



# North Carolina Medicaid Bulletin

*Published as an Informational Service to Medicaid Providers by the Division of Medical Assistance and EDS, Fiscal Agent for the N.C. Medicaid Program*

**Number 5**

**May 2004**

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

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**Attention: All Providers**

**B**illing for Medicare Part B with the CMS-1500 Claim Type

The Division of Medical Assistance (DMA) is required by the N.C. General Assembly to price claims for dually eligible (Medicare-Medicaid) recipients per Medicaid medical policy with full compliance no later than October 1, 2005. Since October 2002, Medicaid pricing for dually eligible claims has been through the secondary filing of a "Medicaid Ready" form. (Refer to the November 2002 revised draft of Special Bulletin VI, *Medicare Part B Billing Guidelines*, on DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.) Prior to this change, claims were paid automatically via a crossover tape from the Medicare fiscal intermediary.

Based on input from the N.C. Medical Group Managers and the N.C. Medical Society, DMA will be reinstating the automatic crossover payments for providers who bill Medicare Part B to Medicaid using the CMS-1500 claim type. "Medicaid Pricing" (as required by the General Assembly) will be achieved on these claims through the use of percentage cutbacks on the Medicare determined coinsurance amount. In most cases, the need for secondary filing will be eliminated. Upon full conversion to the new MMIS system, most claims will be able to be processed automatically using Medicaid medical policy as directed by the General Assembly.

Details regarding the transition timeline and firm implementation date for the automatic crossover are still being coordinated. Preliminary feedback indicates that the reprogramming required to accept the crossover tape will take until September. Full details will be provided in an upcoming general Medicaid bulletin.

**Tim Brookshire, Financial Operations**  
**DMA, 919-857-4015**

**Attention: All Providers**

**C**heckwrite 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****E**ndoscopy CPT Base Codes and Their Related Procedures

The following table represents a current and updated list of covered base and related endoscopy codes as designated in the 2004 Resource Based Relative Value System (RBRVS). New codes were added to the related side for group **11**.

**Scopy Base and Related Code Group**

<b>Group</b>	<b>Base Code</b>	<b>Related Codes</b>	<b>Comments</b>
1	29805	29806-29807, 29819-29826	
2	29830	29834-29838	
3	29840	29843-29847	
4	29860	29861-29863	
5	29870	29871, 29874-29877, 29879-29887	
6	31505	31510-31513	
7	31525	31527-31530, 31535, 31540, 31560, 31570	
8	31526	31531, 31536, 31541, 31561, 31571	
9	31622	31623-31625, 31628-31631, 31635, 31640-31641, 31645	
10	43200	43201-43202, 43204-43205, 43215-43217, 43219-43220, 43226-43228	
11	43235	43231-43232, 43236-43239, 43241-43247, 43249-43251, 43255-43256, 43258-43259	Effective 01/01/2004 new codes (43237, 43238) added to related codes
12	43260	43240, 43261-43265, 43267-43269, 43271-43272	
13	44360	44361, 44363-44366, 44369, 44370, 44372-44373	
14	44376	44377-44379	
15	44388	44389-44394, 44397	
16	45300	45303, 45305, 45307-45309, 45315, 45317, 45320-45321, 45327	
17	45330	45331-45335, 45337-45340, 45345	
18	45378	45379-45381, 45382-45387	

**Scopy Base and Related Code Group, continued**

<b>Group</b>	<b>Base Code</b>	<b>Related Codes</b>	<b>Comments</b>
19	46600	46604, 46606, 46608, 46610-46612, 46614-46615	
20	47552	47553-47556	
21	50551	50555, 50557, 50559, 50561	
22	50570	50572, 50574-50576, 50578, 50580	
23	50951	50953, 50955, 50957, 50959, 50961	
24	50970	50974, 50976	
25	52000	52007, 52010, 52204, 52214, 52224, 52250, 52260, 52265, 52270, 52275-52277, 52281-52283, 52285, 52290, 52300-52301, 52305, 52310, 52315, 52317-52318	
26	52005	52320, 52325, 52327, 52330, 52332, 52334, 52341-52344	
27	52335	52336-52339	End-dated due to 2001 CPT update
28	56300	56301-56309, 56311, 56343-56344, 56314	End-dated due to 2000 CPT update
29	56350	56351-56356	End-dated due to 2000 CPT update
30	57452	57454-57456, 57460-57461	
31	49320	38570, 49321-49323, 58550, 58660-58662, 58670-58671	Code 58551 end-dated 08/31/2003 due to 2003 CPT update
32	58555	58558-58563	
33	52351	52345-52346, 52352-52355	
34	31575	31576-31579	

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

**Attention: All Providers****F**amily Planning Services Billing

Effective with date of service April 26, 2004, Medicaid began requiring the use of the FP modifier and a family planning diagnosis code (V25.0 through V25.9, except for V25.3) when family planning services are provided. The FP modifier and a family planning diagnosis code (V25.0 through V25.9, except for V25.3) must be appended to the CPT or HCPCS code billed for the family planning service. Providers may receive a denial if family planning services are not clearly identified. If you receive a denial, check the claim for errors and refile.

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

**Attention: All Providers****E**lectronic Funds Transfer Form – Fax Number Change for Submittals

The new fax number for submitting the Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposits form to the EDS Financial Unit that was published in the April 2004 general Medicaid bulletin has now been changed to **919-816-3186**.

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 6 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.

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: 919-816-3186, 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.

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.

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

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.

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.**

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.**

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

**Revised 04/06/2004**

## **Attention: All Providers**

# **M**edicaid Credit Balance Reporting

All providers participating in the Medicaid program are required to submit to the Division of Medical Assistance (DMA), Third Party Recovery Section a quarterly **Credit Balance Report** indicating balances due to Medicaid. Providers must report any **OUTSTANDING** credits owed to Medicaid that have not been reported previously on a Medicaid Credit Balance Report. However, hospital and nursing facility providers are required to submit a report every calendar quarter even if there are no credit balances. The report must be submitted no later than 30 days following the end of the calendar quarter (March 31, June 30, September 30, and December 31).

The Medicaid Credit Balance Report is used to monitor and recover "credit balances" owed to the Medicaid program. A credit balance results from an improper or excess payment made to a provider. For example, refunds must be made to Medicaid if a provider is paid twice for the same service (e.g., by Medicaid and a medical insurance policy, by Medicare and Medicaid, by Medicaid and a liability insurance policy, if the patient liability was not reported in the billing process or if computer or billing errors occur).

For the purpose of completing the report, a Medicaid Credit Balance is the amount determined to be refundable to the Medicaid program. When a provider receives an improper or excess payment for a claim, it is reflected in the provider's accounting records (patient accounts receivable) as a "credit." However, credit balances include money due to Medicaid regardless of its classification in a provider's accounting records. If a provider maintains a credit balance account for a stipulated period (e.g., 90 days) and then transfers the account or writes it off to a holding account, this does not relieve the provider of liability to the Medicaid program. The provider is responsible for identifying and repaying all monies owed the Medicaid program.

The Medicaid Credit Balance Report requires specific information on each credit balance on a claim-by-claim basis. The reporting form provides space for 15 claims but may be reproduced as many times as necessary to accommodate all the credit balances being reported. Specific instructions for completing the report are on the reverse side of the reporting form.

Submitting the Medicaid Credit Balance Report does not result in the credit balances automatically being reimbursed to the Medicaid program. If submitting a check is the preferred form of satisfying the credit balances, the check must be made payable to EDS and sent to EDS with the required documentation for a refund. If an adjustment is to be made to satisfy the credit balance, an adjustment form must be completed and submitted to EDS with all the supporting documentation for processing.

Submit <u><a href="#">Medicaid Credit Balance Report Form</a></u> to:	Submit refund checks to:	Submit <u><a href="#">Medicaid Claim Adjustment Request Form</a></u> to:
Third Party Recovery Section Division of Medical Assistance 2508 Mail Service Center Raleigh, NC 27699-2508	EDS Refunds P.O. Box 300011 Raleigh, NC 27622-3011	EDS Adjustment Unit P.O. Box 300009 Raleigh, NC 27622-3009

Submit **ONLY** the completed Medicaid Credit Balance Report to DMA. **DO NOT** send refund checks or adjustment forms to DMA. **DO NOT** send the Credit Balance Report to EDS.

Failure to submit a Medicaid Credit Balance Report will result in the withholding of Medicaid payments until the report is received.

A copy of the Medicaid Credit Balance Report form is available on page 9. Both the Medicaid Claim Adjustment Request form and the Medicaid Credit Balance Report form are also available on DMA's website at <http://www.dhhs.state.nc.us/dma/forms.html>.

**Anita Ray, Third Party Recovery Section  
DMA, 919-733-6294**

**MEDICAID CREDIT BALANCE REPORT**

PROVIDER NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PROVIDER NUMBER: \_\_\_\_\_ TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

QUARTER ENDING: (Circle one) 3/31 6/30 9/30 12/31 YEAR: \_\_\_\_\_

(1) RECIPIENT'S NAME	(2) MEDICAID NUMBER	(3) FROM DATE OF SERVICE	(4) TO DATE OF SERVICE	(5) DATE MEDICAID PAID	(6) MEDICAID ICN	(7) AMOUNT OF CREDIT BALANCE	(8) REASON FOR CREDIT BALANCE
----------------------------	---------------------------	--------------------------------	------------------------------	------------------------------	------------------------	---------------------------------------	--

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Circle one:    Refund            Adjustment

Revised 9/03  
(See back of form for instructions)

**Return form to: Third Party Recovery  
DMA  
2508 Mail Service Center  
Raleigh, NC 27699-2508**

**Instructions for Completing Medicaid Credit Balance Report**

Complete the “Medicaid Credit Balance Report” as follows:

- Full name of facility as it appears on the Medicaid Records
- The facility's **Medicaid** provider number. If the facility has more than one provider number, use a separate sheet for each number. **DO NOT MIX**
- Circle the date of quarter end
- Enter year
- The name and telephone number of the person completing the report. This is needed in the event DMA has any questions regarding some item in the report

Complete the data fields for each Medicaid credit balance by providing the following information:

Column 1 - The last name and first name of the Medicaid recipient (e.g., Doe, Jane)

Column 2 - The individual Medicaid identification (MID) number

Column 3 - The month, day, and year of beginning service (e.g., 12/05/03)

Column 4 - The month, day, and year of ending service (e.g., 12/10/03)

Column 5 - The R/A date of Medicaid payment (not your posting date)

Column 6 - The Medicaid ICN (claim) number

Column 7 - The amount of the credit balance (not the amount your facility billed or the amount Medicaid paid)

Column 8 - The reason for the credit balance by entering: “81” if it is a result of a Medicare payment; “83” if it is the result of a health insurance payment; “84” if it is the result of a casualty insurance/attorney payment or “00” if it is for another reason. Please explain “00” credit balances on the back of the form.

After this report is completed, total column 7 and mail to **Third Party Recovery, DMA, 2508 Mail Service Center, Raleigh, NC 27699-2508.**

## Attention: Adult Care Home Providers

### HIPAA Code Conversion for Adult Care Home Personal Care Services

To comply with the implementation of national code sets as mandated by the Health Insurance Portability and Accountability Act (HIPAA), it is necessary to end-date all N.C. Medicaid state-created codes and convert to national codes.

The following state-created procedure codes will be **end-dated** effective with date of service **May 31, 2004**:

Procedure Code	Description
W8251	Basic ACH/PC (Facility beds 1-30)
W8258	Basic ACH/PC (Facility beds 31 and above)
W8255	Enhanced ACH/PC (Ambulation/Locomotion)
W8256	Enhanced ACH/PC (Eating)
W8257	Enhanced ACH/PC (Toileting)
W8259	Enhanced ACH/PC (Eating & Toileting)

The following services must be billed using both a revenue code and the corresponding HCPCS code effective with date of service **June 1, 2004**:

Revenue Code	HCPCS	Description
599	T1020	Personal Care Services, per diem
229	T2002	Non-emergency Transportation, per diem

**Note:** Therapeutic leave is billed using revenue code 183 only. It is not necessary to bill for this service with both a revenue code and a HCPCS code.

While the claim form has not changed, HIPAA requires a diagnosis code to be included with all claim submissions. Therefore, effective with date of service June 1, 2004, providers must include the primary diagnosis code V606 (Person Living in Residential Institution) in the appropriate form locator (form locator 67 for paper claims) on the claim form.

When filing claims electronically using the NCECS-Web claims entry tool, providers will notice several new fields for data entry. With the exception of the primary diagnosis code (V606) and the bill type (893), it is not necessary to enter data in all of these new fields.

Current licensed bed information for each facility must be on file with Medicaid. Providers who have not submitted this information to the Division of Medical Assistance must do so before these changes take effect on June 1, 2004, or their claims will deny for payment. Providers with questions regarding licensed bed information may contact Demeika Dunston at 919-857-4021.

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

**Attention: Area Mental Health Programs/Local Management Entities, Developmental Evaluation Centers, Independent Practitioners, Physicians, Local Health Departments, Home Health Providers, and Hospital Outpatient Clinics**

**O**utpatient Specialized Therapies Prior Approval Process

Effective October 1, 2002, prior approval was implemented as a requirement for all outpatient treatment services for Occupational Therapy, Physical Therapy, Speech Therapy, Respiratory Therapy, and Audiological Services regardless of where the services are provided (except schools).

When providers accept an individual as a private patient, and the individual subsequently becomes Medicaid eligible, the providers, should they agree to bill Medicaid, may request prior approval from Medical Review of North Carolina (MRNC).

Retrospective prior approval may be granted for dates of service that do not precede October 1, 2002, the date that the prior approval requirement was implemented. Approval will not be granted for dates of service prior to the recipient's effective date of eligibility.

Providers must submit all required paperwork to MRNC requesting the retroactive date as the start date. **Providers must write "Retroactive Medicaid" on the prior approval form.**

Retroactive Medicaid requests are reviewed by MRNC following the same process that is used for all other outpatient specialized therapy prior approval requests.

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

**Attention: Durable Medical Equipment Providers**

**E**ffective Dates for HCPCS Code E0165

Based on documentation from Palmetto Government Benefits Administrators, HCPCS code E0165, "commode chair, stationary, with detachable arms" was erroneously placed on the Centers for Medicare and Medicaid Services' list of code deletions effective January 1, 2004. Therefore, HCPCS code E0165 will be returned to the Capped Rental/Purchased Equipment category of the DME Fee Schedule effective with date of service January 1, 2004. The maximum allowable reimbursement rates are \$14.78 for monthly rental, \$147.78 for new purchase, and \$110.84 for used purchase. The lifetime expectancy of the item is three years. This item does not require prior approval. A Certificate of Medical Necessity and Prior Approval form must be completed regardless of the requirement for prior approval. Claims for this equipment that were denied for dates of service December 31, 2003 and after may be refiled as new claims.

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

## **Attention: Personal Care Services Providers**

### **A**ssignment of Provider Numbers for Personal Care Services

Personal Care Services (PCS) providers licensed by the Division of Facility Services (DFS) to provide in-home aide services are required to apply for a “site-specific” Medicaid provider number. The site-specific” provider number issued by the Division of Medical Assistance (DMA) is required in order to bill Medicaid for personal care services. If a PCS provider opens additional DFS approved and licensed business sites, DMA requires the PCS provider to submit an Application for Provider Participation for the newly added site(s).

A business site is defined as a licensed site from which the agency provides home care services or maintains client services records or advertises itself as a home care agency.

A PCS provider with only one DMA approved Medicaid provider number operating multiple DFS licensed PCS business sites, is out of compliance with Medicaid enrollment guidelines.

Providers who are out of compliance must immediately complete and submit an Application for Participation along with a copy of the DFS issued licensure for the business site location they are enrolling. Applications for participation are available on DMA’s website at <http://dhhs.state.nc.us/dma/provenroll.htm>

**Pamela Horrell, Provider Services**  
**DMA, 919-857-4017**

## **Attention: Area Mental Health Programs/Local Management Entities, Clinical Nurse Specialists, Licensed Clinical Social Workers, Licensed Psychologists, and Psychiatrists**

### **O**utpatient Treatment Reports

ValueOptions has revised all of the Outpatient Treatment Report (OTR) forms into one 2-page form. The new N.C. Medicaid Behavioral Health/Substance Abuse Outpatient Treatment Report form reflects the implementation of national codes mandated by the Health Insurance Portability and Accountability Act (HIPAA).

The new form and step-by-step instructions for completing the form can be downloaded from ValueOptions’ website at [http://www.valueoptions.com/provider/nc\\_medicaid/main.htm](http://www.valueoptions.com/provider/nc_medicaid/main.htm) under the heading Outpatient Treatment Report (OTR).

**ValueOptions, 1-888-510-1150**

## Attention: Personal Care Services and Private Duty Nursing Providers

### Code Conversion and Claim Form Changes

Effective with date of service August 1, 2004, Personal Care Services (PCS), PCS-Plus, and Private Duty Nursing (PDN) providers will begin billing for services using the CMS-1500 claim form with the national codes listed below. This change is being made to comply with the implementation of national codes mandated by the Health Insurance Portability and Accountability Act (HIPAA).

**Note:** Providers must continue to bill for dates of service prior to August 1, 2004 using the UB-92 claim form.

	PCS	PCS-Plus	PDN
<b>Prior to August 1, 2004</b>	RC599	RC599	RC590
<b>Effective August 1, 2004</b>	S5125	99509	T1000

Effective with date of service August 1, 2004, PDN providers will also begin billing home health supplies using the CMS-1500 claim form with the appropriate HCPCS codes only.

Detailed billing guidelines will be published in the June 2004 Special Bulletin II, *Personal Care Services and Personal Care Services-Plus Program Billing Guide*, and the June 2004 Special Bulletin III, *Private Duty Nursing Program Billing Guide*. The special bulletins will be available on DMA's website on June 1, 2004 at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.

Seminars focusing on the new billing guidelines are scheduled for June 2004. Refer to page 22 for information on registering for the seminars.

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

## Attention: Maternity Care Coordinators

### Maternity Care Services Seminars

Seminars for Maternity Care Services are scheduled for July 2004. Attendance is mandatory for both current and new maternity care coordinators due to the implementation of new policy guidelines. The registration form and a list of site locations for the seminars will be published in the June 2004 general Medicaid bulletin.

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

## Attention: All Providers

### General Medicaid Billing Seminar Schedule

General Medicaid Billing seminars are scheduled for June 2004. Seminars are intended for providers who are new to the N.C. Medicaid program. Topics to be discussed will include, but are not limited to, provider enrollment requirements, billing instructions, eligibility issues, and Managed Care. Persons inexperienced in billing N.C. Medicaid are encouraged to attend.

The seminars are scheduled at the locations listed below. **Preregistration is required.** Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

The 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. Lunch will not be served.

Providers may register for the General Medicaid Billing seminars by completing and submitting the registration form on page 16 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.

Providers must print the PDF version of the May 2004 *General Medicaid Billing/Carolina ACCESS Policies and Procedures Guide* from DMA's website at <http://www.dhhs.state.nc.us/dma/medbillcaguide.htm> and bring it to the seminar.

#### Seminar Location

**Tuesday, June 8, 2004**

Jane S. McKimmon Center  
1101 Gorman Street  
Raleigh, NC

**Wednesday, June 9, 2004**

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

**Wednesday, June 16, 2004**

Blue Ridge Community College  
Bo Thomas Auditorium  
College Drive  
Flat Rock, NC

**Thursday, June 17, 2004**

Ramada Inn Plaza  
3050 University Parkway  
Winston-Salem, NC

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

# **D**irections to the General Medicaid Billing Seminars

***Jane S. McKimmon Center – Raleigh***

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 at the corner of Gorman Street and Western Boulevard.

***Holiday Inn Conference Center – Salisbury***

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.

***Blue Ridge Community College, Bo Thomas Auditorium – Flat Rock***

Take I-40 to Asheville. Travel east on I-26 to exit 22. Turn right and then take the next right. Follow the signs to Blue Ridge Community College. Turn left at the large Blue Ridge Community College sign. The college is located on the right. Take the first right-hand turn into the parking lot for the Bo Thomas Auditorium.

***Ramada Inn Plaza – Winston-Salem***

Take I-40 Business to the Cherry Street exit. Continue on Cherry Street for approximately 2 to 3 miles. Turn left at the IHOP Restaurant. The Ramada Inn Plaza is located on the right.

(cut and return the registration form only)

**General Medicaid Seminars  
Seminar Registration  
(No Fee)**

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

Address \_\_\_\_\_

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

Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

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: All Providers****M**edicaid Family Planning Waiver Seminar and Teleconference  
**Schedule**

On July 1, 2004, the N.C. Medicaid program will implement the new Medicaid Family Planning Waiver program. The program is designed to reduce unintended pregnancies and to improve the well being of children and families in North Carolina by providing family planning services to eligible men and women.

Seminars and teleconferences on the Waiver program are scheduled for June 2004 and July 2004 and will focus on recipient eligibility, covered services, and billing for family planning services covered through the Waiver program.

**Preregistration for the seminars and the teleconferences is required.** Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

The 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. Two teleconference sessions will be available on each of the days that the teleconferences are scheduled. Providers may choose to attend either the morning session or the afternoon session. The morning session begins at 8:30 a.m. and ends at 12:00 p.m. Providers are encouraged to arrive by 8:15 a.m. to complete registration. The afternoon session begins at 1:00 p.m. and ends at 4:30 p.m. Providers are encouraged to arrive by 12:45 p.m. to complete registration. Lunch will not be provided at the seminars or the teleconferences.

Providers may register for the seminars or for the teleconference by completing and submitting the registration form on page 21 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.

Providers must print the PDF version of the June 2004 Special Bulletin IV, *Medicaid Family Planning Waiver Program Billing Guidelines* from DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm> and bring it to the seminar. The special bulletin will be available online beginning June 1, 2004.

**Seminar Locations****Monday, June 7, 2004**

WakeMed  
Andrews Conference Center  
3000 New Bern Ave.  
Raleigh, NC

**Tuesday, June 29, 2004**

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

**Wednesday, June 30, 2004**

Bo Thomas Auditorium  
Blue Ridge Community College  
College Dr.  
Flat Rock, NC

**Teleconference Locations**

The teleconference is accessible from each of the sites listed below on **June 10, 2004** and **July 12, 2004**.

**Albemarle Regional Health Services**

711 Roanoke Avenue  
Elizabeth City, NC

**Catawba County Health Department**

3070 11th Avenue Drive, SE  
Hickory, NC

**Cooper Building**

Dawson Street  
Raleigh, NC

**Cumberland County Health Department**

E. Newton Smith Public Health Center  
227 Fountainhead Lane  
Fayetteville, NC

**Jackson County Health Department**

Community Services Building  
538 Scotts Creek Road, Suite 100  
Sylva, NC

**UNC School of Public Health**

W.F. Mayes Center  
231-B Rosenau Hall  
Chapel Hill, NC

**Wilson County Health Department**

1801 Glendale Drive  
Wilson, NC

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

## Directions to the Medicaid Family Planning Waiver Seminars

**WakeMed Andrews Conference Center – Raleigh**Driving and Parking Directions

Take the I-440 Raleigh Beltline to exit 13A, New Bern Avenue.

Paid parking (\$3.00 maximum per day) is available on the **top two levels** of parking deck P3. To reach the parking deck, turn left at the fourth stoplight on New Bern Avenue, and then turn left at the first stop sign. Parking for oversized vehicles is available in the overflow lot for parking deck P3. Handicapped accessible parking is available in parking lot P4, directly in front of the conference center.

To enter the Andrews Conference Center, follow the sidewalk toward New Bern Avenue past the Medical Office Building to entrance E2 of the William F. Andrews Center for Medical Education. A map of the WakeMed campus is available online at <http://www.wakemed.org/maps/>.

**Illegally parked vehicles will be towed.** Parking is **not** permitted at East Square Medical Plaza, Wake County Human Services or in parking lot P4 (except for handicapped accessible parking).

**Holiday Inn Conference Center – Salisbury**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.

***Blue Ridge Community College, Bo Thomas Auditorium – Flat Rock***

Take I-40 to Asheville. Travel east on I-26 to exit 22. Turn right and then take the next right. Follow the signs to Blue Ridge Community College. Turn left at the large Blue Ridge Community College sign. The college is located on the right. Take the first right-hand turn into the parking lot for the Bo Thomas Auditorium.

## **Directions to the Medicaid Family Planning Waiver Teleconference Sites**

(Maps and directions can also be accessed online at <http://www.sph.unc.edu/phtin/locations/index.cfm>.)

***Albemarle Regional Health Services – Elizabeth City***

Take US 17 north to Elizabeth City. Take US 17 Business (Ehringhaus Street) to Halstead Boulevard (beside Burger King). Turn right on Halstead Boulevard and travel approximately  $\frac{3}{4}$  miles to Roanoke Avenue. Turn left onto Roanoke Avenue and travel approximately  $\frac{1}{2}$  mile. The Albemarle Regional Health Services building is located on the right.

***Catawba County Health Department – Hickory***

Take I-40 to Hickory. Take Exit 128 onto Fairgrove Church Street. Travel approximately  $\frac{3}{4}$  miles to the second stoplight. Turn left onto Eleventh Avenue Drive. The Catawba County Health Department is located on the right just past the Catawba Memorial Hospital. Parking is available in the first parking lot in front of the building. Teleconference room 117 is located at the end of the first hallway on the right.

***Cooper Building – Raleigh*****Traveling East on I-40**

Take I-40 into Raleigh. After the Harrison Boulevard exit, get into the right-hand lane and follow the signs for Wade Avenue. Follow Wade Avenue until it ends at Capital Boulevard. Exit to the right onto Capital Boulevard. Capital Boulevard becomes Dawson Street. Stay in the left lane and continue around the curve to the second stoplight. Turn left onto Jones Street. Travel one block and then turn left onto McDowell Street. The visitor's parking lot is located on the right just past the intersection of McDowell Street and Lane Street. The Cooper Building is located on the corner of McDowell Street and Lane Street adjacent to the parking deck.

**Traveling West on I-40**

Take I-440 Beltline to exit 289, Wade Avenue. Turn right at the bottom of the exit ramp. Follow Wade Avenue until it ends at Capital Boulevard. Exit to the right onto Capital Boulevard. Capital Boulevard becomes Dawson Street. Stay in the left lane and continue around the curve to the second stoplight. Turn left onto Jones Street. Travel one block and then turn left onto McDowell Street. The visitor's parking lot is located on the right just past the intersection of McDowell Street and Lane Street. The Cooper Building is located on the corner of McDowell Street and Lane Street adjacent to the parking deck.

***E. Newton Smith Public Health Center, Cumberland County Health Department – Fayetteville*****Traveling South on I-95**

Take I-95 south to Fayetteville. Near Fayetteville, bear right onto I-95 Business/US 301 Business. Travel on I-95 Business/US 301 Business to E. Russell Street (third stoplight). Turn right onto E. Russell Street and follow it to the end. Turn left onto McIver Street. Bear right onto McGilvary Street. Turn right at the first street to the right onto Fountainhead Lane. The Public Health Center is the four-story, tan building on the right.

**Traveling North on I-95**

Take I-95 north to I-95 Business/US 301 Business. Turn left onto Gillespie Street. Turn left onto W. Russell Street and follow it to the end. Turn left onto McIver Street. Bear right onto McGilvary Street. Turn right at the first street to the right onto Fountainhead Lane. The Public Health Center is the four-story, tan building on the right.

***Community Services Building, Jackson County Health Department – Sylva***

From Asheville, take I-40 west to Waynesville. From Waynesville, take US 19/US 23 South/US 74 West to Sylva. Take exit 78. Travel approximately 3 miles to Harris Regional Hospital and turn right. Travel approximately ½ miles to the Community Services Building on the right. The teleconference center is located in the brown colonial-style modular unit beside the main building.

***W.F. Mayes Center, UNC-Chapel Hill – Chapel Hill***

Take I-40 to Chapel Hill. Exit onto NC 54 West, exit 273-B. Travel west on NC 54. At the NC 54 Business/Bypass split, NC 54 becomes Raleigh Road. Follow Raleigh Road onto the University campus. At the top of the hill, after the intersection of Raleigh Road and County Club Road, the road changes names to South Road. Follow South Road through the campus. After crossing S. Columbia Street, turn left onto Pittsboro Street. Travel past the Tate-Turner-Kuralt Building on the left, then past McGavran-Greenberg Hall. Be ready to bear to the left – there's a stoplight – and to recross S. Columbia Street onto Manning Drive. Travel on Manning Drive to the second stoplight. Turn right onto East Drive.

Paid parking (\$.75 per hour) is available on the Dogwood Deck of the visitor's parking lot. The parking lot entrance is located to the right on East Drive.

To reach the Mayes Center, walk back to Manning Drive. Turn left onto Manning Drive. Turn right onto S. Columbia Street. Rosenau Hall is located to the left at the top of the hill. The Mayes Center is located on the second floor of Rosenau Hall in room 231.

***Wilson County Health Department – Wilson***

Take US 264 east to Wilson. After crossing I-95, turn at the third stoplight onto Forest Hill Road. Turn left at the second stoplight onto Tarboro Street. Turn right at the first stoplight onto Glendale Drive. The Wilson County Health Department is located immediately after the next stoplight. Turn into the second drive after the stoplight. Enter the building through the doors under the blue awning. The teleconference room is located on the right.

(cut and return registration form only)

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**Medicaid Family Planning Waiver  
Seminar or Teleconference Registration**  
(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

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

**OR**

**1** or **2** (circle one) person(s) will attend the **teleconference** at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

Check the box to indicate the teleconference session(s) you will be attending

Morning Session

Afternoon Session

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

## Attention: Personal Care Services Providers and Private Duty Nursing Providers

### Personal Care Services and Private Duty Nursing Program Seminar Schedule

Seminars for the Personal Care Services (PCS) and Private Duty Nursing (PDN) providers are scheduled for June 2004. The seminars will focus on changes in billing codes and the conversion to billing on the CMS-1500 claim form. Billing electronically using NCECS-Web will also be discussed. Policy guidelines for the PCS and PDN programs will not be covered in these seminars.

**Note:** These seminars are not intended for Adult Care Home PCS.

The seminars are scheduled at the locations listed below. **Preregistration is required.** Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

The 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. Lunch will not be provided at the seminars.

Providers may register for the seminars by completing and submitting the registration form on page 23 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.

PCS providers must print the PDF version of the June 2004 Special Bulletin II, *Personal Care Services Program and Personal Care Services-Plus Billing Guide* from DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm> and bring it to the seminar. The special bulletin will be available online beginning June 1, 2004.

PDN providers must print the PDF version of the June 2004 Special Bulletin III, *Private Duty Nursing Program Billing Guide* from DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm> and bring it to the seminar. The special bulletin will be available online beginning June 1, 2004.

#### **Tuesday, June 22, 2004**

Jane S. McKimmon Center  
1101 Gorman Street  
Raleigh, NC

#### **Wednesday, June 23, 2004**

Coast Line Convention Center  
501 Nutt Street  
Wilmington, NC

#### **Tuesday, June 29, 2004**

Blue Ridge Community College  
Bo Thomas Auditorium  
College Drive  
Flat Rock, NC

#### **Wednesday, June 30, 2004**

Ramada Inn Plaza  
3050 University Parkway  
Winston-Salem, NC

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

# **D**irections to the Personal Care Services and Private Duty Nursing Program Seminars

***Jane S. McKimmon Center – Raleigh***

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 on 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 on the corner of Gorman Street and Western Boulevard.

***Coast Line Convention Center – Wilmington***

Take I-40 east to Wilmington. Take the US 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.

***Blue Ridge Community College, Bo Thomas Auditorium – Flat Rock***

Take I-40 to Asheville. Travel east on I-26 to exit 22. Turn right and then take the next right. Follow the signs to Blue Ridge Community College. Turn left at the large Blue Ridge Community College sign. The college is located on the right. Take the first right-hand turn into the parking lot for the Bo Thomas Auditorium.

***Ramada Inn Plaza – Winston-Salem***

Take I-40 Business to the Cherry Street exit. Continue on Cherry Street for approximately 2 to 3 miles. Turn left at the IHOP Restaurant. The Ramada Inn Plaza is located on the right.

(cut and return registration form only)

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**Personal Care Services and Private Duty Nursing Program  
Seminar Registration  
(No Fee)**

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

**PCS** Provider Number (begins with 6600... or 6601...) \_\_\_\_\_

and/or

**PDN** Provider Number (begins with 7100...) \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

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

**Note:** These seminars are not intended for Adult Care Home Personal Care Services

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

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## Holiday Schedule

The Division of Medical Assistance and EDS will be closed on Monday, May 31, 2004 in observance of Memorial Day.

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## 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.

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## Checkwrite Schedule

May 4, 2004	June 8, 2004	July 12, 2004
May 11, 2004	June 15, 2004	July 20, 2004
May 18, 2004	June 22, 2004	July 29, 2004
May 27, 2004	June 29, 2004	

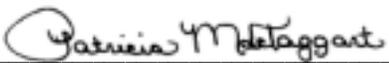
## Electronic Cut-Off Schedule

May 7, 2004	June 4, 2004	July 9, 2004
May 14, 2004	June 11, 2004	July 16, 2004
May 21, 2004	June 18, 2004	July 23, 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.*

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

  
\_\_\_\_\_  
Patricia MacTaggart  
Executive Director  
EDS

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