

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 3

March 1998

Attention: Physicians

Rate Changes

Effective with date of service January 1, 1998, reimbursement rates changed. Rates were established utilizing 1997 Medicare RBRVS values with a \$31.90 constant factor. New fee schedules are available. Refer to the October 1997 Medicaid Bulletin for ordering fee schedules.

*Pam Sanders, Financial Operations
DMA, 919-733-6784*

Attention: All Labs

Rate Changes

New lab rates are effective with date of service January 1, 1998. A 2.2 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 1998 national Medicare cap. New fee schedules are available. Refer to the October 1997 Medicaid Bulletin for ordering fee schedules.

*Pam Sanders, Financial Operations
DMA, 919-733-6784*

Attention: Health Check Providers (Excluding Health Departments)

Rate Change

Effective with date of service January 1, 1998, the reimbursement rate for Health Check screenings for children birth through 20 is \$75.25, an increase of 2.2 percent. New fee schedules are available. Refer to the October 1997 Medicaid Bulletin for ordering fee schedules.

*Pam Sanders, Financial Operations
DMA, 919-733-6784*

Attention: Dentists

Rate Changes

Effective with date of service January 1, 1998, reimbursement rates increased by 2.2 percent. New fee schedules are available. Refer to the October 1997 Medicaid Bulletin for ordering fee schedules.

*Pam Sanders, Financial Operations
DMA, 919-733-6784*

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

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Attention: All Providers

Correction of February 1998 Medicaid Bulletin Article entitled "New Laboratory Panels for Automated Tests"

The CPT code for calcium is 82310, not 83210. Please correct your copy.

EDS

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

Attention: All Providers

HIV-1 Viral Load Codes, G0100 and 87536

Effective with date of service, January 1, 1998, CPT code 87536 replaced G0100 for HIV-1 Viral Load, Quantification. After March 31, 1998 claims submitted with G0100 will be denied. Code 87536 can not be billed in conjunction with G0100.

Providers are advised to bill their usual and customary charge.

EDS

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

Attention: All Providers

Reminder: 1998 Medicaid Fair

The 1998 Medicaid Fair Special Bulletin was mailed to providers during January. The fair will be at the Holiday Inn Four Seasons (Joseph S. Koury Convention Center) in Greensboro, North Carolina on Tuesday, May 19, 1998. The schedule of events includes:

- | | |
|------------------------------|--|
| 7:00 a.m. - 9:00 a.m. | <ul style="list-style-type: none">• Registration packets will be available for preregistered attendees in the ballroom• On-site registration will be available for nonregistered attendees in the lobby |
| 9:00 a.m. | Remaining packets for preregistered attendees will be distributed in the lobby |
| 8:45 a.m. - 4:00 p.m. | Seminars will be conducted |
| 9:30 a.m. - 3:30 p.m. | Booths will be open in the ballroom |

Preregistration information must be received by EDS no later than April 17, 1998. The registration fee increases from \$30.00 to \$40.00 per person after this deadline. If your office did not receive the special bulletin, contact EDS Provider Services.

EDS

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

Attention: All Providers

Copayment Amounts for Recipients

The following copayments apply to all Medicaid recipients except those specifically exempted by law from copayment:

Service	Copayment
Chiropractic	\$1.00 per visit
Dental	\$3.00 per visit
Prescription Drugs & Insulin	\$1.00 per prescription
Optical Supplies and Services	\$2.00 per visit
Optometrist	\$2.00 per visit
Outpatient	\$3.00 per visit
Physician	\$3.00 per visit
Podiatrist	\$1.00 per visit

Copayments may not be charged by providers for the following services:

- Hospital emergency room services including physician services delivered in the emergency room
- Family planning services
- Services in state-owned mental hospitals
- Services covered by both Medicare and Medicaid
- Services to persons under age 21
- Services related to pregnancy
- Services provided to residents of NF, ICF-MR, and mental hospitals
- EPSDT (Health Check) related services
- Community Alternatives Program (CAP) services
- Services to enrollees of prepaid plans (HMOs) except services not covered under the HMO's plan such as prescriptions and dental services
- Rural Health Clinic (RHC) core services
- Federally Qualified Health Center (FQHC) core services
- Nonhospital dialysis facility services
- Hospital inpatient services
- Home health services
- Hearing aid services
- Ambulance services
- Mental health clinic services
- Hospice services
- Durable Medical Equipment (DME)
- Private Duty Nursing (PDN) services
- Home parenteral nutrition

Providers may bill the patient for applicable copayment amounts, but may not refuse services for inability to pay the copayment. Do not enter copayment as a prior payment on the Medicaid claim. The copayment will be deducted automatically when the claim is processed.

EDS

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

Attention: Hospice Providers and Ambulance Providers

Hospice Coverage of Ambulance Transportation

Effective with date of service April 1, 1998, ambulance transportation for Medicare and Medicaid hospice patients that is necessary for the palliation and management of the terminal illness and related conditions is a covered hospice service. This change is due to a provision in the Balanced Budget Act of 1997 that provided additional services to the list of covered hospice services. Ambulance providers may no longer bill Medicaid directly for such transportation. Payment is resolved between the hospice and the ambulance service. Ambulance providers need to be alert to potential hospice participation.

Ambulance transportation that meets Medicaid requirements, but is not related to the terminal illness and related conditions may continue to be billed directly to Medicaid.

Example: A hospice determines that a patient's condition has worsened and has become medically unstable. A hospital stay is necessary for proper palliation and management of the condition. The hospice adds this inpatient stay to the plan of care and decides that, due to the patient's fragile condition, the patient needs to be transported to the hospital by ambulance. In this case, the ambulance service becomes a covered hospice service. The trip may not be billed to Medicaid by the ambulance provider.

EDS

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

Attention: All Providers

Reprint of Advance Directives Brochure

The updated DMA brochure summarizing the North Carolina state law on advance directives, including the new advance instruction for mental health treatment, is included in this bulletin. The same brochure was printed in the February 1998 Medicaid Bulletin. We are reprinting the pamphlet in a format that can more easily be photocopied and folded into a four page pamphlet. There have been no changes to the pamphlet itself since the February Bulletin.

Under the federal Patient Self-Determination Act, hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, health maintenance organizations and health insuring organizations must distribute information on advance directives (including the DMA brochure) to patients 18 years and older.

The pamphlet is two pages, should be photocopied on the front and back of one sheet of paper and folded in half to form a four-page pamphlet. Prior to distributing the pamphlet, the provider must indicate in the box on the last page of the pamphlet a contact for the patient to obtain more information. We expect providers to photocopy and distribute the pamphlet **as is**. If providers choose to alter the document graphically, they **may not** change or delete text, or the order of the paragraphs. In addition, a provider-published pamphlet must include the NC DHHS logo and production statement on page four of the folded pamphlet. Please refer to the February 1998 Bulletin article titled "New Advance Directive For Mental Health Treatment" for a more detailed explanation of the new law and policy regarding the DMA brochure.

Ann Hemmens, Medical Policy

DMA, 919-733-2833

advance instruction for mental health treatment while you are able to make and make known your decisions, by telling your doctor or other provider that you want to cancel it.

Whom should I talk to about an advance directive?

You should talk to those closest to you about an advance directive and your feelings about the health care you would like to receive. Your doctor or health care provider can answer medical questions. A lawyer can answer questions about the law. Some people also discuss the decision with clergy or other trusted advisors.

Where should I keep my advance directive?

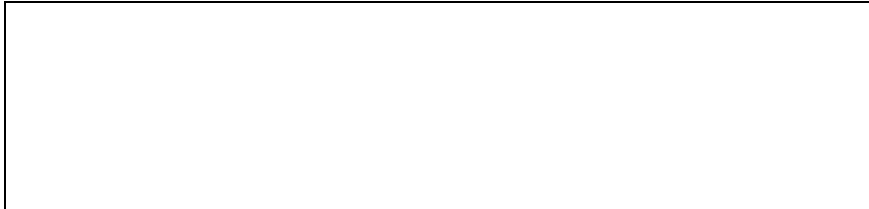
Keep a copy in a safe place where your family members can get it. Give copies to your family, your doctor or other health care provider, your health care agent, your attorney-in-fact and any close friends who might be asked about your care should you become unable to make decisions.

What if I have an advance directive from another state?

An advance directive from another state may not meet all of North Carolina’s rules. To be sure about this, you may want to make an advance directive in North Carolina too. Or you could have your lawyer review the advance directive from the other state.

Where can I get more information?

Your health care provider can tell you how to get more information about advance directives by contacting:



This document has been developed by the North Carolina Division of Medical Assistance in cooperation with the Department of Human Resources Advisory Panel on Advance Directives 1991. Revised 1998.



Medical Care Decisions and Advance Directives What You Should Know

What are My Rights?

Who decides about my medical care or treatment?

If you are 18 or older and mentally competent, you have the right to make decisions about your medical treatment. You should talk to your doctor or other health care provider about any treatment or procedure so that you understand what will be done and why. You have the right to say yes or no to treatments recommended by your doctor. If you want to control decisions about your health care even if you become unable to make or to express them yourself, you will need an “advance directive.”

What is an “advance directive”?

An advance directive is a set of directions you give about the health care you want if you ever lose the ability to make decisions for yourself. North Carolina has three ways for you to make a formal advance directive. One way is called a “living will”; another is called a “health care power of attorney”; and another is called an “advance instruction for mental health treatment.”

Do I have to have an advance directive and what happens if I don’t?

Making a living will, a health care power of attorney or an advance instruction for mental health treatment is your choice. If you become unable to make your own decisions, and you have no living will or a person named to make medical decisions for you (“health care agent”), your doctor or health care provider will consult with someone close to you about your care. If you have no advance instruction for mental health treatment, or person named to make mental health treatment decisions for you (“attorney-in-fact”), then your doctor or mental health treatment provider will consult with someone close to you about your care.

Living Will

What is a living will?

In North Carolina, a living will is a document that tells others that you want to die a natural death if you are terminally and incurably sick or in a persistent vegetative state from which you will not recover. In a living will, you can direct your doctor not to use heroic treatments that would delay your dying, for example by using a breathing machine (“respirator” or “ventilator”), or to stop such treatments if they have been started. You can also direct your doctor not to begin or to stop giving you food and water through a tube (“artificial nutrition or hydration”).

Health Care Power of Attorney

What is a health care power of attorney?

In North Carolina, you can name a person to make medical care decisions for you if you later become unable to decide yourself. This person is called your “health care agent.” In the legal document you name who you want your agent to be. You can say what medical treatments you would want and what you would not want. Your health care agent then knows what choices you would make.

How should I choose a health care agent?

You should choose an adult you trust and discuss your wishes with the person before you put them in writing.

Advance Instruction for Mental Health Treatment

What is an advance instruction for mental health treatment?

In North Carolina, an advance instruction for mental health treatment is a legal document that tells doctors and health care providers what mental health treatments you would want and what treatments you would not want, if you later become unable to decide yourself. With this document, you can also choose someone to make these decisions for you when you are unable to make them. This person is called your “attorney-in-fact.” This person does not have to be a lawyer.

How should I choose an attorney-in-fact for mental health treatment?

You should choose an adult you trust and discuss your wishes with that person. This person needs to sign the advance instruction for mental health treatment, agreeing to make these decisions for you.

Other Questions

How do I make an advance directive?

You must follow several rules when you make a formal living will, health care power of attorney or an advance instruction for mental health treatment. These rules are to protect you and ensure that your wishes are clear to the doctor or other provider who may be asked to carry them out. A living will, a health care power of attorney and an advance instruction for mental health treatment must be written and signed by you while you are still able to understand your condition and treatment choices and to make those choices known. All three types of advance directives must be witnessed by two qualified people. The living will and the health care power of attorney also must be notarized.

Are there forms I can use to make an advance directive?

Yes. There is a living will form, a health care power of attorney form and an advance instruction for mental health treatment form that you can use. These forms meet all of the rules for a formal advance directive. Using the special form is the best way to make sure that your wishes are carried out.

When does an advance directive go into effect?

A living will goes into effect when you are going to die soon and cannot be cured, or when you are in a persistent vegetative state. The powers granted by your health care power of attorney go into effect when your doctor states in writing that you are not able to make or to make known your health care choices. When you make a health care power of attorney, you can name the doctor you would want to make this decision. An advance instruction for mental health treatment goes into effect when it is given to your doctor. The doctor will follow the instructions you have put in the document, except in certain situations, after the doctor determines that you are not able to make and to make known your choices about mental health treatment. After a doctor determines this, if you have an attorney-in-fact that person may make treatment decisions for you. An advance instruction for mental health treatment expires after two years.

What happens if I change my mind?

You can cancel your living will anytime by informing your doctor that you want to cancel it and destroying all the copies of it. You can change your health care power of attorney while you are able to make and make known your decisions, by signing another one and telling your doctor and each health care agent you named of the change. You can cancel your

Attention: Physician Office Laboratories and Independent Laboratories

New CLIA Claim Editing

The Clinical Laboratory Improvements Amendment of 1988 (CLIA) mandates that laboratories, including physician office laboratories (POLs), meet applicable Federal requirements and have a CLIA certificate to receive reimbursement from Federal programs. POLs, until recently, were excluded from monitoring requirements.

The Health Care Financing Administration (HCFA) has undertaken an initiative to monitor CLIA compliance for POLs as well as independent laboratories.

Effective June 1, 1998, POLs must have their CLIA number on file with Medicaid to receive reimbursement. Medicaid payment for POLs, as well as independent laboratories, will be dependent upon having a current laboratory CLIA certificate authorizing the performance of specific laboratory services. Physicians are reminded that they may bill for only those tests which they render.

Physician office labs (POLs) must have their CLIA number on file by June 1, 1998. Return the attached completed form to the EDS Provider Enrollment Unit with a copy of your CLIA certificate.

Remember: Effective June 1, 1998 payment will only be made for laboratory services authorized by the provider's CLIA certificate.

Medicare implemented these CLIA requirements January 1, 1998.

EDS

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

CLIA Certification Information Number
Physician Office Laboratories

Complete and return this form with a copy of your CLIA certificate to:

EDS Provider Enrollment Unit
P.O. Box 300009
Raleigh, North Carolina 27622

Provider Name _____ Provider Number _____

Street Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Contact Person _____

CLIA Number _____

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Attention: All Providers

Basic Medicaid Seminars

Basic Medicaid seminars will be held in April 1998. Basic Medicaid topics such as what is Medicaid, recipient eligibility, what is Carolina ACCESS, and electronic commerce will be covered. These sessions are specifically designed for persons who are new to billing Medicaid services.

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.**

Directions are available on page 11 of this bulletin.

Thursday, April 2, 1998
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Tuesday, April 7, 1998
A-B Technical College
340 Victoria Road
Asheville, NC
Simpson Lecture Room

Wednesday April 8, 1998
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC
Carnegie DuPont Ford

Tuesday, April 14, 1998
Wake MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Thursday, April 16, 1998
Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Thursday, April 23, 1998
Holiday Inn
4903 Market Street
Wilmington, NC

(cut and return registration form only)

.....
Basic Medicaid 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

Attention: Dental Providers

Dental Seminars

Seminars for dental providers will be held in April 1998. These seminars will focus on recent program changes, prior approval procedures, claim form completion, and general Medicaid issues. Medicaid billing personnel, supervisors, and office managers are encouraged to attend.

Dr. Betty King-Sutton, DMA Chief of Individual Practitioner Services, plans to attend all dental seminars to present any "breaking news" that may affect Medicaid dentistry. She will also discuss how Medicaid managed care impacts dental services.

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: Each office is encouraged to bring the current (August 1996) North Carolina Medicaid Dental Services Manual to the seminar as a reference source. Additional manuals will be available to purchase for \$4.25.

Directions are available on page 11 of this bulletin.

Wednesday, April 8, 1998

A-B Technical College
340 Victoria Road
Asheville, NC
Simpson Lecture Room

Tuesday, April 14, 1998

Craven Community College
800 College Court
New Bern, NC
Auditorium

Tuesday, April 21, 1998

Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Friday April 24, 1998

Holiday Inn
4903 Market Street
Wilmington, NC

Tuesday, April 28, 1998

Wake MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

(cut and return registration form only)

Dental 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

Attention: All Providers

Directions to the Basic Medicaid and Dental Seminars

Registration forms for these workshops are on pages 9 and 10 of this bulletin.

Martin Community College, Williamston

April 2, 1998 - Basic Medicaid Seminars

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

A-B Technical College, Asheville

April 7, 1998 - Basic Medicaid Seminars

April 8, 1998 - Dental

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.

Ramada Inn Plaza, Winston-Salem

April 8, 1998 - Basic Medicaid Seminars

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. The Holiday Inn is located behind the IHOP Restaurant.

Wake Medical MEI Conference Center, Raleigh

April 14, 1998 - Basic Medicaid Seminars

April 28, 1998 - Dental

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. Park in the medical office center parking lot. 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.

Catawba Valley Technical College, Hickory

April 16, 1998 - Basic Medicaid Seminars

April 21, 1998 - Dental

Take I-40 to Exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 1.5 miles on the right.

Holiday Inn, Wilmington

April 23, 1998 - Basic Medicaid Seminars

April 24, 1998 - Dental

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn left onto Market Street and Holiday Inn is located on the right.

Craven Community College, New Bern

April 14, 1998 - Dental

Highway 70 to New Bern and take the Glenburnie Exit. College is located on the right. Once you have entered the college facility, take the first right and follow road all the way to the back. The Auditorium is located in the last building (Building E).

Checkwrite Schedule

March 3, 1998	April 7, 1998	May 5, 1998
March 10, 1998	April 14, 1998	May 12, 1998
March 17, 1998	April 23, 1998	May 19, 1998
March 26, 1998		May 28, 1998

Electronic Cut-Off Schedule *

February 27, 1998	April 3, 1998	May 1, 1998
March 6, 1998	April 9, 1998	May 8, 1998
March 13, 1998	April 17, 1998	May, 15, 1998
March 20, 1998		May 22, 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



Bulk Rate
U.S. POSTAGE
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Permit No. 1087

P.O. Box 30968
Raleigh, North Carolina 27622

