



North Carolina Medicaid Bulletin

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

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Attention: All Providers

Checkwrite Schedule Change

The June 24, 2004 checkwrite date has changed to June 22, 2004. The electronic cut-off date for this checkwrite will remain June 18, 2004. A copy of the revised 2004 Checkwrite Schedule is available on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/2003check.htm>.

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

Attention: All Providers

Electronic Funds Transfer Form – Fax Number Change for Submittals

Providers are instructed to use the following fax number when submitting the Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposits form to the EDS Financial Unit: **919-816-3192**.

EDS offers EFT as an alternative to paper checks. This service enables Medicaid payments to be automatically deposited in the provider's bank account. EFT guarantees payment in a timely manner and prevents checks from being lost or stolen.

To initiate the automatic deposit process, providers are required to complete and return an EFT form. To confirm the provider's account number and bank transit number, a voided check must be attached to the form. A separate EFT form and voided check must be submitted for each provider number. Providers must also submit a new EFT form and voided check if they change banks or bank accounts. A copy of the form is on page 3 or can be obtained from DMA's website at <http://www.dhhs.state.nc.us/dma/forms.html>.

Completed forms may be faxed to the number listed above or mailed to the address listed on the form.

Note: Providers will continue to receive paper checks for two checkwrite periods before automatic deposit begins or resumes to a new bank account. Providers may verify that the EFT process for automatic deposit has been completed by checking the top left corner of the last page of their Remittance and Status Report, which will indicate **EFT number** rather than **check number**.

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

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

Electronic Data Systems 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.

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 bank name below, hereafter called BANK NAME, to credit the same account number.

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

**EDS, 4905 Waters Edge, Raleigh, NC, 27606
Or
Fax: 919-816-3192, Attention: Finance-EFT**

EDS 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. After that, 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 EDS Provider Services at 1-800-688-6696 with any questions regarding EFT.

BANK NAME _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BANK TRANSIT/ABA NO. _____

ACCOUNT NO. _____

CHECKING OR SAVINGS _____

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.

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

PROVIDER NAME _____

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 _____

⊞ A VOIDED CHECK MUST BE ATTACHED FOR EACH BANK ACCOUNT IN ORDER FOR US TO PROCESS YOUR EFT.

Your Name 123 Any Street Anytown, USA 12345	0101
Pay to the Order of _____	Date _____ \$ <input type="text"/> Dollars
Bank of Anytown Anytown, USA	
For _____	VOID SIGNATURE _____
123456789 11111111 0101	

***ONE EFT REQUEST FORM PER PROVIDER NUMBER**

Revised 2/2004

Attention: All Providers**General Medicaid Billing Seminars**

Seminars on general Medicaid billing guidelines are scheduled for June 2004. Registration information and a list of dates and site locations for the seminars will be published in the May 2004 general Medicaid bulletin.

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

Attention: All Providers**Position Emission Tomography Scans – Billing Guidelines**

Position emission tomography (PET) is covered in both an inpatient and outpatient setting. No prior approval is needed. The following codes are covered for billing PET scans:

Physician Claims (CMS-1500)

CPT Procedure Code	Description	Effective Date
78459	Myocardial imaging, position emission tomography (PET)	January 1, 2004
78491	Myocardial imaging, position emission tomography (PET), perfusion, single study at rest or stress	January 1, 2004
78492	Myocardial imaging, position emission tomography (PET), perfusion: multiple studies at rest and/or stress	January 1, 2004
78810	Tumor imaging, position emission tomography (PET), metabolic evaluation	January 1, 2004
78608	Brain imaging, position emission tomography (PET), metabolic evaluation	September 1, 1998
78609	Brain imaging, position emission tomography (PET), perfusion evaluation	September 1, 1998

For Medicaid billing, providers must enter the CPT code in block 24D and indicate the billing unit as a 1 in block 24G on the CMS-1500 claim form.

Hospital Claims (UB-92)

The following code is effective with date of service February 14, 2004:

RC404 – Other Imaging Services-Position Emission Tomography

For Medicaid billing, providers must enter the revenue code in field locator 42 and indicate the service unit as a 1 in field locator 46 on the UB-92 claim form.

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

Attention: Anesthesiologists, Certified Registered Nurse Anesthetists, and Hospitals

Billing for Anesthesia Services using Anesthesia Modifiers

Effective with date of processing May 15, 2004, the Division of Medical Assistance (DMA) will implement the use of anesthesia modifiers. The following guidelines must be used when billing anesthesia services.

Anesthesia Modifiers and their Definitions

QX	CRNA Service: with medical direction
QZ	CRNA Service: without medical direction
QY	medical direction of one CRNA by an anesthesiologist
QK	medical direction of 2, 3 or 4 concurrent anesthesia procedures
AA	anesthesia services performed personally by anesthesiologist

One of the modifiers listed above must be appended to the anesthesia CPT code each time anesthesia is billed. The AA modifier indicates that the entire service was performed personally by the anesthesiologist. Modifier AA indicates that no medical direction was provided to a Certified Registered Nurse Anesthetists (CRNAs) and that the anesthesiologist performed the entire service. When medical direction has been provided, the appropriate anesthesia modifier must be appended to the anesthesia CPT code for the anesthesiologist claim (either QY or QK) and the CRNA claim (QX). If the CRNA performs the service without medical direction, the QZ modifier must be appended to the anesthesia CPT code.

QS Monitored Anesthesia Care

When monitored anesthesia care is billed, the QS modifier must be billed with one of the modifiers listed above to indicate that the service was either personally performed (AA, QZ) or medically directed (QK, QX or QY).

Medical Direction Criteria

To bill for medical direction, the anesthesiologist must:

1. perform the pre-anesthesia evaluation and exam;
2. prescribe the anesthesia;
3. participate personally in the induction and emergence of the anesthesia procedure;
4. assure that any part of the anesthesia plan not personally performed by the anesthesiologist is performed by a qualified CRNA;
5. monitor the course of anesthesia administration at frequent intervals;
6. remain physically present (in the operating suite) to provide diagnosis and treatment in an emergency situation; and
7. provide post anesthesia care.

Documentation Requirements for Medical Direction

If a CRNA rendered the service, the service **must** be billed with the applicable modifier, either QZ or QX, to distinguish if the service was provided with medical direction or provided without medical direction. Medical direction must be documented in the medical record. When all of the criteria for medical direction listed above are not met, the CRNA services must be billed on the CMS-1500 claim form with modifier QZ indicating that the CRNA performed services **without** medical direction. Should review of medical records fail to document medical direction, recoupment of paid claims will be initiated and further investigation of the practice will be pursued by DMA.

A. CRNA performs services without medical direction:**1. CRNA is employed by hospital or facility and no anesthesiologist is present:**

The hospital bills the CRNA professional charges on the CMS-1500 claim form using the hospital's professional number in the group area in block 33 and the CRNA's number as the attending number in block 33. Modifier QZ must be appended to the CPT code indicating CRNA services were performed **without** medical direction.

The hospital's facility charges are billed on the UB-92 claim form with a Revenue Code (RC) in the 37X range. Only the facility charges are included in the RC code. CRNA professional charges must not be included in the RC code. The surgeon bills for the surgical charges on the CMS-1500 claim form.

2. CRNA is employed by anesthesiologist:

When the CRNA is employed by an anesthesiologist(s) and renders services **without** medical direction of an anesthesiologist, the CRNA services are billed on the CMS-1500 claim form using the physician's group number in block 33 and the CRNA's number in the attending field. Modifier QZ is appended to the CPT code to indicate that the service was performed without medical direction.

B. CRNA renders services with medical direction provided by anesthesiologist:**1. CRNA is employed by hospital or facility:**

The CRNA professional charges are billed on the hospital's professional claim appending modifier QX to the CPT code, indicating that medical direction **was** provided. The hospital's professional number is entered in block 33 and the CRNA's attending number is entered in the attending area in block 33.

The hospital's facility charges are billed on the UB-92 claim form with RC in the 37X range. Only the facility charges are included in the RC code. CRNA professional charges must not be included in the RC code.

The anesthesiologist performing medical direction appends either modifier QY or QK to the anesthesia CPT code on the -

2. CRNA is employed by anesthesiologist:

When the anesthesiologist provides medical direction of a CRNA who is employed by the anesthesiologist, the anesthesiologist bills the medical direction and the CRNA service on separate claims. The medical direction modifier QK or QY is appended to the CPT code on the physician claim. The physician's group number is placed in block 33 of the CMS-1500 claim form with the physician's individual number in the attending area of block 33. The medical direction modifier QX is appended to the CPT code on the CMS-1500 claim for the CRNA service. The physician group number is placed in block 33 and the CRNA number is placed in block 33 in the attending area.

Guidelines for Billing Anesthesia Services With or Without Medical Direction

Provider Rendering Service	Billing Provider	CMS-1500 Claim Form	UB-92 Claim Form
Anesthesiologist personally performs entire service	Anesthesiologist	AA is appended to the anesthesia CPT code.	No
CRNA employed by hospital performing without medical direction	Hospital facility Charge	No	Bills RC 37X range
	CRNA professional charge	Hospital professional number and CRNA number in block 33. Append QZ modifier to CPT code	No
	Surgeon	Bills CPT code.	No
CRNA employed by hospital performing with medical direction	Hospital facility Charge	No	Bills RC 37X range
	CRNA professional charge	Hospital professional number and CRNA number in block 33. Append QX to CPT code.	No
	Anesthesiologist providing medical direction	If one CRNA append QY to CPT code. If 2, 3 or 4 CRNAs append QK to CPT code.	No
CRNA employed by anesthesiologist performing with medical direction	Hospital facility charge	No	Bills RC 37X range
	CRNA professional charge	QX is appended to the CPT code. Use anesthesiology group/attending number in block 33.	No
	Anesthesiologist providing medical direction	On separate claim, append QY to the CPT if one CRNA. If 2, 3 or 4 CRNAs, append QK. Bill group/attending number in block 33.	No

Guidelines for Billing Anesthesia Services With or Without Medical Direction, continued

Provider Rendering Service	Billing Provider	CMS-1500 Claim Form	UB-92 Claim Form
CRNA employed by anesthesiologist performing without medical direction	Hospital facility charge	No	Bills RC 37X range
	CRNA professional charge	QZ is appended to the CPT code. Anesthesia group bills group/attending in block 33.	No
	Anesthesiologist employing CRNA	Anesthesiologist services are not billed when CRNA services are performed without medical direction.	No

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

Attention: All Providers

Revised Rates for 2004 CPT Codes

Effective January 1, 2004, rates for the 2004 CPT codes were revised based on information from the Centers for Medicare and Medicaid Services (CMS). These rates were subsequently revised on February 18, 2004 based on additional information released by CMS on January 7, 2004. Systematic adjustments will be made for claims that have processed for dates of service January 1, 2004 through February 18, 2004.

Providers may receive a current fee schedule by completing and submitting a copy of the Fee Schedule Request form on page 9. A copy of the form is also available on DMA’s website at <http://www.dhhs.state.nc.state.us/dma/forms.html>.

Providers must bill their usual and customary charges.

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

Fee Schedule Request Form

There is no charge for fee schedules or reimbursement plans requested from the Division of Medical Assistance (DMA). DMA stipulates that the information provided is to be used only for internal analysis. **Providers are expected to bill their usual and customary rate.** All requests for fee schedules and reimbursement plans **must be made** on the Fee Schedule Request form and mailed to:

Division of Medical Assistance
Financial Operations - Fee Schedules
2501 Mail Service Center
Raleigh, N. C. 27699-2501

Or **fax** your request to DMA's Financial Operations section at **919-715-0896**.

NOTE: PHONE REQUESTS ARE NOT ACCEPTED

- Advanced Practice Psychiatric Clinical Nurse Specialist
- Advanced Practice Psychiatric Nurse Practitioner
- After Care Surgery Period
- Ambulatory Surgery Center
- Anesthesia Base Units
- Community Alternatives Program
- Dental
- Durable Medical Equipment
- Health Department
- Home Health
- Home Infusion Therapy
- Hospital Reimbursement Plan
- ICF/MR Reimbursement Plan
- Laboratory
- Licensed Clinical Social Worker
- Licensed Psychologist
- Nurse Midwife
- Nurse Practitioner
- Nursing Facility Reimbursement Plan
- Optical and Visual Aids
- Orthotics and Prosthetics
- Physician Fees (includes x-ray and laboratory)
- Portable X-ray

Name of Provider/Facility _____ Provider Type: _____

Address: _____ Provider #: _____

Contact Person: _____ Phone: _____

Request for Diskettes – Provider fee schedules, the after-care surgery schedule, and the anesthesia base units schedule are also available on **diskette** or by **e-mail**.

NOTE: To reduce costs, where available, schedules will be sent by e-mail.

DMA stipulates that the information provided is to be used only for internal analysis. **Providers are expected to bill their usual and customary rate.**

Please complete the information below with each request:

Name of Provider/Facility: _____ **E-mail Address:** _____

Address: _____

Phone: _____

Type of File (circle one):

Format (circle one):

Text File Excel Spreadsheet

e-mail diskette

Type of Schedule on Diskette (check):

- Advanced Practice Psychiatric Clinical Nurse Specialist
- Advanced Practice Psychiatric Nurse Practitioner
- After Care Surgery Period
- Ambulatory Surgery Center
- Anesthesia Base Units
- Dental
- Health Department
- Laboratory
- Licensed Clinical Social Worker
- Licensed Psychologist
- Nurse Midwife
- Optical and Visual Aids
- Physician Fees (includes x-ray)
- Portable X-ray

Mail the request to:

Division of Medical Assistance
Financial Operations – Fee Schedules
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Or **fax** your request to DMA’s Financial Operations section at **919-715-0896**.

Attention: Health Check Providers

Health Check Seminars

Health Check seminars for all providers except health departments are scheduled for May 2004. Attendance at these seminars is very important due to changes in Health Check billing requirements. The seminars will emphasize vision and hearing assessments and developmental screening requirements.

A separate teleconference for local health departments sponsored by the Division of Public Health is scheduled for Thursday, May 6, 2004. Health departments should refer to page 14 for information on registering for the teleconference. Both the seminars and the teleconference will use the April 2004 Special Bulletin I, *Health Check Billing Guide 2004*, as the primary handout for the session. Providers must access and print the PDF version of the special bulletin from DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm> and bring it to the session.

Preregistration is required. Unregistered providers are welcome to attend the seminars if space is available. Providers may register by completing the form on page 13 or by registering online at <http://www.dhhs.state.nc.us/dma/provsem.htm>. Please indicate on the registration form the session you plan to attend. Seminars are scheduled to begin at 10:00 a.m. and end at 1:00 p.m. or earlier. Lunch will not be served. Providers are encouraged to arrive by 9:45 a.m. to complete registration.

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

Schedule for the Health Check Seminars

Tuesday, May 4, 2004

Jane S. McKimmon Center
1101 Gorman St.
Raleigh, NC

Wednesday, May 5, 2004

Coast Line Convention Center
501 Nutt St.
Wilmington, NC

Tuesday, May 11, 2004

Holiday Inn Bordeaux
1707 Owen Dr.
Fayetteville, NC

Wednesday, May 12, 2004

Greenville Hilton
207 Greenville Blvd. SW
Greenville, NC

Tuesday, May 18, 2004

Holiday Inn Conference
Center
530 Jake Alexander Blvd., S.
Salisbury, NC

Thursday, May 20, 2004

Ramada Inn
2703 Ramada Rd.
Burlington, NC

Tuesday, May 25, 2004

A-B Technical College
Laurel Building Auditorium
340 Victoria Rd.
Asheville, NC

Wednesday, May 26, 2004

Park Inn
909 Highway 70 SW
Hickory, NC

Directions to the Health Check Seminars

Jane S. McKimmon Center – Raleigh, North Carolina

Traveling East on I-40

Take exit 295 and turn left onto Gorman Street. Travel approximately one mile. The McKimmon Center is located on the right at the corner of Gorman Street and Western Boulevard.

Traveling West on I-40

Take exit 295 and turn right onto Gorman Street. Travel approximately one mile. The McKimmon Center is located on the right before you reach Western Boulevard.

Coast Line Convention Center – Wilmington, North Carolina

Take I-40 east to Wilmington. Take the Highway 17 exit. Turn left onto Market Street. Travel approximately 4 or 5 miles to Water Street. Turn right onto Water Street. The Coast Line Inn is located one block from the Hilton on Nutt Street behind the Railroad Museum.

Holiday Inn Bordeaux – Fayetteville, North Carolina

Traveling South on I-95

Take exit 56 to Hwy 301 to Owen Drive. Turn right at the light.

Traveling North on I-95

Take exit 56 to Hwy 301 to Owen Drive. Turn left at the light.

Greenville Hilton – Greenville, North Carolina

Take Highway 64 East to Highway 264 East. Follow 264 East to Greenville. Once you enter Greenville, turn right on Allen Road. After approximately 2 miles, Allen Road becomes Greenville Boulevard/Alternate 264. Follow Greenville Boulevard for 2 ½ miles. The Greenville Hilton is located on the right.

Holiday Inn Conference Center – Salisbury, North Carolina

Traveling South on I-85

Take exit 75. Turn right onto Jake Alexander Boulevard. Travel approximately ½ mile. The Holiday Inn is located on the right.

Traveling North on I-85

Take exit 75. Turn left onto Jake Alexander Boulevard. Travel approximately ½ mile. The Holiday Inn is located on the right.

Ramada Inn – Burlington, North Carolina

Traveling East on I-85/40

Take exit 143 and turn right onto Alamance Road. Turn left at the first stop light onto Ramada Road. The Ramada Inn is on the right.

Traveling West on I-85/40

Take exit 143 and turn left onto Alamance Road. Turn left at the first stop light onto Ramada Road. The Ramada Inn is on the right.

A-B Technical College – Asheville, North Carolina

Directions to the College

Take I-40 to exit 50. Travel north on Hendersonville Road, which becomes Biltmore Avenue. Continue on Biltmore Avenue toward Memorial Mission Hospital. Turn left onto Victoria Road.

Campus

Stay on Victoria Road. Turn right between the Holly Building and the Simpson Building. The Laurel Building/Auditorium is located on the right, behind the Holly Building.

Park Inn Gateway Conference Center – Hickory, North Carolina

Take I-40 to exit 123. Follow signs to Highway 321 North. Take the first exit (Hickory exit) and follow the ramp to the stoplight. Turn right at the light onto Highway 70. The Gateway Conference Center is on the right.

Registration Form for the Health Check Seminars

(cut and return registration form only)

Health Check Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number (____) _____ Fax Number (____) _____ E-mail Address _____

1 or **2** (circle one) person(s) will attend the seminar at _____ on _____
(location) (date)

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

Attention: Health Departments

T **Training for Local Health Departments on Changes in Health Check Requirements and Billing**

A training session is scheduled for local health department staff from 9:00 a.m. through 1:00 p.m. on May 6, 2004 via the Public Health Training and Information Network (PHTIN). This session, entitled *Health Check - 2004 Update*, will cover the changes in clinical requirements and billing for the Health Check Program.

Registration information has been sent to local health departments. If you do not receive this registration information by April 1, 2004, please contact the Public Health Nursing & Professional Development Unit in the Division of Public Health at 919-733-6850. The target audience for this session is both clinical staff who perform the Health Check screenings (since the developmental screening changes will have a major impact on the clinical delivery of the Health Check service) and billing staff.

The April 2004 Special Bulletin I, *Health Check Billing Guide 2004*, is the primary handout for this session. Attendees must access and print the PDF version of this special bulletin from the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>. Copies will not be provided onsite.

**Joy Reed, Local Technical Assistance and Training
Division of Public Health, 919-715-4385**

Attention: Personal Care Services Providers and Private Duty Nursing Providers

S **Seminars for Personal Care Services, Personal Care Services-Plus, and Private Duty Nursing Services**

Seminars for Personal Care Services (PCS), Personal Care Services-Plus (PCS-Plus), and Private Duty Nursing (PDN) Services are scheduled for June 2004. The seminars will focus on changes to billing as a result of the implementation of the national code sets mandated by the Health Insurance Portability and Accountability Act (HIPAA). Registration information and a list of dates and site locations for the seminars will be published in the May 2004 general Medicaid bulletin.

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

Attention: Local Education Agencies Providers

R

Revision to Rates for Local Education Agency Services

Effective with date of service January 1, 2003, the rates for services provided by Local Education Agencies (LEAs) were changed. This table replaces the information published in Appendix B of the December 2002 Special Bulletin VII, *HIPAA Code Conversion for Independent Practitioners and Local Education Agencies*.

Systematic adjustments will be made for claims that were billed with a provider's usual and customary rate and who received the FFP cutback.

Note: Reimbursement rates will change as the FFP percentages change.

Refer to the Medical Coverage Policy #8H on DMA's website at <http://www.dhhs.state.nc.state.us/dma/mp/mpindex.htm> for additional information on billing for LEA services.

Procedure Code	Maximum Reimbursement Rate	Procedure Code	Maximum Reimbursement Rate	Procedure Code	Maximum Reimbursement Rate
29075	\$ 62.96	95833	\$ 41.98	92567	\$ 18.86
29085	62.96	95834	62.96	92568	18.86
29105	62.96	96100	79.80	92569	18.86
29125	41.98	96110	79.80	92571	37.72
29126	62.96	96111	79.80	92572	37.72
29130	27.99	96115	79.80	92576	37.72
29131	62.96	96117	79.80	92579	37.72
29240	41.98	97001	167.90	92582	37.72
29260	41.98	97002	83.95	92583	37.72
29280	41.98	97003	167.90	92585	150.90
29405	83.95	97004	83.95	92507	75.45
29505	104.94	97110	20.99	92510	75.45
29515	83.95	97112	20.99	92506	150.90
29530	41.98	97116	20.99	92612	94.31
29540	41.98	97140	20.99	92610	150.90
90801	79.80	97504	20.99	92607	150.90
90802	79.80	97520	20.99	92609	75.45
90804	39.90	97530	20.99	92608	75.45
90806	66.50	97533	20.99	92508	18.86
90808	106.39	97535	20.99	92587	18.86
90810	39.90	97542	20.99	92588	37.72
90812	66.50	97703	20.99	92589	113.17
90814	106.39	97750	20.99	92590	94.31
90846	79.80	92551	18.86	92591	113.17
90853	79.80	92552	18.86	92592	18.86
92065	41.98	92553	37.72	92593	37.72
92526	56.59	92555	18.86	92594	18.86
95831	20.99	92556	37.72	92595	37.72
95832	20.99	92557	75.45		

Jackie Holloway and Pam Munson, Financial Operations
DMA, 919-857-4015

Attention: Physicians

Billing for Ocular Photodynamic Therapy with Verteporfin

Effective with date of service January 1, 2001, the N.C. Medicaid program covers ocular photodynamic therapy (OPT) with verteporfin (Visudyne). Claims that were previously denied for dates of service between January 1, 2001 and March 31, 2004 may be refiled as a new claim. The requirement to request a time limit override for claims billed with CPT codes J3490 or J3395 for dates of service between January 1, 2001 and March 31, 2003 has been waived. Providers are encouraged to file claims electronically.

The Medicaid unit of coverage is one 15 mg vial. The maximum reimbursement rate per unit is \$1,381.50. Refer to Medical Coverage Policy # 1A-13 on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm> for additional coverage criteria.

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

Attention: Dental Providers and Physicians

Surgery of the Lingual Frenulum

The policy guidelines for surgery of the lingual frenulum on recipients less than 30 days of age have changed. If the recipient is less than 30 days old and is having problems feeding due to tongue tie, the procedures described by CPT codes 41010 or 41115 can be provided without requesting prior approval. The provider must bill CPT code 41010 or 41115 along with **both** ICD-9-CM diagnoses codes 750.0 (tongue tie) **and** 779.3 (feeding problems in the newborn). Prior approval continues to be required for surgery of the lingual frenulum that does not meet the criteria listed above.

Medical Coverage Policy # 1A-16, Surgery of the Lingual Frenulum, has been revised to reflect this change and is now available on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm>.

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

Attention: Physicians

Physician's Drug Program List Update

The following table lists the FDA approved drugs currently covered by the N.C. Medicaid program when the drugs are provided in a physician's office for the FDA approved indications. This list replaces previously published lists. Rates are effective with date of service April 1, 2004.

Physicians will continue to bill on the CMS-1500 claim form using the appropriate drug code and indicating the specified number of units administered. Providers must bill their usual and customary charges.

- (*) Designates that an invoice must be submitted with the CMS-1500 claim form. **An invoice must be submitted with each claim.** The paper invoice must indicate the name of the recipient, the recipient's Medicaid identification number, the name of the medication, the dosage given, the National Drug Code (NDC) number from the vial(s) used, the number of vials used, and the **cost per dose**. Providers must indicate the number of units given in block 24G on the CMS-1500 claim form. Payment is based in accordance with Medicaid's State Plan for reimbursement. Providers will be reimbursed the lower of the invoice price or maximum allowable fee on file.

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J0130	Abciximab 10 mg	\$ 459.02
	J1120	Acetazolamide Sodium, up to 500 mg (Diamox)	18.36
	J0150	Adenosine I.V., 6 mg (Adenocard)	34.80
	J0152	Adenosine, 30 mg (Adenoscan)	66.56
	J0170	Adrenalin, Epinephrine, up to 1 ml ampule	2.10
*	J3490	Agalsidase Beta, 1mg (Fabrazyme)	4,037.50
	P9041	Albumin (human), 5%, 50 ml	13.01
	P9047	Albumin (human), 25%, 50 ml	49.30
	J0215	Alefacept 0.5 mg, injection (Amevive)	28.19
	J0205	Alglucerase, per 10 units (Ceredase)	37.13
	J0256	Alpha 1 Proteinase Inhibitor Human A, 10 mg (Prolastin)	2.38
	J9015	Aldesleukin, per single use vial (Proleukin, IL-2, Interleukin) 22 million I.U.	657.15
	J2997	Alteplase recombinant, 1 mg	32.83
	J0207	Amifostine 500 mg (Ethyol)	405.29
	S0016	Amikacin Sulfate 500 mg (Amikin)	15.95
	S0072	Amikacin Sulfate (100 mg)	13.28
	J0280	Aminophyllin, up to 250 mg	0.94
	J1320	Amitriptyline HCL, up to 20 mg (Elavil, Enovil)	2.15
	J0300	Amobarbital, up to 125 mg (Amytal)	2.38
	J0285	Amphotericin B, 50 mg (Amphocin, Fungizone IV)	9.30
	J0287	Amphotericin B lipid complex, 10 mg	19.55
	J0288	Amphotericin B cholesteryl sulfate complex, 10 mg	13.60
	J0289	Amphotericin B liposome, 10 mg	32.03
	J0295	Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm (Unasyn)	6.64

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J0290	Ampicillin, up to 500 mg (Omnipen-N, Totacillin-N)	\$ 1.48
	J0350	Anistreplase, per 30 units (Eminase)	2,169.22
	S0115	Bortezomib 3.5 mg (Velcade)	930.24
	J0945	Brompheniramine Maleate, 10mg	0.85
	J0595	Butorphanol Tartrate, 1mg (Stadol)	3.94
	J0636	Calcitriol, 0.1 mcg (Calcijex)	1.24
	J0610	Calcium Gluconate, per 10 ml (Kaleinate)	0.90
	J0620	Calcium Glycerophosphate and Calcium Lactate, per 10 ml (Calphosan)	5.55
	J9045	Carboplatin, 50 mg (Paraplatin)	126.83
	J9050	Carmustine, 100 mg (BiCNU)	121.84
	J0690	Cefazolin Sodium, 500 mg (Ancef, Kefzol, Zolicef)	2.01
	J0692	Cefepime HCL, 500 mg (Maxiprene)	7.28
	J0698	Cefotaxime Sodium, per gm (Claforan)	8.51
	J0694	Cefoxitin Sodium, 1 gm (Mefoxin)	9.56
	J0713	Ceftazidime per 500 mg (Fortaz, Tazidime)	6.04
	J0715	Ceftizoxime Sodium, per 500 mg (Cefizox)	4.44
	J0696	Ceftriaxone Sodium, per 250 mg (Rocephin)	13.35
	J0697	Cefuroxime Sodium, per 750 mg (Kefurox, Zinacef)	5.75
	J1890	Cephalothin Sodium, up to 1 gm (Keflin)	9.18
	J0710	Cephapirin Sodium, up to 1 gm (Cefadyl)	1.26
	J0720	Chloramphenicol Sodium Succinate, up to 1 gm	6.46
	J1990	Chlordiazepoxide HCL, up to 100 mg (Librium)	22.37
	J2400	Chlorprocaine HCL 30 ml (Nesacaine, Nesacaine-MPF)	5.72
	J0390	Chloroquine HCL, up to 250 mg (Aralen)	17.61
	J1205	Chlorothiazide Sodium, 500 mg (Diuril Sodium)	9.38
	J3230	Chlorpromazine HCL up to 50 mg (Thorazine)	3.93
	J0725	Chorionic Gonadotropin, per 1,000 USP units	2.39
	J0740	Cidofovir 375 mg (Vistide)	754.80
	J0743	Cilastatin Sodium Imipenem, per 250 mg (Primaxin IM, Primaxin IV)	14.20
	S0023	Cimetadine HCL, 300 mg (Tagamet)	1.27
	J0744	Ciprofloxacin for IV infusion, 200 mg (Cipro)	12.25
	J9062	Cisplatin, 50 mg (Platinol AQ)	67.79
	J9060	Cisplatin, powder or solution, per 10 mg (Platinol, Plantinol AQ)	13.56
	J9065	Cladribine, per 1 mg (Leustatin)	45.90
	J0735	Clonidine Hydrochloride, 1 mg	49.35
	J0745	Codeine Phosphate, per 30 mg	0.41
	J0760	Colchicine, 1 mg	6.32
	J0770	Colistimethate Sodium, up to 150 mg (Coly-Mycin M)	48.45
	J0800	Corticotropin, up to 40 units (Acthar, ACTH)	83.15
	J0835	Cosyntropin, per 0.25 mg (Cortrosyn)	75.06
	J3420	Cyanocobalamin, vitamin B 12, 1000 mcg	0.15

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J9096	Cyclophosphamide Lyophilized 1 gm (Cytosan Lyophilized)	\$ 40.92
	J9093	Cyclophosphamide Lyophilized, 100 mg (Cytosan Lyophilized)	5.21
	J9091	Cyclophosphamide, 1.0 gm (Cytosan, Neosar)	40.92
	J9070	Cyclophosphamide, 100 mg (Cytosan, Neosar)	5.13
	J9092	Cyclophosphamide, 2.0 gm (Cytosan, Neosar)	81.82
	J9080	Cyclophosphamide, 200 mg (Cytosan, Neosar)	9.74
	J9090	Cyclophosphamide, 500 mg (Cytosan, Neosar)	20.45
	J9094	Cyclophosphamide, Lyophilized, 200 mg (Cytosan Lyophilized)	10.41
	J9095	Cyclophosphamide, Lyophilized, 500 mg (Cytosan Lyophilized)	20.45
	J9097	Cyclophosphamide Lyophilized, 2gm	83.95
	J9100	Cytarabine 100 mg (Cytosar-U)	7.33
	J9110	Cytarabine, 500 mg (Cytosar-U)	7.65
	J9130	Dacarbazine 100 mg (DTIC-Dome)	10.04
	J9140	Dacarbazine 200 mg (DTIC-Dome)	19.47
	J7513	Daclizumab, 25 mg (Zenapax)	380.36
	J9120	Dactinomycin, .5 mg (Cosmegen)	12.41
	J1645	Dalteparin, per 2500 I.U. (Fragmin)	14.04
	J0880	Darbepoetin Alfa, 5 mcg (Aranesp)	21.20
	J9150	Daunorubicin HCL, 10 mg (Cerubidine)	66.42
	J9151	Daunorubicin Citrate Liposomal, 10 mg (DaunoXome)	57.80
	J0895	Deferoxamine Mesylate, 500 mg (Desferal)	13.98
	J9160	Denileukin Diftitox, 300mcg (Ontak)	1,190.85
	J1000	Depoestradiol Cypionate, up to 5 mg	1.70
	J1094	Dexamethasone Acetate 1 mg	0.64
	J2597	Desmopressin Acetate per 1 mcg (DDAVP)	3.09
	J1100	Dexamethasone Sodium Phosphate, 1 mg (Cortastat, Dalalone)	0.10
	J1190	Dexrazoxane HCL, 250 mg (Zinecard)	209.34
	J7110	Dextran 75, 500 ml	12.72
	J7042	Dextrose 5%/Normal Saline (500 ml = 1 unit)	8.45
	J7070	D5W, 1000 cc	9.78
	J7060	Dextrose 5%/Water (500 ml = 1 unit)	8.09
	J3360	Diazepam, up to 5 mg (Valium, Zetran)	0.77
	J1730	Diazoxide, up to 300 mg (Hyperstat IV)	110.01
	J0500	Dicyclomine HCL, up to 20 mg (Bentyl, Dilomine, Antispas)	15.27
	J9165	Diethylstilbestrol Diphosphate, 250 mg (Stilphostrol)	12.89
	J1160	Digoxin, up to 0.5 mg (Lanoxin)	1.59
	J1110	Dihydroergotamine Mesylate, up to 1 mg	6.04
	J0470	Dimercaprol, per 100 mg	21.18
	J1240	Dimenhydrinate, up to 50 mg	0.34
	J1200	Diphenhydramine HCL, up to 50 mg (Benadryl)	1.43

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J1245	Dipyridamole, per 10 mg (Persantine IV)	\$ 5.10
	J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	39.91
	J1250	Dobutamine HCL, 250 mg (Dobutrex)	4.24
	J9170	Docetaxel, 20 mg (Taxotere)	301.40
	J1260	Dolasetron Mesylate, 10 mg (Anzemet)	13.85
	J1270	Doxercalciferol, 1 mg (Hectorol)	4.92
	J9001	Doxorubicin HCL, all lipid formulations, 10 mg,	352.06
	J9000	Doxorubicin HCL, 10 mg (Adriamycin PFS, Adriamycin RDF, Rubex)	8.16
	J1810	Droperidol and Fentanyl Citrate, up to 2 ml ampule (Innovar)	8.45
	J1790	Droperidol, up to 5 mg (Inapsine)	2.50
	J1180	Dyphylline, up to 500 mg (Lufyllin, Dilor)	8.07
	J0600	Edetate Calcium Disodium up to 1000 mg	39.46
	J1650	Enoxaparin Sodium, 10 mg (Lovenox)	5.46
	J9178	Epirubicin HCl, 2 mg (Ellence)	24.73
	Q9920	EPO, per 1000 units, Patient HCT 20 or less	11.62
	Q9921	EPO, per 1000 units, Patient HCT 21	11.62
	Q9922	EPO, per 1000 units, Patient HCT 22	11.62
	Q9923	EPO, per 1000 units, Patient HCT 23	11.62
	Q9924	EPO, per 1000 units, Patient HCT 24	11.62
	Q9925	EPO, per 1000 units, Patient HCT 25	11.62
	Q9926	EPO, per 1000 units, Patient HCT 26	11.62
	Q9927	EPO, per 1000 units, Patient HCT 27	11.62
	Q9928	EPO, per 1000 units, Patient HCT 28	11.62
	Q9929	EPO, per 1000 units, Patient HCT 29	11.62
	Q9930	EPO, per 1000 units, Patient HCT 30	11.62
	Q9931	EPO, per 1000 units, Patient HCT 31	11.62
	Q9932	EPO, per 1000 units, Patient HCT 32	11.62
	Q9933	EPO, per 1000 units, Patient HCT 33	11.62
	Q9934	EPO, per 1000 units, Patient HCT 34	11.62
	Q9935	EPO, per 1000 units, Patient HCT 35	11.62
	Q9936	EPO, per 1000 units, Patient HCT 36	11.62
	Q9937	EPO, per 1000 units, Patient HCT 37	11.62
	Q9938	EPO, per 1000 units, Patient HCT 38	11.62
	Q9939	EPO, per 1000 units, Patient HCT 39	11.62
	Q9940	EPO, per 1000 units, Patient HCT 40	11.62
	Q0136	Epoetin Alpha (for non ESRD use) per 1000 units (Epoegen)	11.62
	J1325	Epoprostenol 0.5 mg	16.16
	J1330	Ergonovine Maleate, up to 0.2 mg	4.20
	J1364	Erythromycin Lactobionate, per 500 mg (Erythrocin)	3.14
	J1380	Estradiol Valerate, up to 10 mg	0.48
	J1390	Estradiol Valerate, up to 20 mg	1.02
	J0970	Estradiol Valerate, up to 40 mg (Delestrogen)	1.44

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J1410	Estrogen Conjugated, per 25 mg (Premarin Intravenous)	\$ 55.04
	J1435	Estrone, per 1 mg (Estone Aqueous, Estronol, etc.)	0.51
	J1436	Etidronate Disodium, per 300 mg (Didronel)	68.85
	J9181	Etoposide, 10 mg (VePesid)	1.53
	J9182	Etoposide, 100 mg (VePesid)	15.30
	J3010	Fentanyl Citrate, 0.1 mg (2 ml) (Sublimaze)	0.83
	Q0187	Factor VIIa (Coagulation Factor, recombinant) per 1.2 mg (Novoseven)	1,681.50
	J7190	Factor VIII (anti-hemophilic factor, human) per I.U.	0.87
	J7191	Factor VIII (anti-hemophilic factor, porcine) per I.U.	2.04
	J7192	Factor VIII (anti-hemophilic factor, recombinant) – per I.U.	1.29
	J7194	Factor IX complex, per I.U.	0.40
	J7193	Factor IX (Antihemophilic Factor, Purified, non-recombinant) – per I.U.	1.12
	J7195	Factor IX (Antihemophilic Factor, recombinant) – per I.U.	0.95
	J1440	Filgrastim , 300 mcg/1ml (Neupogen)	158.50
	J1441	Filgrastim , 480 mcg/1.6ml (Neupogen)	267.79
	J9200	Floxuridine, 500 mg (FUDR)	122.40
	J9185	Fludarabine Phosphate, 50 mg (Fludara)	318.59
	J9190	Fluorouracil, 500 mg (Adrucil)	1.85
	J2680	Fluphenazine Decanoate, up to 25 mg (Prolixin Decanoate)	8.02
	J1455	Foscarnet Sodium, per 1000 mg (Foscavir)	11.70
	J9395	Fulvestrant, 25 mg (Faslodex)	78.36
	J1940	Furosemide, up to 20 mg (Lasix, Furomide M.D.)	0.88
	J1570	Ganciclovir Sodium, 500 mg (Cytovene)	31.53
	J7310	Ganciclovir, Long-acting Implant, 4.5 mg (Vitrasert)	4,250.00
	J9201	Gemcitabine HCl. 200 mg (Gemzar)	101.90
	J1580	Gentamicin (Garamycin Sulfate) up to 80 mg (Gentamicin Sulfate, Jenamicin)	1.70
	J1610	Glucagon Hydrochloride, per 1 mg	40.80
	J1600	Gold Sodium Thiomaleate, up to 50 mg (Myochrysine)	12.10
	J1620	Gonadorelin Hydrochloride, per 100 mcg (Factrel)	180.72
	J9202	Goserelin Acetate Implant, per 3.6 mg (Zoladex)	375.99
	J1626	Granisetron Hydrochloride, 100 mcg (Kytril)	15.62
	J1631	Haloperidol Decanoate, per 50 mg (Haldol Decanoate – 50)	8.16
	J1630	Haloperidol Lactate, up to 5 mg (Haldol)	6.11
	J1642	Heparin Sodium, per 10 units (Heparin Lock Flush)	0.05
	J1644	Heparin Sodium, per 1000 units	0.35
	J3470	Hyaluronidase, up to 150 units (Wydase)	18.42
	J0360	Hydralazine HCL, up to 20 mg (Apresoline)	14.34
	J1700	Hydrocortisone Acetate, up to 25 mg	0.30
	J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	4.98
	J1720	Hydrocortisone Sodium Succinate, up to 100 mg	1.55

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J1170	Hydromorphone, up to 4 mg (Dilaudid)	\$ 1.38
	J3410	Hydroxyzine HCL, up to 25 mg (Vistaril, Vistaject-25, Hyzine-50)	1.08
	J7320	Hylan G-F 20, 16 mg, for intra-arterial injection (Synvisc)	201.24
	J1980	Hyoscyamine Sulfate, up to 0.25 mg (Levsin)	7.66
	J7130	Hypertonic Saline Solution, 50 or 100 mEq, 20 cc vial)	0.44
	J1742	Ibutilide Fumarate 1 mg. (Corvert)	224.89
	J9211	Idarubicin Hydrochloride, 5 mg (Idamycin)	375.73
	J9208	Ifosfamide, 1 gm (Ifex)	134.55
	J1785	Imiglucerase, per unit (Cerezyme)	3.71
	J1745	Infliximab, 10 mg (Remicade)	58.79
	J1815	Insulin, up to 100 units (Regular, NPH, Lente, or Ultralente))	0.09
	J9213	Interferon, Alfa-2A, Recombinant, 3 million units (Roferon-A)	31.21
	J9214	Interferon, Alfa-2B, Recombinant, 1 million units (Intron A)	13.31
	J9215	Interferon, Alfa-N3, (human leukocyte derived) 250,000 IU (Alferon N)	7.03
	J9212	Interferon, Alfacon-1, Recombinant, 1 mcg (Infergen)	3.67
	J9216	Interferon, Gamma 1-B, 3 million units (Actimmune)	187.19
	J9206	Irinotecan, 20 mg (Camptosar)	122.73
	J1750	Iron Dextran, 50 mg (Infed)	16.03
	J1756	Iron Sucrose injection, 1mg (Venofer)	0.58
	J1840	Kanamycin Sulfate, up to 500 mg (Kantrex, Klebcil)	2.94
	J1850	Kanamycin Sulfate, up to 75 mg (Kantrex, Klebcil)	0.44
	J1885	Ketorolac Tromethamine, per 15 mg (Toradol)	3.19
*	J3490	Kutapressin, 1 ml	6.94
*	J3490	Laronidase, 2.9 mg/5 ml (Aldurazyme)	120.07
	J0640	Leucovorin Calcium, per 50 mg (Wellcovorin)	3.00
	J9217	Leuprolide Acetate, 7.5 mg (Lupron, for Depot Suspension)	500.58
	J1950	Leuprolide Acetate, 3.5 mg (Lupron, for Depot Suspension)	453.79
	J9218	Leuprolide Acetate, per 1 mg (Lupron)	23.26
	J9219	Leuprolide Acetate Implant, 65 mg (Viadur)	4,831.40
	J1955	Levocarnitine, per 1 gm (Carnitor)	30.60
	J1956	Levofloxacin, 250 mg (Levaquin)	18.62
	J1960	Levorphanol tartrate, up to 2 mg (Levo-Dromoran)	3.37
	J2001	Lidocaine HCL, 10 mg IV (Xylocaine)	0.88
	J2010	Lincomycin HCL, up to 300 mg (Lincocin)	2.84
	J2060	Lorazepam, 2 mg (Ativan)	2.81
*	J3490	Leuprolide Acetate, 7.5 mg (Lupron Depot Pediatric) (Send in claim with invoice for manual pricing—pricing based on 7.5 mg package)	606.70
*	J3490	Leuprolide Acetate, 11.25 mg (Lupron Depot Pediatric) (Send in claim with invoice for manual pricing—based on 11.25 mg package)	1,101.46

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
*	J3490	Leuprolide Acetate, 15 mg (Lupron Depot Pediatric) (Send in claim with invoice for manual pricing—pricing based on 15 mg package)	\$ 1,213.15
	J3475	Magnesium Sulfate, 500 mg.	0.20
	J2150	Mannitol, 25% in 50 ml	2.92
	J9230	Mechlorethamine Hydrochloride (Nitrogen Mustard), 10 mg	10.74
	J1055	Medroxyprogesterone Acetate for Contraceptive Use, 150 mg (Depo-Provera)	48.12
	J1051	Medroxyprogesterone Acetate, 50 mg (Depo-Provera)	4.50
	J1056	Medroxyprogesterone Acetate/Estradiol Cypionate 5 mg/25 mg (Lunelle)	22.02
	J9245	Melphalan Hydrochloride, 50 mg, (Alkeran)	375.88
	J2180	Meperidine and Promethazine HCL, up to 50 mg (Mepergan Injection)	4.02
	J2175	Meperidine Hydrochloride, per 100 mg (Demerol HCL)	0.48
	J0670	Mepivacaine, per 10 ml (Carbocaine)	1.85
	J9209	Mesna, 200 mg (Mesnex)	31.45
	J0380	Metaraminol Bitartrate, 10 mg (Aramine)	1.14
	J1230	Methadone HCL, up to 10 mg (Dolophine)	0.68
	J2800	Methocarbamol, up to 10 ml (Robaxin)	3.40
	J9250	Methotrexate Sodium, 5 mg	0.35
	J9260	Methotrexate Sodium, 50 mg	4.25
	J0210	Methyldopate HCL, up to 250 mg (Aldomet)	10.63
	J2210	Methylergonovine Maleate, up to 0.2 mg (Methergine)	3.67
	J1020	Methylprednisolone Acetate, 20 mg (Depo Medrol)	2.40
	J1030	Methylprednisolone Acetate, 40 mg	3.70
	J1040	Methylprednisolone Acetate, 80 mg	7.40
	J2930	Methylprednisolone Sodium Succinate, up to 125 mg (Solu-Medrol, A-methaPred)	1.72
	J2920	Methylprednisolone Sodium Succinate, up to 40 mg (Solu-Medrol, A-Metha Pred)	1.41
	J2765	Metoclopramide HCL, up to 10 mg (Reglan)	1.67
	J2250	Midazolam HCL, per 1 mg (Versed)	1.14
	J2260	Milrinone Lactate, 5 mg per 5 ml (Primacor)	46.15
	J9290	Mitomycin, 20 mg (Mutamycin)	185.64
	J9291	Mitomycin, 40 mg (Mutamycin)	255.00
	J9280	Mitomycin, 5 mg (Mutamycin)	57.12
	J9293	Mitoxantrone HCL, per 5 mg (Novantrone)	321.52
	J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg (Astramorph PF, Duramorph)	1.70
	J2270	Morphine Sulfate, up to 10 mg	0.60
	J2271	Morphine Sulfate (100 mg)	6.99
	J2310	Nalaxone HCL, per 1 mg (Narcan)	2.12
	J2300	Nalbuphine Hydrochloride, 10 mg	1.35

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J2321	Nandrolone Decanoate, up to 100 mg	\$ 6.25
	J2322	Nandrolone Decanoate, up to 200 mg	14.08
	J2320	Nandrolone Decanoate, up to 50 mg	3.43
	J2710	Neostigmine Methylsulfate, up to 0.5 mg (Prostigmin)	0.59
	J7030	Normal Saline Solution, 1000 cc, infusion	8.89
	J7050	Normal Saline Solution, 250 cc, infusion	2.22
	J7040	Normal Saline Solution, Sterile (500 ml=1 unit), infusion	5.64
*	J2353	Octreotide Acetate, 1 mg (Sandostatin LAR Depot), Pricing Based on 30 mg	71.12
*	J2353	Octreotide Acetate, 1 mg (Sandostatin LAR Depot), Pricing Based on 20 mg	79.35
*	J2353	Octreotide Acetate, 1 mg (Sandostatin LAR Depot), Pricing Based on 10 mg	138.19
	J2354	Octreotide Acetate, 25 mcg, non-depot, SC or IV	3.81
	S0107	Omalizumab 25mg (Xolair)	76.68
	J2405	Ondansetron Hydrochloride, per 1 mg (Zofran)	5.58
	J2355	Oprelvekin, 5 mg (Newmega)	239.67
	J2360	Orphenadrine Citrate, up to 60 mg (Norflex, etc.)	4.85
	J2700	Oxacillin Sodium, up to 250 mg (Bactocile, Prostaphlin)	0.71
	J9263	Oxaliplatin, 0.5 mg (Eloxatin)	8.45
	J2410	Oxymorphone HCL, up to 1 mg (Numorphan)	2.64
	J2460	Oxytetracycline HCL, up to 50 mg (Terramycin IM)	0.91
	J2590	Oxytocin, up to 10 units (Pitocin, Syntocinon)	1.15
	J9265	Paclitaxel, 30 mg (Taxol)	138.28
*	J3490	Palonosetron 0.25mg (Aloxi)	275.40
	J2430	Pamidronate Disodium, per 30 mg (Aredia)	237.88
	J2440	Papaverine HCL, up to 60 mg	2.98
	J9266	Pegaspargase Single Dose vial, (5 ml) (Oncaspar)	1,277.13
	J2505	Pegfilgrastim, 6 mg (Neulasta)	2,507.50
	J0540	Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units (Bicillin C-R)	20.94
	J0550	Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units (Bicillin C-R)	44.84
	J0530	Penicillin G Benzathine and Penicillin G procaine, up to 600,000 units (Bicillin C-R)	10.67
	J0570	Penicillin G Benzathine, up to 1,200,000 units (Bicillin L-A, Permapen)	17.70
	J0580	Penicillin G Benzathine, up to 2,400,000 units (Bicillin L-A, Permapen)	35.39
	J0560	Penicillin G Benzathine, up to 600,000 units (Bicillin L-A, Permapen)	8.85
	J2540	Penicillin G Potassium, up to 600,000 units (Pfizerpen)	0.26
	J2510	Penicillin G Procaine, Aqueous, up to 600,000 units (Wycillin, etc.)	8.59

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J2545	Pentamidine Isethionate, inhalation solution, per 300 mg (Pentam 300, NebuPent, PentacaRinat)	\$ 40.12
	S0080	Pentamidine Isethionate, IV, IM, per 300 mg	40.12
	J3070	Pentazocine HCL, up to 30 mg (Talwin)	4.67
	J2515	Pentobarbital Sodium (Nembutal Sodium Solution), per 50 mg	1.18
	J9268	Pentostatin, per 10 mg (Nipent)	1,644.27
	J2543	Piperacillin Sodium/Tazobactam Sodium 1gm/0.125 gm (1.125gm) (Zosyn)	4.36
	J3310	Perphenazine, up to 5 mg (Trilafon)	6.38
	J2560	Phenobarbital Sodium, up to 120 mg	1.44
	J2760	Phentolamine Mesylate, up to 5 mg (Regitine)	28.56
	J2370	Phenylephrine HCL, up to 1 ml (NeoSynephrine)	1.15
	J1165	Phenytoin Sodium, per 50 mg (Dilantin)	0.77
	J9270	Plicamycin, 2.5 mg (Mithracin)	83.93
	J9600	Porfimer Sodium, 75 mg (Photofin)	2,329.60
	J3480	Potassium Chloride, per 2 mEq.	0.07
	J2730	Pralidoxime Chloride, up to 1 gm (Protopam Chloride)	92.12
	J2650	Prednisolone Acetate, up to 1 ml	0.22
	J2690	Procainamide HCL, up to 1 gm (Pronestyl)	1.24
	J0780	Prochlorperazine Edisylate 10 mg (Compazine, Cotranzine, Compa-Z, Ultrazine-10)	3.74
	J2675	Progesterone, per 50 mg	3.18
	J2950	Promazine HCL, up to 25 mg (Sparine, Prozine-50)	0.41
	J2550	Promethazine HCL, up to 50 mg (Phenergan, Phenazine)	2.55
	J1800	Propranolol HCL, up to 1 mg (Inderal)	8.45
	J2720	Protamine Sulfate, per 10 mg	0.68
	J2725	Protirelin, per 250 mcg (Relefact TRH, Thybinone)	21.83
	J2780	Rantidine HCL, 25 mg (Zantac)	1.29
	J2993	Retaplase, 18.1 mg (Retavase)	1,168.75
	J7120	Ringers Lactate Infusion, up to 1000 cc	11.13
*	J3490	Risperidone 25mg (Risperdal Consta)	117.98
*	J3490	Risperidone 37.5mg (Risperdal Consta)	176.97
*	J3490	Risperidone 50mg (Risperdal Consta)	235.96
	J9310	Rituximab (Rituxan) 100 mg (Rituxan)	427.28
	J2820	Sargramostim (GM-CSF), 50 mcg (Leukine, Prokine)	24.47
*	J3490	Sodium Bicarbonate 7.5% up to 50 ml	3.03
	J2912	Sodium Chloride, 0.9% per 2 ml	0.44
	J2916	Sodium Ferric Gluconate Complex in Sucrose, 12.5mg (Ferrelecit)	7.31
	J7317	Sodium Hyaluronate, per 20-25 mg. for intra-articular injection (Biolon, Provisc, Vitrax, Hyalgan)	124.11
	J3320	Spectinomycin Dihydrochloride, up to 2 gm (Trobicin)	25.30
	J7051	Sterile Saline or Water (up to 5 cc)	0.68

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J2995	Streptokinase, per 250,000 IU (Streptase)	\$ 79.69
	J3000	Streptomycin, up to 1 gm (Streptomycin Sulfate)	5.67
	J9320	Streptozocin, 1 gm (Zanosar)	126.58
	J0330	Succinylcholine Chloride, up to 20 mg (Anectine, Quelicin, Surostrin)	0.17
	J3105	Terbutaline Sulfate, up to 1 mg (Brethine, Bricanyl Subcutaneous)	26.30
	J1060	Testosterone Cypionate and Estradiol Cypionate, up to 1 ml	3.99
	J1080	Testosterone Estradiol Cypionate, 1 cc, 200 mg	8.44
	J1070	Testosterone Cypionate, up to 100 mg	4.43
	J0900	Testosterone Enanthate and Estradiol Valerate up to 1 cc (Deladumone, etc.)	1.46
	J3120	Testosterone Enanthate, up to 100 mg (Evarone, Delatestryl, etc.)	8.03
	J3130	Testosterone Enanthate, up to 200 mg, (Evarone, Delatestryl, Andro L.A. 200, etc.)	16.07
	J3150	Testosterone Propionate, up to 100 mg (Testex)	0.84
	J3140	Testosterone Suspension, up to 50 mg (Andronaq 50, Testosterone Aqueous, etc.)	0.28
	J0120	Tetracycline, up to 250 mg (Achromycin, Panmycin, Sumycin)	0.22
	J3280	Thiethylperazine Maleate, up to 10 mg (Norzine, Torecan)	5.06
	J9340	Thiotepa, 15 mg (Thioplex)	83.73
	J3240	Thyrotropin Alfa, 0.9 mg (Thyrogen)	552.50
	J3260	Tobramycin Sulfate, up to 80 mg (Nebcin)	3.99
	J9350	Topotecan, 4 mg (Hycamtin)	706.17
	J3265	Torseamide, 10 mg/ml (Demadex)	1.39
	J2670	Tolazoline HCL, up to 25 mg (Priscoline HCL)	3.51
	J9355	Trastuzumab, 10 mg (Herceptin)	52.01
	J3301	Triamcinolone Acetonide, per 10 mg (Kenalog-10, Kenalog-40, Tri-Kort, etc.)	1.43
	J3302	Triamcinolone Diacetate, per 5 mg (Aristocort Intralesional, Aristocort Forte, Amcort, etc.)	0.31
	J3303	Triamcinolone Hexacetonide, per 5 mg (Aristospan Intralesional, Aristospan Intra-articular)	0.90
	J3400	Triflupromazine HCL, up to 20 mg (Vesprin)	11.05
	J3250	Trimethobenzamide HCL, up to 200 mg (Tigan, Ticon, Tiject-20, Arrestin)	1.25
	J3305	Trimetrexate Glucuronate, per 25 mg (Neutrexin)	127.50
	J3350	Urea, up to 40 gm (Ureaphil)	75.56
	J3365	Urokinase, 250,000 I.U. Vial (Abbokinase)	457.66
	J3364	Urokinase, 5000 I.U. vial (Abbokinase Open-Cath)	50.65
	J9357	Valrubicin, intravesical, 200 mg (Valstar)	471.24
	J3370	Vancomycin HCL, 500 mg (Varcocin, Vancoled)	2.58

Injectable Drug List, continued

Invoice Required	Procedure Code	Description	Maximum Reimbursement Rate
	J9360	Vinblastine Sulfate, 1 mg (Velban)	\$ 2.81
	J9370	Vincristine Sulfate, 1 mg (Oncovin,)	30.40
	J9375	Vincristine Sulfate, 2 mg (Oncovin)	60.81
	J9380	Vincristine Sulfate, 5 mg (Oncovin,)	152.02
	J9390	Vinorelbine Tartrate, per 10 mg (Navelbine)	76.19
	J3430	Vitamin K, Phytonadione 1 mg/0.5ml	1.98
	J2501	Zemplar (Paricalcitol) 1 mcg	4.49
	J3487	Zoledronic Acid (Zometa), 1 mg	194.54

Immune Globulins

Procedure Code	Description	Maximum Reimbursement Rate
J1563	Immune globulin (IgIV), for intravenous use, 1g	\$ 66.00
J1564	Immune globulin (IgIV), for intravenous use, 10 mg	0.72
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use, 1 ml	12.74
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use, 0.5 ml	581.40
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use, 2 ml	65.18
90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use, 2 ml	69.89
90379	Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use, 1 ml	16.22
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use, 1500 IU/300 mcg	89.76
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use, 120 IU/50 mcg	32.13
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use, 100 IU	18.98
90389	Tetanus immune globulin (TIg), human, for intramuscular use, 250 u/1 ml	111.57
90396	Varicella-zoster immune globulin, human, for intramuscular use, 125 u/1.25 ml	106.25
J1460	Gamma Globulin, Intramuscular, 1 cc (Gammar)	10.20
J1470	Gamma Globulin, Intramuscular, 2 cc	20.40
J1480	Gamma Globulin, Intramuscular, 3 cc	30.63
J1490	Gamma Globulin, Intramuscular, 4 cc	40.80

Immune Globulins, continued

Procedure Code	Description	Maximum Reimbursement Rate
J1500	Gamma Globulin, Intramuscular, 5 cc	\$ 51.00
J1510	Gamma Globulin, Intramuscular, 6 cc	61.08
J1520	Gamma Globulin, Intramuscular, 7 cc	71.33
J1530	Gamma Globulin, Intramuscular, 8 cc	81.60
J1540	Gamma Globulin, Intramuscular, 9 cc	91.89
J1550	Gamma Globulin, Intramuscular, 10 cc	102.00
J1560	Gamma Globulin, Intramuscular, over 10 cc (use correct combinations of services)	^^

^^ Designates special pricing.

Vaccines/Toxoids

Medicaid reimburses for vaccines in accordance with the guidelines from the Advisory Committee on Immunization Practices (ACIP). Information regarding the risk categories pertinent to vaccines may be found at <http://www.cdc.gov/nip/publications/ACIP/default.htm>.

Medicaid does not reimburse for vaccines provided to recipients ages birth through 18 years that are available through the Universal Childhood Vaccine Distribution Program (UCVDP)/Vaccines for Children (VFC) Program. For Medicaid-eligible recipients ages 19 through 20 who are not age-eligible for the VFC program vaccines, Medicaid will reimburse providers for Medicaid-covered vaccines.

Procedure Code	Description	Maximum Reimbursement Rate
90585	Bacillus Calmette-Guerin vaccine (BCG), for tuberculosis, live, for percutaneous use, per vial	\$ 143.28
90632	Hepatitis A vaccine, adult dosage, for intramuscular use, 1 ml	62.94
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use, 0.5 ml	26.66
90647	Hemophilus influenza b vaccine (Hib) PRP-OMP conjugate (3 Dose schedule), for intramuscular use, 0.5 ml	20.32
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use, 0.5 ml	9.95
90675	Rabies vaccine, for intramuscular use, 2 ml	121.83
90680	Rotavirus vaccine, tetravalent, live, for oral use	16.40
90703	Tetanus toxoid adsorbed, for intramuscular or jet injection use, 0.5 ml	12.86
90704	Mumps virus vaccine, live, for subcutaneous or jet injection use	17.38
90705	Measles virus vaccine, live, for subcutaneous or jet injection use, 0.5 ml	13.45
90706	Rubella virus vaccine, live, for subcutaneous or jet injection use, 0.5 ml	14.97
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use	34.93

Vaccines/Toxoids, continued

Procedure Code	Description	Maximum Reimbursement Rate
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use	\$ 23.00
90716	Varicella virus vaccine, live, for subcutaneous use, 0.5 ml	57.86
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular or jet injection, 0.5 ml	10.31
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	43.70
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use, 0.5 ml	18.62
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous or jet injection use, 0.05 mg	58.66
90746	Hepatitis B vaccine, adult dosage, for intramuscular use, 1 ml	55.46
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use, 40 mcg/2ml	110.92

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

Holiday Schedule

The Division of Medical Assistance and EDS will be closed on Friday, April 9, 2004 in observance of Good Friday.

Proposed Medical Coverage Policies

In accordance with Session Law 2003-284, proposed new or amended Medicaid medical coverage policies are available for review and comment on DMA's website at <http://www.dhhs.state.nc.us/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the website. Providers without Internet access can submit written comments to the address listed below.

Darlene Creech
Division of Medical Assistance
Medical Policy Section
2501 Mail Service Center
Raleigh, NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

Checkwrite Schedule

April 6, 2004	May 4, 2004	June 8, 2004
April 13, 2004	May 11, 2004	June 15, 2004
April 20, 2004	May 18, 2004	June 22, 2004
May 5, 2004	May 27, 2004	June 29, 2004

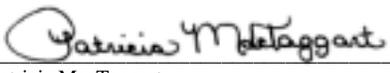
Electronic Cut-Off Schedule

April 2, 2004	May 7, 2004	June 4, 2004
April 8, 2004	May 14, 2004	June 11, 2004
April 16, 2004	May 21, 2004	June 18, 2004
April 30, 2004		June 25, 2004

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



Gary H. Fuquay, Director
Division of Medical Assistance
Department of Health and Human Services



Patricia MacTaggart
Executive Director
EDS
