



North Carolina Medicaid Bulletin

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

Attention: Durable Medical Equipment (DME) Providers

Authorization of Durable Medical Equipment Provided to HMO Enrolled Recipients

When a Medicaid recipient is enrolled in a Health Maintenance Organization (HMO), that HMO must be contacted for authorization of all DME. Providers should not seek approval from Purchase of Care (POC) for DME provided under Children's Special Health Services (CSHS), including pediatric mobility systems. Doing so may cause a delay in services or issuance of equipment for the patient and will cause a delay or denial of payment to the provider.

HMO enrollment is available to Medicaid recipients in the following counties: Davidson, Durham, Forsyth, Gaston, Guilford, Harnett, Mecklenburg (mandatory), Orange, Person, Rockingham, Stokes (effective April 1, 1999) and Wake. Providers are responsible for verifying Medicaid eligibility as well as managed care enrollment each month. The Medicaid Identification (MID) card provides eligibility and HMO enrollment information. HMO enrollment is printed in the middle of the MID card and lists the HMO's name, address, and telephone numbers. The Member Services telephone number is first and is used to request authorization of services for HMO members.

HMO enrollment can also be verified through EDS Voice Inquiry at 1-800-723-4337. If Voice Inquiry verifies that a Medicaid recipient is enrolled with an HMO, the provider may then call DMA's Managed Care Section at 919-857-4022 for specific HMO information. Electronic Data Interchange (EDI) is another source for eligibility and HMO enrollment information. Approved EDI vendors are listed in the December 1996 Medicaid Bulletin.

DMA, Managed Care Section, 919-857-4022

<u>In this Issue</u>	<u>Page #</u>
Authorization of Durable Medical Equipment Provided to HMO Enrolled Recipients (DME Providers) -----	1
Bulletin Article Index from August 1998 through January 1999 (All Providers)-----	14
Cochlear Implant Correction (Physicians & Hospitals) ----	7
Directions to Home Health Seminars -----	11
Directions to Modifier Seminars-----	12
Home Health Seminars (Home Health Providers) -----	5
Important Tax Information: Corrected 1099 Processing – Action Required by March 1, 1999 (All Providers)-----	3
Modifier Seminar Schedule -----	9
Modifiers & Y2K Readiness Disclosure (All Providers)-----	7
Modifiers (All Providers except Institutional) -----	8
Rate Changes -----	13
Services Available to Low Income Medicare Beneficiaries (All Providers of the Elderly & Disabled) -----	2
Special W-9 Form -----	4

Attention: All Providers to the Elderly and the Disabled

Services Available to Low Income Medicare Beneficiaries

North Carolina **Medicare Aid** programs pay some Medicare costs for certain elderly and disabled Medicare beneficiaries who have limited incomes and few assets. To protect low income Medicare beneficiaries from potentially high out-of-pocket costs, the North Carolina Division of Medical Assistance (DMA) may pay, depending on income, all or part of the Medicare Part B premium, Part A premium (when applicable), co-insurance, co-payments and deductibles. The **Medicare Aid** programs are helpful to low-income Medicare beneficiaries, but for several reasons many individuals who qualify for benefits are not receiving them. You can help us reach these financially stressed Medicare beneficiaries by alerting them of this additional assistance.

Medicare Aid programs assisting individuals with their Medicare expenses include: the Qualified Medicare Beneficiary (QMB or MQB-Q) program, the Specified Low-Income Medicare Beneficiary (SLIMB or MQB-B) program, and the Qualifying Individual (QI) program. If you come in contact with Medicare beneficiaries whose income and assets fall within the limits listed in the table below, they may be eligible for one of the **Medicare Aid** programs.

	Monthly Income Limit	Financial Resources or Asset Limit*
Individual	\$1,194	\$4,000
Married Couple	\$1,603	\$6,000

* Financial resources are things such as bank accounts, stocks and bonds. Resources do not usually include a person's residence, one automobile, burial plots, home furnishings, personal jewelry and life insurance.

Please suggest low income Medicare beneficiaries contact their county **Department of Social Services** for more information or call the toll free **CARELINE** at **1-800-662-7030**.

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

Attention: All Providers

I mportant Tax Information: Corrected 1099 Processing - Action Required by March 1, 1999

Providers receiving Medicaid payments of 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. It will be mailed no later than January 31, 1999 to each provider. The 1099 MISC tax form will reflect the tax information on file with Medicaid as of the last Medicaid Checkwrite cycle date, December 18, 1998. 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. Requesting a correction is in your best interest. Correction ensures 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, 1999** as follows:

- ◆ Include a copy of original 1099 MISC
 - ◆ Complete the Special W-9 (included in this bulletin) clearly indicating the correct tax identification number and tax name or a complete IRS W-9 form - ensure all fields are completed as required
 - ◆ Sign and date the Special W-9 or IRS W-9 certifying the tax information provided is correct
 - ◆ Fax both documents to (919) 854-2369 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 Report (RA) which reflects both provider tax name and tax identification number on file. Additionally, a copy of the corrected 1099 will be generated and mailed to you for record retention. All corrected 1099 requests will be summarized and reported to the IRS as required.

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

Attention: Home Health Providers

Home Health Seminars

Seminars for Home Health providers will be held in March 1999. Each provider is encouraged to send new and/or appropriate administrative, clinical, and clerical personnel. Coverage issues for home health, service limitations and plan of care (HCFA-485) will be discussed. In addition, procedures for filing home health claims, common billing errors, and follow-up procedures will be reviewed.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Preregistration is strongly recommended.**

Note: Providers are requested to bring their most updated Community Care Manual. Additional manuals will be available for purchase at \$20.00.

Directions are available on page 11 of this bulletin.

Tuesday, March 2, 1999
 Ramada Inn Airport Central
 515 Clanton Road
 Charlotte, NC

Thursday, March 4, 1999
 Martin Community College
 Kehakee Park Road
 Williamston, NC
Auditorium

Wednesday, March 10, 1999
 A-B Technical College
 340 Victoria Road
 Asheville, NC
Auditorium-Building 20

Tuesday, March 16, 1999
 Four Points Sheraton
(Previously known as Howard Johnson)
 5032 Market Street
 Wilmington, NC

Thursday, March 18, 1999
 Ramada Inn
 3050 University Parkway
 Winston-Salem, NC

Wednesday, March 24, 1999
 WakeMed
 MEI Conference Center
 3000 New Bern Avenue
 Raleigh, NC
Park at East Square Medical Plaza

(cut and return registration form only)

Home Health Provider Seminar Registration Form
 (No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

_____ persons will attend the seminar at _____ on _____
 (location) (date)

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

This Page Left Intentionally Blank

Attention: Physicians and Hospitals

Cochlear Implant Correction

The December Medicaid bulletin announced the Medicaid coverage of the cochlear implant for children effective with date of service September 1, 1998.

The coverage criteria is for ages birth to 21 years of age instead of ages two to 21 years of age as printed in the December bulletin.

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

Attention: All Providers

Modifiers and Y2K Readiness Disclosure

As noted in the November 1998 bulletin, the Division of Medical Assistance and our Fiscal Agent, EDS, are in the process of implementing Modifiers for physician and practitioner claims submitted on the HCFA-1500 claim form. The implementation date is scheduled for claims received on/and after June 25, 1999.

Modifier 55 will be used to identify Postoperative Management. More information will be forthcoming on this modifier; however, when billing for Postoperative Management two new dates will be required, to indicate the onset of postoperative management, and the conclusion of the management period.

If you currently file claims to EDS electronically, you must ensure that you have upgraded, or verify that your vendor has upgraded, to the new specifications for the Year 2000 enhancements that you will receive in February 1999. For ECS and tape billers, failure to upgrade your electronic capabilities will result in denial of all claims for postoperative management, as the dates are needed in order to calculate the reimbursement.

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

Attention: All Providers (except Institutional)

Modifiers

The Division of Medical Assistance (DMA) and its Fiscal Agent, EDS, will implement modifier processing for physician and practitioner claims processed beginning June 25, 1999. This means that all claims received by EDS on June 25 and after will be processed using modifier guidelines. Modifiers provide the means by which the reporting physician can indicate that a service or procedure performed has been altered by some specific circumstance but not changed in its definition or code. It is important that providers and their vendors be prepared to submit claims using modifiers by this date. Seminars will be offered in April and May to inform providers of the new billing procedures and policy changes. This new information is being compiled in a Modifier Special Bulletin to be distributed to providers at these seminars.

The Medicaid providers who will be required to bill modifiers are:

- Ambulatory Surgical Centers
- Birthing Centers
- Certified Registered Nurse Anesthetist
- Chiropractors
- Independent Labs
- Independent Nurse Midwives
- Independent Nurse Practitioners
- Optometrists
- Physician Services in Federally Qualified Health Centers
- Physician Services in Rural Health Clinics
- Physician Specialties (All)
- Planned Parenthood (non M.D.)
- Podiatrists
- Portable X-Rays

Modifiers are two-digit codes appended to a five-digit CPT (Current Procedural Terminology) code, HCPCS (Health Care Common Procedure Coding System) code, or State-created code. The two-digit modifier may be numeric, alpha, or alphanumeric, and is intended to convey specific information regarding the procedure or service to which it is appended. Modifiers will aid in the pricing of a procedure, allow more detailed/accurate information to enhance processing, or convey information. Utilizing modifiers for processing physician and practitioner claims enables Medicaid to adopt many of Medicare's policies, allow more accurate processing of claims, and permit providers to bill more uniformly between carriers. Providers will continue to submit the existing HCFA-1500 claim format to the Medicaid program via paper copy or electronic submission. Provider types referenced in this article will no longer be required to bill with 'type of treatment' or 'type of service' on their claims. Instead, they will be mandated to bill utilizing modifiers to denote specific information regarding the services rendered.

The modifiers to be implemented were selected from the three levels of HCPCS listed below:

- Level I two digit, numeric CPT modifiers, (e.g. -22)
- Level II two digit alpha or alphanumeric HCPCS modifiers, (e.g. -SG, -T4)
- Level III two digit, alpha or alphanumeric local modifiers assigned by individual carriers

DMA and EDS are planning informative and educational seminars in April and May for all providers required to bill modifiers. Refer to page 9 of this bulletin for registration information for these seminars.

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

Attention: Ambulatory Surgical Centers, Birthing Centers, Certified Registered Nurse Anesthetists, Chiropractors, Independent Labs, Independent Nurse Midwives, Independent Nurse Practitioners, Optometrists, Physician Services in Federally Qualified Health Centers, Physician Services in Rural Health Clinics, Physician Specialties (All), Planned Parenthood (non M.D.), Podiatrists, Portable X-Rays

Modifier Seminar Schedule

Seminars for providers mandated to bill using modifiers will be held in April and May 1999. Persons involved in billing for these providers should plan to attend. These seminars will discuss the modifiers being implemented by Medicaid, basic modifier information, billing guidelines, and Medicaid policy as it is affected by modifiers. A question and answer session will follow each seminar.

Please select the most convenient site and return the completed registration form to EDS as soon as possible.

8:00-9:00	Check in and Modifier Special Bulletin distribution (by provider number)
9:00-1:00	Seminar
1:00-2:00	Lunch (on your own)
2:00-3:00	Interactive question/answer session

Each participant is requested to have available all Medicaid provider numbers from their office for whom they want to receive a bulletin. (The Medicaid provider number is the billing and attending provider numbers which are entered on the claims when submitted.)

Tuesday, April 20, 1999 Brody Medical Sciences Building 600 Moyer Blvd. Greenville, NC	Wednesday, April 21, 1999 Coast-Line Convention Ctr. 501 Nutt St. Wilmington, NC	Tuesday, April 27, 1999 Bur-Mil Club 5834 Owls Roost Rd. Greensboro, NC <i>Banquet & Triple Crown Rooms</i>	Wednesday, April 28, 1999 CMC Hospital Charlotte, NC <i>Auditorium</i>
Thursday, April 29, 1999 Catawba Valley Tech College Highway 64-70 Hickory, NC <i>Auditorium</i>	Tuesday, May 4, 1999 Radisson Prince Charles 450 Hay Street. Fayetteville, NC <i>Azalea Room</i>	Wednesday, May 5, 1999 Thursday, May 6, 1999 WakeMed MEI Conference Center 3000 New Bern Ave. Raleigh, NC	Tuesday, May 11, 1999 A-B Technical College 340 Victoria Drive Asheville, NC <i>Laurel Building</i>

(cut and return registration form only)

Modifier Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

_____ persons will attend the seminar at _____ on _____

(location)

(date)

***Please include all Medicaid provider numbers represented from your office so the correct number of Modifier Special Bulletins will be distributed. (Medicaid provider numbers are the billing and attending provider numbers which are entered on the claims when submitted.)**

Return to: **Modifier Project
EDS
P. O. Box 300009
Raleigh, NC 27622**

This Page Left Intentionally Blank

Directions to Home Health Seminars

The Registration form for the Home Health workshop is on page 5 of this bulletin.

CHARLOTTE, NORTH CAROLINA

RAMADA INN AIRPORT CENTRAL I Tuesday, March 2, 1999

I-77 to Exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

WILLIAMSTON, NORTH CAROLINA

MARTIN COMMUNITY COLLEGE Thursday, March 4, 1999

Take Highway 64 into Williamston. College is approximately 1-2 miles west of Williamston. The Auditorium is located in Building 2.

ASHEVILLE, NORTH CAROLINA

A-B TECHNICAL COLLEGE Wednesday, March 10, 1999

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building. The Laurel Auditorium is located in the Laurel Building. The Auditorium is located in Building 20.

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON (Previously known as the Howard Johnson Plaza) Tuesday, March 16, 1999

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn left onto Market Street and the Four Points Sheraton (Previously known as the Howard Johnson Plaza) is located on the left.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA Thursday, March 18, 1999

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. Pass the IHOP Restaurant and take the first driveway on the right and follow signs to the Ramada Inn Plaza.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER Wednesday, March 24, 1999

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk from the conference facility. Vehicles will be towed if not parked in appropriate parking spaces designated for the Conference Center.

Directions to the Modifier Seminars

The Registration form for the Modifier workshop is on page 9 of this bulletin.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER

Wednesday, May 5, 1999

Thursday, May 6, 1999

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. Turn left and park in the parking lot on the left. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom.

ASHEVILLE, NORTH CAROLINA

A-B TECHNICAL COLLEGE

Tuesday, May 11, 1999

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building. The workshop will be in the Auditorium which is located in the Laurel Building.

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE

Thursday, April 29, 1999

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70. College is approximately 4 miles on the right.

GREENSBORO, NORTH CAROLINA

BUR-MIL CLUB

Tuesday, April 27, 1999

From I-40 East/ I-85 North: Follow all 220 North signs to Battleground Avenue. Follow Battleground Avenue past Brassfield Shopping Center, through the light at Horsepen Creek Road until you reach the stoplight at Owl's Roost Road. Turn right on Owl's Roost Road and the entrance will be on the left.

WILMINGTON, NORTH CAROLINA

COAST LINE CONVENTION CENTER

Wednesday, April 21, 1999

From I-40 & Hwy 132: Take exit 17S- Market street, turn left on to Market Street, follow Market Street until it ends at river, turn right on to Water Street, turn left on to Nutt street.

From Hwys 421, 74, 76: Cross Cape Fear Mem. Bridge. Take 'Front Street-Downtown' Exit. Turn right onto Front St., turn left onto Market St. for one block. Turn right onto Water St., turn left onto Nutt St.

GREENVILLE, NORTH CAROLINA

BRODY MEDICAL SCIENCES BUILDING

Tuesday, April 20, 1999

From Hwy 264, becomes Stantonsburg Road into Greenville, turn onto Moye Blvd, turn left onto North Campus Loop, the Brody Bldg is the nine story complex.

CHARLOTTE, NORTH CAROLINA

CMC HOSPITAL

Wednesday, April 28, 1999

From I-85, take the I-77 South exit. From I-77, take I-277 East (exit 11A southbound or exit 11 northbound). Follow "Trauma Center" signs to Kenilworth Ave., until reaching Morehead St. Turn left on Morehead, go to Kings Dr. Turn right on Kings Dr. to 1st light, which is Medical Center Dr., turn right. Follow signs to Blythe Visitor's Parking Deck.

FAYETTEVILLE, NORTH CAROLINA

RADISSON PRINCE CHARLES HOTEL

Tuesday, May 4, 1999

From I-95 North: Take exit 46 (87 North) stay on 87 North 6 miles, take the Hay Street exit, turn right, half mile on left is hotel.

From I-95 South: Take exit 56 (Business I-95 South) go 5.1 miles to Grove Street, turn right 0.9 miles to Ray Avenue, turn left 0.3 miles to Hay Street, turn right, hotel is on the right-directly across from City Hall.

Rate Changes

Attention: Physicians

Effective with date of service January 1, 1999, reimbursement rates were changed. Rates were established utilizing 1998 Medicare RBRVS values with a \$32.51 constant factor, which is an increase of 1.9%. The actual billed amount on your claims must **always** contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts. New fee schedules are available.

Pam Munson, Financial Operations
DMA, 919-857-4164

Attention: Health Check Providers (excluding Health Departments)

Effective with date of service January 1, 1999, reimbursement rates for Health Check screenings are changed. The actual billed amount on your claims must **always** contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts. New fee schedules are available.

Pam Munson, Financial Operations
DMA, 919-857-4164

Attention: Dentists

Effective with date of service January 1, 1999, reimbursement rates increased by 1.9%. The actual billed amount on your claims must **always** contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts. New fee schedules are available.

Pam Munson, Financial Operations
DMA, 919-857-4164

Attention: All Labs

New lab rates are effective with date of service January 1, 1999. A 1.9 percent increase has been implemented not to exceed the national Medicare cap. A rate decrease has been implemented for lab codes in which the current rate exceeded the 1999 national Medicare cap. The actual billed amount on your claims must **always** contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts. New fee schedules are available.

Pam Munson, Financial Operations
DMA, 919-857-4164

Attention: All Providers

Bulletin Article Index from August 1998 through January 1999

ADULT CARE HOME PROVIDERS

Adult Care Home Seminars, pg. 8, 8/98
Directions to Nursing Facility and Adult
Care Home Seminars, pg. 11, 8/98
Increase in Capitated Fee for Transportation,
pg. 11, 11/98

ALL PROVIDERS

Additional Medicaid Fair Handbooks Still
Available, pg. 5, 11/98
Assistant Surgeon Reimbursement, pg. 6,
10/98
Basic Medicaid Seminars, pg. 11, 12/98
Billing for Multiple Endoscopies, pg. 10, 11/98
Bulletin Article Index, g. 13, 8/98
CAP/DA Lead Administrative Agencies, pg. 2,
9/98
Carolina ACCESS Emergency Room Policy
Revision, pg. 9, 11/98
Clinical Laboratory Improvements Amendment
Number Required on HCFA-1500 Claim, pg.
4, 10/98
Explanation of Benefits (EOBs) That Do Not
Require Adjustment Processing, pg. 4, 8/98
Fee Schedules, Request for Diskette of Fee
Schedules, and Medicaid Bulletin
Subscriptions, pg. 9, 10/98
Holiday Observance, pg. 1, 8/98, pg. 1, 9/98,
pg. 1, 10/98, pg. 1, 11/98, pg. 2, 12/98
Medicaid Managed Care Update, pg. 7, 10/98
Modifiers, pg. 2, 11/98
NC Health Choice - Children's Health
Insurance Program, pg. 18, 9/98
NC Health Choice for Children Provider
Guides, pg. 3, 12/98
Remittance Advice Changes, pg. 7, 12/98
Special W-9, pg. 3, 10/98, pg. 4, 11/98
Tax Identification Information, pg. 2, 10/98
Tax Identification Number, pg. 3, 11/98
Voice Inquiry System, pg. 2, 8/98
Year 2000 Update, pg. 1, 8/98, pg. 1, 9/98, pg.
1, 10/98, pg. 1, 11/98, pg. 8, 12/98

CAP MR/DD PROVIDERS

Annual Revision of Community Care Manual,
pg. 4, 10/98
Clarification of Diaper Code W4638, pg. 5,
10/98

DENTAL PROVIDERS

Rate Changes, pg. 3, 8/98

DIALYSIS PROVIDERS

Individual Visits, pg. 15, 12/98

DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS

Corrections to the DME Fee Schedule Effective
August 1, 1998, pg. 8, 9/98
Coverage of Diabetic Equipment and Supplies,
15, 9/98
Coverage of Pressure Reducing Support
Surfaces, pg. 11, 9/98
Requirements for Changes in Oxygen, pg. 10,
9/98
Billing Reminder for Hospice Patients, pg. 6,
10/98
Annual Revision of the Durable Medical
Equipment Manual, pg. 8, 11/98

HCFA-1500 BILLERS

Medicare/Medicaid Paper Claim Billing
Reminder, pg. 3, 8/98, pg. 9, 12/98

HEALTH CHECK PROVIDERS

Changes in Health Check Policy, pg. 16, 9/98
Health Check Program, pg. 6, 10/98

HOME HEALTH PROVIDERS

Addition of Enteral-Related Tubing to the Home
Health Medical Supply Fee Schedule, pg.5,
10/98
Annual Revision of Community Care Manual,
pg. 4, 10/98
Billing Reminder for Hospice Patients, pg. 6,
10/98
Clarification of Diaper Code W4638, pg. 5,
10/98
Revisions to the Home Health Services
MEDICARE-Medicaid Billing Chart, pg. 7,
11/98

HOME INFUSION THERAPY PROVIDERS

Annual Revision of Community Care Manual,
pg. 4, 10/98

HOSPICE PROVIDERS

Annual Revision of Community Care Manual, pg. 4, 10/98
Billing Reminder for Hospice Patients, pg. 6, 10/98, pg. 5, 11/98, pg. 8, 11/98
Contracting with Physicians Reminder, pg. 7, 11/98
Directions to Seminars, pg. 27, 9/98
Hospice Rates, pg. 10, 12/98
Hospice Seminars, pg. 6, 8/98, pg. 25, 9/98

HOSPITAL PROVIDERS

Billing Outpatient Procedures, pg. 5, 8/98
Billing Reminders for Hospice Patients, pg. 5, 11/98
Direction to Hospital and Laboratory Seminars, pg. 15, 10/98
Hospital Seminars, pg. 20, 9/98, 12, 10/98
Lower Level of Care and Swing Bed Rates, pg. 8, 11/98
Pathology Billing, pg. 10, 9/98
Submitting Sterilization Consents and Hysterectomy Statements Separately, pg. 9, 9/98

LABORATORIES

Direction to Hospital and Laboratory Seminars, pg. 15, 10/98
Laboratory Seminars, pg. 20, 9/98, pg. 13, 10/98

NURSING HOME PROVIDERS

Directions to Nursing Facility and Adult Care Home Seminars, pg. 11, 8/98
Nursing Facility Seminars, pg. 7, 8/98

OPTOMETRIC PROVIDERS

Directions to Seminars, pg. 27, 9/98
Optical Seminars, pg. 6, 8/98, pg. 23, 9/98

PERSONAL CARE SERVICE (PCS) PROVIDERS

Annual Revision of Community Care Manual, pg. 4, 10/98

PHARMACIES

Billing Reminders for Hospice Patients, pg. 8, 11/98

PHYSICIAN PROVIDERS

Cochlear Implantation, pg. 2, 12/98
Injectable Drugs Given in a Physician's Office, pg. 5, 8/98
New Limitations for CPT Codes 93650, 93651 and Newly Covered Code 93652, pg. 19, 9/98
Pathology Billing, pg. 10, 9/98
Policy and Procedure for Excepting Medicaid Recipients from the Dispensing Limitation of Six Prescription Per Month, pg. 5, 12/98
Six Prescription Override Form, pg. 6, 12/98
Submitting Sterilization Consents and Hysterectomy Statements Separately, pg. 9, 9/98

PRIVATE DUTY NURSING (PDN) PROVIDERS

Addition of Enteral-Related Tubing to the Home Health Medical Supply Fee Schedule, pg. 5, 10/98
Annual Revision of Community Care Manual, pg. 4, 10/98
Clarification of Diaper Code W4638, pg. 5, 10/98
Individual Visits, pg. 11, 10/98
Private Duty Nursing Seminars, pg. 13, 12/98

PSYCHIATRIC PROVIDERS

New Psychiatric Review Procedures and Seminars, pg. 21, 9/98

VENTILATOR PROVIDERS

Skilled Nursing Facility Ventilator Prior Approvals, pg. 17, 9/98

Checkwrite Schedule

February 2, 1999	March 2, 1999	April 6, 1999
February 9, 1999	March 9, 1999	April 13, 1999
February 18, 1999	March 16, 1999	April 22, 1999
	March 25, 1999	

Electronic Cut-Off Schedule *

January 29, 1999	February 26, 1999	April 1, 1999
February 5, 1999	March 5, 1999	April 9, 1999
February 12, 1999	March 12, 1999	April 16, 1999
	March 19, 1999	

* ***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



Bulk Rate
U.S. POSTAGE
PAID
Raleigh, N.C.
Permit No. 1087

P.O. Box 30968
Raleigh, North Carolina 27622