North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 4 ***April 1998***

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and Electronic Data Systems (EDS) will be closed on Friday, April 10, 1998, in observance of Good Friday.

DMA and EDS will also be closed on Monday, May 25, 1998, in observance of Memorial Day.

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

Attention: All Providers

Deadline to Preregister for the 1998 Medicaid Fair

The deadline to preregister for the 1998 Medicaid Fair is April 17, 1998. The registration fee increases from $30.00 to $40.00 per person after this deadline. Refer to your January 1998 Medicaid Special Bulletin for preregistration instructions. If your office did not receive the Special Bulletin, contact EDS Provider Services.

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

Attention: All Providers

Year 2000 Changes

As the Year 2000 approaches, providers will notice changes in the North Carolina Medicaid Management Information System (MMIS). The first change will be to output data formatting, including the Tape Remittance and Status Report (RA). All providers who receive a Tape RA have already received information about the new specifications which will change as of checkwrite date, August 27, 1998. If you have not received information about Year 2000 Tape RA specifications, contact the EDS Electronic Claims (ECS) Department.

Please be aware that all inputs (claims) to the MMIS will require Year 2000 data submission compliance. A future North Carolina Medicaid Bulletin will tell you when Year 2000 claim submission specifications must be implemented. Do not submit claims with century prior to bulletin notification

All providers should have already received a North Carolina Medicaid Special Bulletin describing the Year 2000 compliant claims format. Providers are responsible for informing their billing agency (vendor) about the important information in the special bulletin. If you have not received the Special Bulletin, contact EDS Provider Services

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

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

Index Page Number

Attention: Hospice Providers

Change in Hospice Benefit Periods

Effective April 1, 1998, the Medicaid Hospice benefit periods will change to match Medicare's benefit periods. The Balanced Budget Act (BBA) of 1997 restructured the hospice benefit periods available to Medicare recipients. Medicaid Hospice benefit periods will include an initial 90-day period, a second 90-day period, followed by an unlimited number of 60-day periods. A physician certification is required at the beginning of each period. The certification must state that the recipient has a terminal illness with a prognosis of six months or less life expectancy.

The previous third period (30-days) and fourth period (unlimited duration) are now deleted due to the change in the law. A Hospice recipient in his third period will automatically be in his first period of 60 days. Recertification will be required at the beginning of the next 60-day period and every 60 days thereafter. Recipients in the fourth period will follow the same guidelines.

This policy change allows a hospice recipient who has been discharged during the fourth benefit period prior to the enactment of the BBA to be eligible for the benefit again. Coverage will begin in a 60-day period.

Remember, providers are responsible for billing Medicare whenever coverage is available.

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

Attention: All Providers

Phone Number Changes for the Division of Medical Assistance

The Division of Medical Assistance (DMA) installed a new phone system recently resulting in some phone number changes. Current phone numbers for the most frequently contacted DMA departments or units are listed below. Thank you for your patience during this phone conversion.

DMA Department/Unit	Current Telephone Number
Office of the Director	**919-857-4011**
Financial Operations	**919-857-4015**
Third Party Recovery (TPR)	*919-733-6294 (number unchanged)*
Information Services	**919-857-4013**
MMIS	*919-857-4014*
Managed Care	**919-857-4016**
Carolina ACCESS/HMOs	*919-857-4022*
Medical Policy	**919-857-4020**
Community Care Services	*919-857-4021*
Personnel	**919-857-4012**
Program Integrity	**919-733-6681** *(number unchanged)*
Audit	*919-733-6390 (number unchanged)*
Recipient & Provider Services	**919-857-4019**
Claims Analysis	*919-857-4018*
Eligibility and EIS	*919-857-4019*
Provider Enrollment	*919-857-4017*

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

Attention: All Providers

Change for the Independent Practitioners (IPP) Manual Regarding Respiratory Therapy Services

The attorney for the North Carolina Board of Physical Therapy Examiners has requested "Chest physiotherapy" be replaced with "Chest vibrations, postural drainage, and breathing techniques". The substitution will be listed under the treatment services in section 2.5 on page I-5.

Jency L. Abrams, RN, BSN, MS, Medical Policy
DMA, 919-857-4020

Attention: All Providers

Medical Services Provided Through Carolina ACCESS

A very important function of Carolina ACCESS primary care providers (PCPs) is to ensure that Medicaid recipients enrolled with them receive the necessary medical care to obtain and maintain optimal health for the enrollee. It is therefore crucial for all primary care providers and specialists to understand that Carolina ACCESS provides payment for all services that are covered by general Medicaid and that Carolina ACCESS does not provide payment for services that are not covered by general Medicaid.

If a primary care provider refers a Medicaid recipient for a service that is not covered by Medicaid, then Medicaid will not pay even if the recipient is enrolled in the Carolina ACCESS program.

Providers may inquire about covered services through EDS Voice Inquiry at 1-800-723-4337. They will need to provide the procedure code and the type of service being billed (found in block 24C of the HCFA-1500) when making an inquiry.

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

Attention: Health Maintenance Organizations (HMOs) and Eye Care Providers

Recipient Changing from One Payment Source to Another

Medicaid recipients may be eligible for a fee-for-service eye exam and refraction one month and covered under an HMO the next month. If the request for prior approval of visual aids is received by EDS by the end of the month of fee-for-service eligibility, the approved visual aids will be paid. If the request is received after HMO enrollment becomes effective, the prescription for visual aids will be the responsibility of the HMO. The HMO may either authorize the visual aids based on this prescription or complete another eye exam through the HMO network as a basis for providing visual aids. If the recipient changes from an HMO to the fee-for-service, the recipient may obtain their visual aids through the prior approval process.

Reminder: The refraction date of service may only be used for the dispensing date of service when the recipient is no longer eligible for any Medicaid coverage and only if the refraction was done less than three months before.

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

Attention: All Providers

Electronic Funds Transfer (EFT)

This article is a reminder that Electronic Funds Transfer (EFT) is available. A copy of the authorization form is on page 4. The form may be copied as needed. Refer to your January 1998 bulletin for additional information on this service.

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

Electronic Funds Transfer (EFT)

North Carolina Medicaid Providers

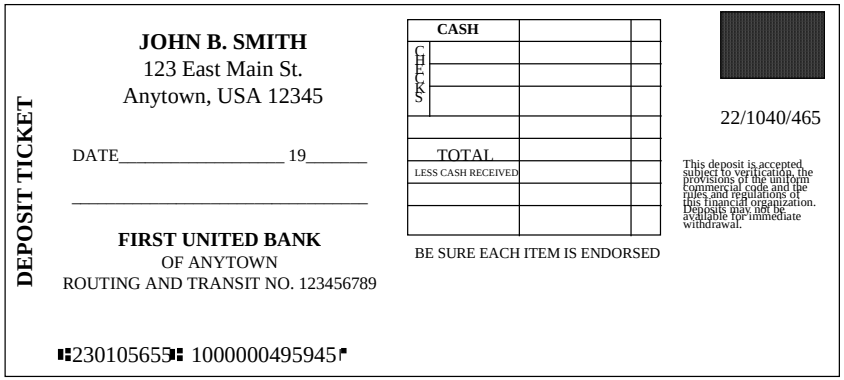
EDS currently offers Electronic Funds Transfer (EFT) as an alternative to manual check issuance. This service will enable you to receive your Medicaid payments through automatic deposit at your bank, while you continue to receive your Remittance and Status Report (RA) at your current mailing address. 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 and return it by mail to:

EDS, 4905 Waters Edge, Raleigh, NC, 27606
or
Fax: 919-851-4014, Attention: Melody Bauman

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 **Melody Bauman** at 919-851-8888 or 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 your provider community.



Authorization Agreement for Automatic Deposits (Credits)

Company Name: Electronic Data Systems (EDS)

I (we) hereby authorize EDS to initiate credit entries to my (our) checking or savings account indicated below and the depository name below, hereinafter call DEPOSITORY, to credit the same such account.

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 me (or either or 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)_____

BILLINGPROVIDER 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 MUST BE ATTACHED FOR EACH BANK ACCOUNT.

Attention: All Providers

Screening Mammography

Effective April 1, 1998, screening mammograms will be reimbursed on an annual basis for all Medicaid recipients, age 40 and over. There is no change in coverage of screening mammograms for women under 40 years of age. Medicaid will pay for ONE screening between the ages of 35 to 40. Screening mammography is noncovered under 35 years of age.

The Division of Medical Assistance (DMA) is requesting all health professionals strive to increase the eligible Medicaid recipient's awareness and personal commitment to promote health and prevent disease by having a screening mammogram. Prevention and/or early cancer detection is our primary goal.

Mammograms are covered only when performed by FDA certified screening center/suppliers. Interpretations are to be performed only by physicians who are included under the certification number of a certified screening center/supplier.

Screening Mammography Guidelines

I. Qualifying Age

35 through 39	Baseline (only one allowed in this age group)
40 and over	Annual (11 months must have elapsed since the month of last screening)

Months between mammographies are counted beginning with the month after the date of the examination.

II. Claims filing for Screening Mammography

Category	Primary Diagnosis	Procedure Code
A. Not High Risk	V7612 Other Screening Mammography	CPT 76092
B. High Risk	V7611 Screening Mammography for high risk patient	CPT 76092

The secondary diagnoses that may be used in addition to the primary diagnoses for high risk individuals are:

A personal history of breast cancer	V10.3	(Personal history - malignant neoplasm female breast)
A mother, sister, or daughter who has breast cancer	V16.3	(Family history - malignant neoplasm breast)
Not given birth prior to age 30	V15.89	(Other specific personal history representing hazards to health)
A personal history of biopsy-proven benign breast disease	V15.89	(Other specific personal history representing hazards to health)

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

Attention: All Physicians

Changes to Drug List

Effective with date of service January 1, 1998, the following FDA approved drugs were added to the list of injectable drugs covered by the North Carolina Medicaid Program when administered in a physician office for the FDA indications.

Code	Drug Name	Unit	Fee
W5181	Amikacin Sulfate	500mg.	$57.24
W5178	Amphotericin B	50mg.	$84.00
W5176	Cimetadine HCL (Tagamet)	300mg.	$1.63
J0735	Clonidine Hydrochloride	1mg.	$46.03
J9170	Docetaxel	20mg.	$232.77
W5180	Dolasetron Mesylate	5ml.	$134.89
J1325	Epoprostenol	.5mg.	$14.66
J1626	Granisetron Hydrochloride	100mcg.	$16.01
W5179	Hylan GF20 Sodium (Hyaloronate)	2.5cc	$89.70
J1742	Ibutilide Fumarate	1mg.	$141.86
J9206	Irinotecan	20mg.	$93.33
J9600	Porfimer Sodium	75mg.	$2322.52
W5177	Rantidine (Zantac)	50mg.	$3.59
J9350	Topatecan	4mg.	$459.77

The following drugs now have "J" Codes; consequently, the state created "W" codes will be deleted effective with date of service April 30, 1998.

State Code	New J Code	Description	Fee
W5157	J0207	Amifostine 500mg.	$291.43
W5173	J0740	Cidofovir 375mg.	$637.89
W5161	J9201	Gemcitabine HCL. 200mg.	$62.62

The following drugs are covered, however, require an invoice to accompany the HCFA-1500 claim form, because payment is based on the invoice price.

J1565	Respiratory Syncytial Virus Immune Globulin "IV" 50mg.
J3480	Potassium Chloride 2meg.

In accordance with Medicare's drug list, the following drugs will be end-dated effective with date of service April 30, 1998.

J1825	Interferon Beta 1-A, 33mcg. - self administered drug
J0515	Benztropine 1mg. - self administered drug
J0630	Calcitonin Salmon 400u. - self administered drug
J1625	Granisetron Hydrochloride - deleted

Physicians should continue to submit drug charges on the HCFA-1500 claim form.

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

Attention: Personal Care Services (PCS) Providers

Personal Care Services (PCS) Seminars

Personal Care Services (PCS) seminars will be held in June 1998. The May Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

Attention: Family Practice Providers

Family Practice Seminars

Family Practice seminars will be held in June 1998. The May Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

Checkwrite Schedule

April 7, 1998	May 5, 1998	June 9, 1998
April 14, 1998	May 12, 1998	June 16, 1998
April 23, 1998	May 19, 1998	June 25, 1998
	May 28, 1998	

Electronic Cut-Off Schedule *

April 3, 1998	May 1, 1998	June 5, 1998
April 9, 1998	May 8, 1998	June 12, 1998
April 17, 1998	May 15, 1998	June 19, 1998
	May 22, 1998	

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

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

James R. Clayton
Executive Director
EDS

EDS

Bulk Rate
U.S. POSTAGE
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