for purposes of Medicaid reimbursement will be maintained by the OPHNPD. The local employing agencies or providers must maintain documentation of the RN’s rostered status and documentation must be made available to the Division of Medical Assistance or its agents upon request.

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

Attention: All Providers

**B**asic Medicaid Seminars

Basic Medicaid seminars are scheduled for April 2001. The March General Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

Attention: Adult Care Home Providers

**A**dult Care Home Seminars

Adult Care Home seminars are scheduled for April and May 2001. The March General Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

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## Checkwrite Schedule

February 6, 2001	March 6, 2001	April 10, 2001
February 13, 2001	March 13, 2001	April 17, 2001
February 22, 2001	March 20, 2001	April 26, 2001
	March 29, 2001	

## Electronic Cut-Off Schedule

February 2, 2001	March 2, 2001	April 6, 2001
February 9, 2001	March 9, 2001	April 12, 2001
February 16, 2001	March 16, 2001	April 29, 2001
	March 23, 2001	

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

\_\_\_\_\_  
John W. Tsikerdanos  
Executive Director  
EDS



P.O. Box 300001  
Raleigh, North Carolina 27622

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