



# 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: All Providers

### Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, April 2, 1999, in observance of Good Friday.

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

## Attention: All Specialists and Carolina ACCESS Primary Care Providers (PCPs)

### Carolina ACCESS Referral Report

Effective January 1999, all Carolina ACCESS PCPs began receiving a referral report. This report will be used by the PCPs and ACCESS II Administrators to track referrals to specialty services. This monthly report includes the specialist's names, the number of referral claims per specialist, the amount paid to the specialist, and the number of Carolina ACCESS enrollees referred. The report will assist the primary care providers in tracking their enrollees' utilization of specialty services.

If there are questions or comments about the referral report, please contact the Quality Management Unit of DMA's Managed Care Section at (919) 857-4022 or 1-800-228-8142.

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**THIS DOCUMENT IS A YEAR 2000 READINESS DISCLOSURE**

**UNDER UNITED STATES FEDERAL LAW**

**Attention: All Providers**

**Update on Year 2000 Activities**

Over the next several months EDS will be releasing software and format changes to the various types of electronic claims submitters. This includes all variations as detailed below. This software or format release will also include changes necessary to support the use of modifiers that will be required of certain providers starting with June 1999. It is important that claims using the new software or formats not be submitted before the final dates published by the ECS unit. This information will be provided in the instructions released with the software.

Claims in their current non Y2K compliant format will be accepted until the end of the transition period for various indicated methods of submission. This capability will allow DMA to make the decision to accept non compliant claims for those situations where it feels that capability will best serve the provider community and the needs of DMA. However, all providers are reminded that they will be required to make the conversion to Y2K claims compliance. Details applicable to the various submission forms is provided below.

**NECS Submitters**

The current NECS software will be replaced by a windows like software to be re-named the North Carolina Electronic Claims Submission (NCECS) software. As an added feature this software will output a file or diskette of claims that is not only Y2K compliant, but will also be in the ANSI 837 format. The NCECS software will be distributed to providers in September 1999. Elsewhere in this month's bulletin is a form for NECS providers to complete and return to the ECS unit. The information on this form will allow the ECS unit to update its files on the correct addresses for mailing the software and it will provide information needed to allow better support to the provider community. NCECS providers will not require testing by EDS prior to accepting claims since the software will be internally tested by EDS and providers will simply key data enter claims into the software.

**Tape Submitters**

EDS sent providers specifications for the new format in February 1999. All tape submitters must pass testing with EDS before Y2K compliant claims will be accepted. Providers are reminded to give as much notice as possible to their vendors or data processing support staff so that these changes can be made in a timely basis.

**ECS Submitters**

EDS will send specifications for the new format in March 1999. All ECS submitters must pass testing with EDS before Y2K compliant claims will be accepted. Providers are reminded to give as much notice as possible to their vendors or data processing support staff so that these changes can be made in a timely basis.

**Paper Submitters**

There will be no changes to the various paper claim forms. As space permits on the forms providers should input a four-digit year. Where only a two-digit year is indicated by the provider, EDS' data entry staff will enter a four-digit year that is appropriate. For example, a 00 will be keyed as 2000; a 99 will be keyed as 1999. It is unknown at this time the date after which claims received without four digit dates will not be processed and will be returned to the provider.

## ANSI 837 Submitters

It is anticipated that some providers may want to start submitting claims in the ANSI 837 format once EDS is capable of accepting them. The new NCECS software will provide claims in that format. EDS will use translator software to accept any ANSI 837 compliant claim. Each ANSI submitter not using NCECS software will be individually tested and then allowed to submit the ANSI format. EDS will begin accepting ANSI formats from non-NCECS submitters beginning in the 4th calendar quarter of 1999.

	Current Formats	NCECS	Tape	ECS/Vendors	Paper
Providers Install		beginning Sept 1999	beginning March 1999	beginning April 1999	
EDS Accepting Claims	until transition by DMA	beginning Sept 1999	beginning June 1999	beginning June 1999	continuous

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

## Attention: All Providers

### Diagnosis Coding

For accurate processing, it is imperative that providers use the following guidelines when selecting the diagnosis codes. Diagnosis coding is required on all HCFA-1500 claims. DMA recognizes only codes according to the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM). When selecting the appropriate diagnosis code, follow these guidelines:

- When choosing a diagnosis code, a provider must use the pertinent ICD-9-CM code(s) ranging from 001.0 through V82.9 to identify **diagnosis, symptoms, problems, complaints, conditions or other reasons** for the visit with the patient
- Only documented conditions that co-exist at the time of the encounter and that require or affect patient care, treatment, or management should be coded. **Do not code** conditions that are no longer existing or formerly treated
- **Do not code** a “probable”, “suspected”, “questionable”, or “rule out” diagnosis unless confirmed. Instead, code to the highest degree of certainty for that encounter. When the level of certainty is documented by the physician, coding **symptoms, signs, abnormal test results or other reasons for the visit** is appropriate
- List the **primary** diagnosis in the medical records as the principal reason that led to the encounter **first**. Then list any additional codes that describe related co-existing conditions, for a maximum of four diagnosis codes

**Diagnostic codes are to be used at their highest level of specificity.** Use three-digit codes only if there are no four-digit codes within that code category, and use four-digit codes only if there is no five-digit code for that category. Use five-digit codes for those categories where it exists. Adding extra zeros to unassigned fourth and fifth digit codes will create invalid codes.

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

## Attention: Physicians and Hospitals

### Breast Reconstruction Coverage

Effective with date of service January 1, 1999, Breast Reconstruction after mastectomy for carcinoma of the breast is covered by North Carolina Medicaid. (ICD-9 diagnosis codes covered are 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 198.81, 233.0)

The CPT procedures that **will not** require prior approval are:

19340	Immediate insertion of breast prosthesis following mastectomy, or in reconstruction
19342	Delayed insertion of breast prosthesis following mastectomy, or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction immediate or delayed, with tissue expander, including subsequent expansion

The ICD-9-CM Procedure codes **not requiring** prior approval are:

85.53  
85.54  
85.95

The CPT procedures that **will** require prior approval from EDS are:

19361	Breast reconstruction with latissimus dorsi flap with or without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM) double pedicle, including closure of donor site

The ICD-9-CM Procedure codes **requiring** prior approval are: 85.7, 85.83, 85.84, 85.85

In all cases where implants, prostheses, and devices are utilized, all such implants, prostheses, and devices must be FDA approved and used in accordance with all FDA requirements current at the time of the service. A statement signed by the operating surgeon, certifying that all FDA requirements have been met must be retained in the patient's medical record for review upon request. Failure to meet/have met all FDA requirements will constitute a basis for recoupment.

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

## Attention: Durable Medical Equipment (DME) Providers

### Requirements for Changes in Prior Approval when DME Provider Number Changes

This policy is being published to inform providers of required procedures for prior approval when their DME provider number changes.

DME providers must follow the required prior approval procedures when there is a change in their DME provider number and they want to continue billing for items with current prior approvals. Providers must send the following documentation to:

EDS/PA  
P.O. Box 31188  
Raleigh, N.C. 27622:

1. A cover letter on the company's letterhead stationery stating they are requesting a change in their provider number on a current prior approval and giving the new provider number and its effective date.
2. Two (2) copies of the current Certificate of Medical Necessity and Prior Approval (CMN/PA) form.

Providers are advised that they may be required to submit a new CMN/PA form in certain circumstances. For example, a new form would be required if the copies of the old form cannot be read.

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

## Attention: North Carolina Medicaid Providers

### Electronic Funds Transfer (EFT)

EDS currently offers Electronic Funds Transfer (EFT) as an alternative to paper check issuance. **This service enables you to receive your Medicaid payments through automatic deposit at your bank, while you continue to receive your Remittance and Status Report (RA) at your current mailing address.**

**This process will guarantee payment in a timely manner and prevent your Medicaid payments from being delayed in the mail. Please read below for additional details:**

Commonly Asked Questions about Automatic Deposit (EFT):

What is the automatic deposit process?

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

How do I enroll?

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

Where do I send my forms?

After the forms have been completed and the deposit slip/voided check for each bank account has been attached, this information can be either:

**Mailed to:**

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

**Or faxed to:**

EDS  
Attention: Financial Unit  
919-851-4014

When am I assured of receiving the money?

Funds will be automatically deposited in fewer than 4 days from the checkwrite date. Please refer to the back of your "Medicaid Bulletin" for the checkwrite dates for each month. If you select this method of payment versus paper checks, your Medicaid payments will be automatically deposited in fewer than 4 days versus 5-10 days for the mailing and receipt of paper checks.

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

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

How can I be sure my bank received the money?

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

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

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

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

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

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

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

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

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

Will recoupments ever be withdrawn from my bank account?

No. This system can not withdraw money from your account. It can only make deposits to your account.

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

EDS will be glad to address any questions or concerns regarding your automatic deposit. You may contact Provider Services by calling 1-800-688-6696.

## Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposits (EFT)

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

To ensure timely and accurate enrollment in the EFT program, please fill out the form on this page, attach a deposit slip or voided check and return them by mail to:

**EDS, 4905 Waters Edge, Raleigh, NC, 27606**  
or  
**Fax: 919-851-4014, Attention : Finance-EFT**

We will run a trial test between our bank and yours. This test will be done on the first checkwrite you are paid after we receive this form. Thereafter, your payments will go directly to your bank account. Your RA will continue to come through the mail. On the last page of your RA in the top left corner it will state "EFT number" rather than "Check number" when the process has begun. Contact Provider Services at 1- 1-800-688-6696 with any questions regarding EFT.

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

We hereby certify this checking or savings account is under our direct control and access; therefore, we authorize Electronic Data Systems to initiate credit entries to our checking or savings account indicated below and the depository name below, hereafter called DEPOSITORY, to credit the same account number.

DEPOSITORY NAME \_\_\_\_\_  
 BRANCH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 BANK TRANSIT/ABA NO. \_\_\_\_\_  
 ACCOUNT NO. \_\_\_\_\_

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

PROVIDER NAME(S) \_\_\_\_\_  
 BILLING PROVIDER NUMBER \_\_\_\_\_  
 DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

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

CONTACT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

**USE A SEPARATE FORM FOR EACH PROVIDER NUMBER.**

**A DEPOSIT SLIP OR VOIDED CHECK  
MUST BE ATTACHED FOR EACH BANK  
ACCOUNT IN ORDER FOR US TO PROCESS  
YOUR EFT.**

<b>DEPOSIT TICKET</b>	<b>JOHN B. SMITH</b> 123 East Main St. Anytown, USA 12345	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">CASH</td><td></td><td></td></tr> <tr><td style="text-align: center;">CHECKS</td><td></td><td></td></tr> <tr><td style="text-align: center;">TOTAL</td><td></td><td></td></tr> <tr><td style="text-align: center;">LESS CASH RECEIVED</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>	CASH			CHECKS			TOTAL			LESS CASH RECEIVED						 22/1040/465
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	<b>FIRST UNITED BANK</b> OF ANYTOWN ROUTING AND TRANSIT NO. 123456789	BE SURE EACH ITEM IS ENDORSED	This deposit is accepted, subject to verification, the provisions of the Uniform Rules and Regulations of the National Automated Clearing House Association, available for immediate withdrawal.															
	■230105655■ 1000000495945 ■																	

## Attention: HCFA-1500 Billers

### **M**edicare/Medicaid Paper Claim Billing Reminder

To assure accurate payment for paper Medicare/Medicaid claims, please submit as follows:

Block 28 (Amount Billed) on the HCFA-1500 should be equal to the billed amount for the corresponding claim on the Medicare voucher

**Block 29 (Amount Paid) on the HCFA-1500 should only be completed if there is another insurance payment other than Medicare or Medicaid**

Block 30 (Balance Due) should be equal to the billed amount or the difference of Block 28 and Block 29 if there is an additional insurance payment correctly applied to Block 29.

Medicaid reimbursement for a paper crossover claim is calculated using the coinsurance and/or deductible information from the attached Medicare voucher. Any amount entered by the provider in Block 29 on the claim will be considered a third party insurance payment and will be deducted from the coinsurance/deductible due. **Corrections to the original claim payment, due to erroneous amounts in Block 29, will require an adjustment. To avoid filing adjustments, carefully consider Block 29, as stated above.**

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

## Attention: All Providers

### **C**arolina ACCESS Health Check Policy

Prior to September 2, 1997, Carolina ACCESS policy required primary care providers (PCPs) who serve children birth through 20 years of age to provide all Health Check services on-site. Effective September 2, 1997, the policy was revised to allow PCPs to contract with the local health department(s) so that Health Check services may be provided for their Carolina ACCESS enrollees by the health department(s). Providers who execute the Agreement with the health department(s) may continue to provide Health Check services in their own offices as well. PCPs remain accountable for the screening rates of all their enrollees, regardless of whether the screening is conducted by the PCP or the health department.

If a PCP is interested in referring patients to the health department for Health Check services, then the "Agreement between Primary Care Provider and Health Department to Provide Health Check Services to Carolina ACCESS Patients" (see next page) must be completed. This Agreement ensures that appropriate arrangements are made to coordinate services and exchange medical information. The Health Check Agreement may be obtained from your local Managed Care Representative or from DMA's Managed Care Section.

After all signatures have been obtained, copies should be retained in the PCP's office and at the health department. The original document should be sent to:

Division of Medical Assistance  
Managed Care Section  
Attention: Contracts  
Post Office Box 29529  
Raleigh, NC 27626-0529

**Managed Care Section**  
**DMA, 1-800-228-8142 or 919-857-4022**



### **Agreement Between Primary Care Provider and Health Department to Provide Health Check Services to Carolina ACCESS Patients**

In order to provide coordinated care to those children who are enrolled in Carolina ACCESS and obtain primary care services from \_\_\_\_\_ and Health Check services and immunizations from \_\_\_\_\_ County Health Department (CHD), the undersigned agree to the following provisions.

**Primary Care Provider agrees to:**

1. Refer Carolina ACCESS patients to the CHD for Health Check appointments. If the patient is in the office, the physician/office staff will assist the patient in making a Health Check appointment with the CHD.
2. Maintain, in the office, a copy of the physical examination and immunization records as a part of the patient's permanent record.
3. Monitor the information provided by the CHD to assure that children in the Carolina ACCESS program are receiving immunizations as scheduled and counsel patients appropriately if they are noncompliant with well child visits or immunizations.
4. Review information provided by the CHD and follow up with patients when additional services are needed.
5. Provide the Division of Medical Assistance Managed Care Section at least thirty (30) days advance notice if the Primary Care Provider (PCP) and/or the CHD wishes to discontinue this Agreement.

**The Health Department agrees to:**

1. Provide age appropriate Health Check examinations and immunizations within ninety (90) days of the request for patients who are referred by the PCP or are self-referred.
2. Send Health Check physical examination and immunization records monthly to the Primary Care Provider.
3. Notify the Primary Care Provider of significant findings on the Health Check examination within twenty-four (24) hours. Allow the Primary Care Provider to direct further referrals for specialized testing or treatment.
4. Provide the Division of Medical Assistance Managed Care Section thirty (30) days advance notice if the Primary Care Provider and/or the CHD wishes to discontinue this Agreement.

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**Signature of Primary Care Provider or Authorized Official      Date      PCP Medicaid Provider #**

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**Printed Name of Provider or Authorized Official      Provider Group Name (if applicable)**

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**Signature of Health Department Director/Designee      Date**

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**Printed Name of Health Department Director/Designee      Health Dept. Provider Number**

## Attention: Dental Providers

### Dental Seminars

Dental seminars will be held in May 1999. The April Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please suggest your concerns and problem areas you would like addressed at the seminars. Return form to:

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

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If you would like to be contacted regarding this seminar, please list your name and phone number below:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

## Attention: All Electronic Billers

### Electronic Billing Questionnaire

In preparation for the distribution of updated claim specifications and software to support Year 2000 data requirements, please complete the Electronic Billing Questionnaire in this bulletin. Current information from you will ensure the updates are received by the appropriate person and are in the required media for your current operating system. Please fax or mail this information by March 31, 1999 to:

EDS  
Attention: Electronic Commerce Services  
4905 Waters Edge Drive  
Raleigh, NC 27606  
Fax #: (919) 233-6834

**Reminder:** The NECS Software (All Versions) Will Not Support Year 2000 Data Requirements

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

# Electronic Billing Questionnaire

## General Information

Provider Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Current Authorization # (Logon ID #): \_\_\_\_\_

Facility Mailing Address:

Provider Numbers: (List all numbers used for billing)

_____	_____
_____	_____
_____	_____
_____	_____

(Circle all that apply for each question below)

1- How do you submit your claims?

2- If you send via modem, is your modem?

- |                  |                 |          |          |
|------------------|-----------------|----------|----------|
| Modem            | Electronic Tape | Internal | External |
| Mail-In Diskette | Clearinghouse   |          |          |

3-What operating system do you use?

4- What is the maximum modem speed you can use?

- |                    |                   |      |      |      |
|--------------------|-------------------|------|------|------|
| DOS 6.22 or before | DOS & Windows 3.1 | 1200 | 2400 | 14.4 |
| Windows 95         | Windows 98        | 28.8 | 33.6 | 56K  |
| Windows NT 4.0     |                   |      |      |      |

### **Please complete the following if you use a software vendor or develop your own software in-house**

Vendor Name: \_\_\_\_\_

Software Package Name: \_\_\_\_\_

Submission Method: (Circle all that apply): Tape (reel-to-reel) Tape (Cartridge 3480) Tape (Cartridge 3490)

Asynchronous    Modem    Bi-synchronous Modem

### **Please complete the following section if you are a current user of the NECS Software Package**

What is the version number of the current NECS program you use? \_\_\_\_\_

What is your preferred media for receiving future software updates? (circle one)    3.5" Diskette    CD-Rom

**Mail To: EDS  
Attention: Electronic Commerce Services  
4905 Waters Edge Drive  
Raleigh, NC 27606**

**Or Fax To: (919) 233-6834**

**Attention: Physicians and Health Departments****CPT Immunization Code Changes**

Extensive revisions have been made to the Immunization/Vaccines/Toxoids section of the 1999 CPT (Current Procedural Terminology). The code changes will be effective with date of service April 1, 1999.

The immunization/vaccine/toxoid code changes are:

<u>NEW CODE</u>	<u>DESCRIPTION</u>	<u>OLD CODE</u>
90283	Immune Globulin (IGIV) IV Human	J1562
90287	Botulinum antitoxin, equine, any route	J0585
90291	Cytomegalovirus immune globulin (CMV-IGIV), human, IV	J0850
90371	Hepatitis B immune globulin (HBIG) human, IM	Y2151
90375	Rabies Immune Globulin (RIG) human IM and/or subcutaneous	Y2225
90376	Rabies Immune Globulin, heat treated (RIG-HT) human, for IM and/or subcutaneous	Y2225
90379	Respiratory syncytial virus immune globulin (RSVIGIV) human, IV	J1565 W5164
90384	Rho (D) immune globulin, (RHIG) full dose, IM	J2790
90389	Tetanus immune globulin (TIG), human, IM	J1670
90396	Varicella-zoster immune globulin, human, IM	Y2422
90586	BCG for bladder cancer, live, intravesical adolescent dosage - 2 dose, IM	J9031
90645	Hemophilus influenza b vaccine (Hib) HbOC, conjugate (4 dose schedule) IM	90737
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, IM	90737
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), IM	90737
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), IM	90737
90657	Influenza virus vaccine, split virus, 6-35 month dosage, IM or jet injection use	90724
90658	Influenza virus vaccine, split virus, 3 years and above, IM or jet injection use	90724
90659	Influenza virus vaccine, whole virus, IM or jet injection use	90724
90675	Rabies vaccine, for IM use	90726
90676	Rabies vaccine, for intradermal use	90726

The other immunizations/vaccine/toxoid CPT codes covered by Medicaid have not been changed.

**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 Dates**

The Division of Medical Assistance (DMA) and its fiscal agent, EDS, are striving to make the modifier transition as efficient and effortless as possible. The important dates are as follows:

- June 25, 1999 - MODIFIER IMPLEMENTATION DATE - Claims received and processed on or after June 25, 1999 must meet the modifier requirements. This also means claims keyed or received electronically must meet modifier requirements.
- Claims that receive an ICN date prior to June 25, 1999, will be processed in the current manner. Therefore, it is suggested that providers submit current claims as soon as possible to avoid denials.
- July 6, 1999 - This is the first Remittance Advice (RA) that will include modifier information and will include all claims processed for the previous cycle.

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

**Attention: OB/GYN Providers**

**Individual Visits**

EDS is offering individual provider visits for OB/GYN providers. Please complete and return the form below so that we can be sure to address the issues during the visit. A EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

**OB/GYN Provider Visit Request Form**  
(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

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

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

## **Attention: Hospital Providers**

### **Implementation Procedures for Criterion #5 of the Medicaid Continued Acute Stay Criteria in a Psychiatric Unit/Facility**

Effective October 1, 1998, the NC Medicaid Criteria for Continued Acute Inpatient Stay in a Psychiatric Facility (10NCAC 26B.0113) was implemented. Criteria #1-#4 of the new rule define the conditions under which clients are entitled to continued Medicaid coverage for acute services in inpatient psychiatric settings.

Under Criterion #5 of the rule, which became effective January 1, 1999, Transition Services reimbursement may be used for continued non-acute hospital services when, and only when, there is a clear absence of appropriate community-based services available if discharge were to occur.

The Area Mental Health/Developmental Disabilities/Substance Abuse Services Program, subject to final approval from the Child and Family Services Section of the DMH/DD/SAS, may authorize the use of Transition Services reimbursement to the hospital. To implement this part of the rule, hospitals that are enrolled providers of acute psychiatric inpatient services and non-Carolina Alternatives Area MH/DD/SAS Programs have joint responsibility to begin general discharge planning at the time of admission. The Area MH/DD/SAS Program has final decision on the content of the discharge plan.

This therapeutic residential service is targeted to children through the age of 17 who no longer meet the acute care criteria in 10NCAC 26B.0113 but require transitional services from the immediate preceding setting in order to implement the individual discharge plan. The purpose of this service is to provide continued treatment which will ensure the safety of the client, maintain the therapeutic gains acquired during the acute inpatient stay, avoid unnecessary decompensation or regression, and work toward a less intensive level of care.

Questions about Criterion #5 Transition Services can be directed to Deborah Zuver, DMH/DD/SAS Child & Family Services, at 919-733-0598.

## Attention: Optical Providers

### Optical Seminars

Optical seminars will be held in May 1999. The April Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please suggest your concerns and problem areas you would like addressed at the seminars. Return form to:

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

If you would like to be contacted regarding this seminar, please list your name and phone number below:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Attention: All Providers

### Additional Medicaid Fair Handbooks Still Available

Providers unable to attend the Medicaid Fair in May 1998 still have an opportunity to purchase the handbook that was distributed. EDS published one large spiral-bound book incorporating all the handouts and notes covered by the workshops. It is an excellent resource with 408 pages of policies, procedures, and helpful billing information.

Copies of the Medicaid Fair Handbook are \$20 each. Send a check in the appropriate amount made payable to EDS. Please complete the form below and mail to the following address:

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

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

(Cut and return form below)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please send \_\_\_\_\_ books.

Cost per book is **\$20.00**

Total amount of check included: \$ \_\_\_\_\_

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# Attention: Durable Medical Equipment Providers

## Durable Medical Equipment Seminars

Seminars for Durable Medical Equipment (DME) providers will be held in April 1999. This seminar will focus on Medicaid guidelines for Durable Medical Equipment and supplies, prior approval procedures, Certificate of Medical Necessity and Prior Approval form, claims filing, and post payment review.

**Note: Providers are requested to bring their most updated North Carolina Durable Medical Equipment manual to the seminar as a reference source. Additional manuals will be available for purchase at \$12.00**

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 23 of this bulletin.

**Wednesday, April 7, 1999**  
A-B Technical College  
340 Victoria Road  
Asheville, NC  
*Laurel Auditorium*

**Thursday, April 8, 1999**  
Ramada Inn Airport Central I  
515 Clanton Road  
Charlotte, NC

**Tuesday, April 13, 1999**  
Four Points Sheraton  
(Previously known as Howard Johnson)  
5032 Market Street  
Wilmington, NC

**Thursday, April 15, 1999**  
Ramada Inn  
3050 University Parkway  
Winston-Salem, NC

**Monday, April 26, 1999**  
Wake MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC

**(cut and return registration form only)**

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**DME 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 Services  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

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## Attention: All Providers

### **C**hanges for Medicare/Medicaid Dually Eligible Patients

Effective December 1998, the Third Party Recovery Section (TPR) of the Division of Medical Assistance changed the procedure for reimbursement of Medicaid monies paid to providers when Medicare should have been the primary payer.

- TPR recoups the entire Medicaid payment by sending an adjustment form to EDS and notifies the provider at the same time that the adjustment is sent to EDS.
- The letter itemizes the recipient name and MID #, the referenced dates of service, the Medicare HIC number, the Medicare entitlement date, medical record numbers, if applicable, and the total amount of the adjustment.
- This letter advises the provider to file with Medicare and not to send a refund check to Medicaid upon receipt of the letter.

The provider should then file the claim with Medicare, and if the provider's Medicare number is cross-referenced to their North Carolina Medicaid provider number in Medicaid's cross-reference files, the Medicare claim for coinsurance and/or deductible will automatically cross over to Medicaid. (Refer to September 1997 Medicaid Bulletin "Additions to Medicare/Medicaid crossover information" for more information on this topic.) The June 1997 Medicaid Bulletin article "Medicare vouchers for paper crossovers" also provides instructions on handling Medicare/Medicaid claims that do not automatically cross over.

Note: Hospital Providers - refer to the article in this bulletin, "Filing Medicare Part B Charges for Inpatient Claims on an UB-92 Form" which explains the handling of Part B charges when there is no Part A entitlement or the Part A benefits have been exhausted for a benefit period.

**Marilyn Vail, Third Party Recovery Section  
DMA, 919 733 6294**

## Attention: Hospital Providers

### Filing Medicare Part B Charges for Inpatient Claims on an UB-92 Form

Medicare Part B charges must be filed to Medicare prior to filing a Medicaid claim. When a Medicaid patient, who received inpatient hospital services has Medicare Part B coverage only, or has Medicare Part B and Medicare Part A benefits are exhausted - do not indicate on the claim filed to Medicare that these charges should be crossed over to the Medicaid program.

The following instructions describe the billing process in the proper sequence:

1. File charges covered under Medicare Part B to Medicare
2. Receive payment from Medicare
3. File the UB-92 to Medicaid completing the routine required fields. In addition, complete the following:
  - a. Form locator 4 - Indicate the proper bill type.
  - b. Form locator 32-35 a-b, code A3-C3 - Indicate that the Medicare Part A benefits are exhausted. (Lifetime Reserve days must also be exhausted.)
  - c. Form locator 50 - Indicate Medicare as a payer.
  - d. Form locator 54 - Indicate the Medicare Part B payment (do not include the contractual adjustment).
  - e. Form locator 84 – Indicate that the patient has no Medicare Part A benefits.

The payment from Medicare for the Part B charges will be treated like any other third party payment since the original charges are included in the Medicaid per diem/DRG rate.

**Marilyn Vail, Third Party Recovery**  
**DMA , 919 733 6294**

**Attention: All Physicians**

**D**rug Coverage for Impotence Drugs

Effective March 1, 1999, Viagra, Caverject and Muse will be covered by the North Carolina Medicaid Drug Program. The drugs will be covered with the following limitations:

Viagra	2 tablets per month
Caverject	2 injections per month
Muse	2 urethral inserts per month

The physician must document the medical necessity for these impotence drugs by writing "erectile dysfunction" in his own handwriting on the face of the prescription. No more than five refills will be allowed per prescription. These drugs will be covered for males only, 45 years and over. For males, 44 years and under, the physician will need to submit a request for prior approval accompanied by documentation of medical necessity for these drugs to Benny Ridout, R.Ph. at the following address:

Benny Ridout, R.Ph.  
North Carolina Division of Medical Assistance  
P. O. Box 29529  
Raleigh, North Carolina 27626-0529  
FAX: (919) 733-2796

An authorization code will be assigned to all prior authorizations that are approved. This code must be included on the prescription to notify the pharmacist that the prescription has been approved for dispensing. Make sure that prescriptions dispensed to males, 44 years and under, have proper authorization code.

These drugs will not be covered for anyone in an institution unless residing there as husband and wife.

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

**Attention: Ambulatory Surgery Centers**

**I**ndividual Visits

EDS is offering individual provider visits for Ambulatory Surgery Center providers. Please complete and return the form below so that we can be sure to address the issues during the visit. A EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

**Ambulatory Surgery Centers Provider Visit Request Form**  
(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

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

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

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## **D**irections to Durable Medical Equipment (DME) Seminars

The Registration form for the DME workshop is on page 17 of this bulletin.

### **ASHEVILLE, NORTH CAROLINA**

#### **A-B TECHNICAL COLLEGE**

**Wednesday, April 7, 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.

### **CHARLOTTE, NORTH CAROLINA**

#### **RAMADA INN AIRPORT CENTRAL**

**Thursday, April 8, 1999**

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

### **WILMINGTON, NORTH CAROLINA**

#### **FOUR POINTS SHERATON**

(Previously known as the Howard Johnson Plaza)

**Tuesday, April 13, 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, April 15, 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**

**Monday, April 26, 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.

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**Checkwrite Schedule**

March 2, 1999	April 6, 1999	May 4, 1999
March 9, 1999	April 13, 1999	May 11, 1999
March 16, 1999	April 22, 1999	May 18, 1999
March 25, 1999		May 27, 1999

**Electronic Cut-Off Schedule \***

February 26, 1999	April 1, 1999	April 30, 1999
March 5, 1999	April 9, 1999	May 7, 1999
March 12, 1999	April 16, 1999	May 14, 1999
March 19, 1999		May 21, 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.***

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

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James R. Clayton  
Executive Director  
EDS

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<p><b>Bulk Rate</b> U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087</p>
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P.O. Box 30968  
Raleigh, North Carolina 27622