

# 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 5**

**May 1998**

**Attention: All Providers**

**Holiday Observance**

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, May 25 1998, in observance of Memorial Day.

**EDS**

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

**Attention: All Providers**

**Confirmation Letters for Preregistered Medicaid Fair Attendees**

Confirmation letters for the May 19, 1998, Medicaid Fair were mailed to all preregistered attendees. This letter confirms each preregistered attendee's seminar schedule and lists instructions for obtaining a general information packet after arriving at the fair. Please bring this letter to the fair to facilitate easier distribution of the packets. If you preregistered and did not receive a confirmation letter, contact EDS Provider Services.

**EDS**

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

**Attention: Emergency Room Providers - HCFA-1500 Claims**

**Carolina ACCESS Emergency Room Policy - New Explanation of Benefits (EOBs)**

Effective with claims processed beginning March 13, 1998, the following new Carolina ACCESS denial EOBs may be issued for emergency room claims.

**EOB 1232:** Non-ER service billed for CA recipients with incorrect authorization # in block 19 on the HCFA 1500. If Mon-Fri between 5pm and 8am or Sat/Sun contact PCP for authorization.

**EOB 1233:** Non-ER service billed for CA recipient without authorization. If Monday-Friday between 5pm and 8am or Sat/Sun contact PCP for authorization.

If your claim denies and the service is rendered Monday through Friday, 8 a.m. to 5 p.m., you may bill for the medical screening (W9922). These new EOBs instruct ER billing staff when primary care provider (PCP) authorization may be obtained.

**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 |
|---|-------------|
| Carolina ACCESS Emergency Room Policy - Explanation of Benefits (EOBs) (Emergency Room Providers - HCFA-1500 Claims) .....            | 1           |
| Carolina ACCESS Emergency Room Policy (Hospital Providers - UB-92 Claims) .....   | 2           |
| CLIA State Agency Phone Numbers (All Providers Performing Laboratory Services) .....  | 5           |
| Clinical Laboratory Amendment (CLIA) Certification Numbers Required (All Providers Performing Laboratory Services) .....              | 3           |
| Clinical Laboratory Improvement Amendment (CLIA) Denial EOB 936 (All Providers) .....   | 4           |
| Confirmation Letters for Preregistered Medicaid Fair Attendees (All Providers) .....  | 1           |
| Directions to Personal Care Services (PCS) and Family Practice Seminars (Personal Care Providers and Family Practice Providers) ..... | 19          |
| Explanation of Benefits (EOBs that Do Not Require Adjustment Processing (All Providers) .....   | 6           |
| Family Practice Seminar Schedule (Family Practice Providers, excluding FQHC/RHC Providers) .....                                      | 17          |
| Fee Schedule, Reimbursement Plans and Medicaid Bulletin Subscriptions (All Providers) .....   | 7           |
| Holiday Observance .....  | 1           |
| Immediately Available Definition (Hospital and Physicians) .....  | 5           |
| Maximum Reimbursement for New Laboratory Panels and Individual Laboratory Codes (All Providers) .....                                 | 11          |
| Medicaid Bulletin Subscriptions (All Providers) .....   | 11          |
| New Medical Director for DMA Managed Care Unit (All Providers) .....  | 2           |
| OB/GYN Seminars (Obstetric and Gynecology Providers) .....  | 3           |
| Pap Smear CPT Codes, 88141-88158 (All Providers, Including Health Departments) .....  | 2           |
| Personal Care Seminar Schedule (Personal Care Providers excluding Adult Care Home Providers) .....                                    | 15          |
| Requests for Diskette of Fee Schedules (All Providers) .....  | 9           |
| Statement on Carolina ACCESS and Health Check (Carolina ACCESS Providers and Health Departments) .....                                | 4           |

**Attention: All Providers**

**New Medical Director for DMA Managed Care Unit**

The Managed Care Unit is pleased to announce the addition of Curt Eshelman, M.D., to its staff as Medical Director. Dr. Eshelman joined the staff on January 5, 1998, assuming the position previously held by Dr. Joe Ponzi.

In addition to his DMA position, Dr. Eshelman also practices Family Medicine at Lake wood Family Practice in Durham, is a faculty member at Duke University and the University of North Carolina at Chapel Hill, and has served as consultant on strategic plans for Glaxo/Wellcome.

Dr. Eshelman is an active Carolina ACCESS provider and says this position interested him because of the opportunity to help people in need, and because of the good people preceding him, i.e. Dr. Joe Ponzi and Dr. Samuel (Woody) Warburton.

As Medical Director, Dr. Eshelman will be involved in making important policy decisions for Carolina ACCESS and HMO/Risk Contracting. His goals are to improve both programs, and better understand the larger issues of providing health care to Medicaid clients.

***Managed Care Unit, DMA***

***1-800-228-8142 or 919-857-4022***

**Attention: Hospital Providers - UB-92 Claims**

**Carolina ACCESS Emergency Room Policy**

Effective with claims processed beginning March 13, 1998, Carolina ACCESS emergency room claims are edited against form locator 76 "Principal and Other Diagnosis" in addition to form locators 68-75.

If a code fitting a "true emergency" code, as defined in the Carolina ACCESS emergency policy, appears in any of these form locators the claim will process under the Carolina ACCESS ER Policy, and will not require authorization. Hospital coders who code to the final diagnosis can place the presenting diagnosis in form locator 76. The American Hospital Association has recommended this form locator be used to address the Carolina ACCESS ER policy issue when a presenting diagnosis appears on the ER policy, and the final diagnosis does not.

***EDS***

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

**Attention: All Providers, Including Health Departments**

**Pap Smear CPT Codes, 88141-88158**

CPT-4 codes 88141-88158 should not be used to bill for cervical or vaginal cytopathology specimen collection. Medicaid reimbursement for office visits, as well as health department visits, includes the pelvic exam and the specimen collection. These codes must be billed only by the laboratory actually performing the laboratory test. No separate charge can be billed for collecting the specimen.

CPT-4 codes 88141-88158 can be billed only when the provider is CLIA certified to perform the cytopathology screening and interpretation of the smear itself. The CLIA certification number must be on file with the EDS Provider Enrollment Unit, P.O. Box 300009, Raleigh, North Carolina 27622. The incorrect use of pap smear procedure codes will cause the actual claim for the laboratory tests to be denied.

***EDS***

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

**Attention: All Providers Performing Laboratory Services**

**Clinical Laboratory Improvements Amendment (CLIA) Certification Numbers Required**

To meet Federal requirements Clinical Laboratory Improvements Amendment (CLIA) is requiring that any provider performing laboratory tests have a CLIA certificate in order to receive reimbursement from Federal programs. HCFA previously required that reference laboratories be monitored for CLIA compliance. HCFA has now mandated that, effective June 1, 1998, CLIA auditing must extend to any provider performing laboratory tests.

Providers must have their CLIA certificate number on file with Medicaid by June 1, 1998. Failure to do so will result in denied claims. Copy and return this completed form and a copy of your CLIA certificate to this address:

EDS Provider Enrollment Unit  
PO Box 300009  
Raleigh, North Carolina 27622

**EDS**

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

(copy and return form with copy of CLIA certificate)

**CLIA Certification Information**

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

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

CLIA Number \_\_\_\_\_

**Attention: Obstetrics and Gynecology (OB/GYN) Providers**

**OB/GYN Seminars**

Obstetrics and Gynecology (OB/GYN) seminars will be held in July 1998. The June 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 and return to:

OB/GYN Provider Representative  
EDS  
PO Box 300009  
Raleigh, North Carolina 27622

**Attention: Carolina ACCESS Providers and Health Departments**

**Statement on Carolina ACCESS and Health Check**

The Division of Medical Assistance, in conjunction with the leadership of the Pediatric Society and the Local Health Directors' Association, agrees to continue the exemption policy regarding Health Check for local health departments. The need to improve screening rates and provide access to increased numbers of insured children (through the Child Health Insurance Program) requires the participation of all qualified health care providers.

Major provisions for the future:

- ◆ Local health departments will continue to provide Health Check screens as well as currently exempt services.
- ◆ Primary Care Physicians (PCPs) and local health departments are strongly encouraged to develop cooperative strategies to provide Health Check visits in a timely and quality fashion. The aim is:
  - to reach 80% of the utilization rate
  - to provide assessments no later than four weeks from requested appointments
- ◆ Immunizations at non-PCP sites will be given when the child is behind schedule.
- ◆ If a Health Check assessment is performed by a provider that is not the child's PCP, a report shall be sent to the PCP.
- ◆ Providers are expected to comply with federal and state standards regarding Health Check assessments. DMA will monitor periodicity and completeness of Health Checks and take corrective action as warranted.

*Carolina ACCESS*  
*1-800-228-8142*

**Attention: All Providers**

**Clinical Laboratory Improvements Amendment (CLIA) Denial EOB 936**

The EOB denial 936 indicates the provider's CLIA certification on the Medicaid provider file is incorrect for the types or dates(s) of laboratory services billed.

If the CLIA certification information needs correcting, contact the CLIA state agency in which the CLIA certification was obtained.

In North Carolina:

CLIA Certification  
PO Box 29530  
Raleigh, North Carolina 27626-0530  
(919) 733-3032

In states other than North Carolina:

Contact the representative from the attached listing

If the provider enrollment information for Medicaid needs CLIA updating, submit a copy of the correct current CLIA certificate and a cover letter including the name of the laboratory, provider number, contact person, and phone number to:

EDS Provider Enrollment Unit  
PO Box 300009  
Raleigh, North Carolina 27622

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

## CLIA STATE AGENCY PHONE NUMBERS

| <u>State</u>         | <u>Telephone</u> | <u>State</u>   | <u>Telephone</u> |
|----------------------|------------------|----------------|------------------|
| Alaska               | 907/561-8081     | Nevada         | 702/687-4475     |
| Alabama              | 334/261-6525     | New Hampshire  | 603/271-4832     |
| Arizona              | 602/255-3454     | New Jersey     | 609/530-6172     |
| Arkansas             | 501/661-2201     | New Mexico     | 505/827-4200     |
| California           | 510/873-6327     | New York       | 518/485-5352     |
| Colorado             | 303/691-4712     | North Carolina | 919/733-3032     |
| Connecticut          | 860/509-7400     | North Dakota   | 701/328-2352     |
| District of Columbia | 202/727-7200     | Ohio           | 614/644-1845     |
| Delaware             | 302/577-6666     | Oklahoma       | 405/271-6576     |
| Florida              | 904/487-3063     | Oregon         | 503/229-5854     |
| Georgia              | 404/657-5448     | Pennsylvania   | 610/363-8500     |
| Hawaii               | 808/586-4090     | Puerto Rico    | 212/264-3496     |
| Idaho                | 208/334-2235     | Rhode Island   | 401/277-2566     |
| Illinois             | 217/782-6747     | South Carolina | 803/737-7205     |
| Indiana              | 317/383-6502     | South Dakota   | 605/773-3694     |
| Iowa                 | 515/281-3765     | Tennessee      | 615/367-6266     |
| Kansas               | 913/296-1638     | Texas          | 512/834-6650     |
| Louisiana            | 504/342-9324     | Utah           | 801/584-8469     |
| Maine                | 207/624-5443     | Vermont        | 802/241-2345     |
| Maryland             | 410/764-4695     | Virgin Islands | 212/264-3496     |
| Massachusetts        | 617/983-6732     | Virginia       | 804/367-2104     |
| Michigan             | 517/321-6816     | Washington     | 206/361-2806     |
| Minnesota            | 612/643-2105     | West Virginia  | 304/558-0050     |
| Mississippi          | 601/354-7300     | Wisconsin      | 608/266-5753     |
| Missouri             | 314/751-6318     | Wyoming        | 307/777-6057     |
| Montana              | 406/444-1451     |                |                  |
| Nebraska             | 402/471-0928     |                |                  |

**Attention: Hospital and Physicians****"Immediately Available" Definition**

The February, 1998 Medicaid Bulletin referenced the "immediately available" standard in the supervision requirements of teaching physicians to residents in teaching settings.

The immediately available standard is defined as:

If a physician is not on the premises, he/she must be designated as "on call" and be continuously available for direct communication by radio, telephone, or telecommunications with a predetermined plan for emergency services, and meet all other applicable requirements concerning supervision as stated in hospital policy approved by the Graduate Medical Education accrediting agency.

DMA's policy concerning supervision requirements has not changed. The mechanism used to document supervision must be included in the hospital's written supervision policy guidelines and be readily available in the event of an audit request.

*EDS*

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

**Attention: All Providers**

**Explanation of Benefits (EOBs) That Do Not Require Adjustment Processing**

Claims denied for any of the EOBs listed below cannot be adjusted. If you believe the denial is in error, resubmit the claim with corrections as a new day claim. If an adjustment is submitted for one of these EOBs, it will be denied with EOB 998 “claim does not require adjustment processing, resubmit claim with corrections as a new day claim” or EOB 9600 “Adjustment denied – claim has been resubmitted. The EOB this claim previously denied for does not require adjusting. In the future, correct/resubmit claim in lieu of sending an adjustment request.” (revised 3/24/98)

|      |      |      |      |      |      |      |      |      |      |      |      |
|------|------|------|------|------|------|------|------|------|------|------|------|
| 0002 | 0100 | 0175 | 0253 | 0548 | 0676 | 0919 | 1046 | 1873 | 8905 | 9238 | 9947 |
| 0003 | 0101 | 0176 | 0255 | 0553 | 0677 | 0920 | 1047 | 1944 | 8906 | 9239 | 9993 |
| 0004 | 0102 | 0177 | 0256 | 0556 | 0679 | 0922 | 1048 | 1949 | 8907 | 9240 |      |
| 0005 | 0103 | 0179 | 0257 | 0557 | 0680 | 0925 | 1049 | 1956 | 8908 | 9241 |      |
| 0007 | 0104 | 0181 | 0258 | 0558 | 0681 | 0926 | 1050 | 1999 | 8909 | 9242 |      |
| 0009 | 0105 | 0182 | 0270 | 0559 | 0683 | 0927 | 1057 | 2024 | 9036 | 9243 |      |
| 0011 | 0106 | 0183 | 0279 | 0560 | 0685 | 0929 | 1058 | 2027 | 9101 | 9244 |      |
| 0013 | 0108 | 0185 | 0282 | 0569 | 0688 | 0931 | 1059 | 2230 | 9102 | 9245 |      |
| 0014 | 0110 | 0186 | 0283 | 0572 | 0689 | 0932 | 1060 | 2235 | 9103 | 9246 |      |
| 0017 | 0111 | 0187 | 0284 | 0574 | 0690 | 0933 | 1061 | 2236 | 9104 | 9247 |      |
| 0019 | 0112 | 0188 | 0286 | 0575 | 0691 | 0934 | 1062 | 2237 | 9105 | 9248 |      |
| 0023 | 0113 | 0189 | 0289 | 0576 | 0698 | 0936 | 1063 | 2238 | 9106 | 9249 |      |
| 0024 | 0114 | 0191 | 0290 | 0577 | 0732 | 0940 | 1064 | 2911 | 9174 | 9250 |      |
| 0025 | 0115 | 0194 | 0291 | 0578 | 0734 | 0941 | 1078 | 2912 | 9175 | 9251 |      |
| 0026 | 0118 | 0195 | 0292 | 0579 | 0735 | 0942 | 1079 | 2913 | 9180 | 9252 |      |
| 0027 | 0120 | 0196 | 0293 | 0580 | 0755 | 0943 | 1084 | 2914 | 9200 | 9253 |      |
| 0029 | 0121 | 0197 | 0294 | 0581 | 0760 | 0944 | 1086 | 2915 | 9201 | 9254 |      |
| 0033 | 0123 | 0198 | 0295 | 0584 | 0777 | 0945 | 1087 | 2916 | 9202 | 9255 |      |
| 0034 | 0126 | 0199 | 0296 | 0585 | 0779 | 0946 | 1091 | 2917 | 9203 | 9256 |      |
| 0035 | 0127 | 0200 | 0297 | 0586 | 0797 | 0947 | 1092 | 2918 | 9204 | 9257 |      |
| 0036 | 0128 | 0201 | 0298 | 0587 | 0804 | 0948 | 1140 | 2919 | 9205 | 9258 |      |
| 0038 | 0129 | 0202 | 0299 | 0588 | 0805 | 0949 | 1141 | 2920 | 9206 | 9259 |      |
| 0039 | 0131 | 0203 | 0316 | 0589 | 0814 | 0950 | 1142 | 2921 | 9207 | 9260 |      |
| 0040 | 0132 | 0204 | 0319 | 0590 | 0817 | 0952 | 1152 | 2922 | 9208 | 9261 |      |
| 0041 | 0133 | 0205 | 0325 | 0593 | 0819 | 0953 | 1154 | 2923 | 9209 | 9263 |      |
| 0046 | 0134 | 0206 | 0326 | 0604 | 0820 | 0960 | 1170 | 2924 | 9210 | 9264 |      |
| 0047 | 0135 | 0207 | 0327 | 0607 | 0822 | 0967 | 1175 | 2925 | 9211 | 9265 |      |
| 0049 | 0138 | 0208 | 0356 | 0609 | 0823 | 0968 | 1177 | 2926 | 9212 | 9266 |      |
| 0050 | 0139 | 0210 | 0363 | 0610 | 0824 | 0969 | 1178 | 2927 | 9213 | 9267 |      |
| 0051 | 0141 | 0211 | 0364 | 0611 | 0825 | 0970 | 1181 | 2928 | 9214 | 9268 |      |
| 0057 | 0143 | 0213 | 0394 | 0612 | 0860 | 0972 | 1183 | 2929 | 9215 | 9269 |      |
| 0058 | 0144 | 0215 | 0398 | 0616 | 0863 | 0974 | 1184 | 2930 | 9216 | 9272 |      |
| 0060 | 0145 | 0217 | 0424 | 0620 | 0864 | 0986 | 1186 | 2931 | 9217 | 9273 |      |
| 0062 | 0149 | 0219 | 0425 | 0621 | 0865 | 0987 | 1197 | 2944 | 9218 | 9274 |      |
| 0063 | 0151 | 0220 | 0426 | 0622 | 0866 | 0988 | 1198 | 3001 | 9219 | 9275 |      |
| 0065 | 0153 | 0221 | 0427 | 0626 | 0867 | 0989 | 1275 | 3002 | 9220 | 9291 |      |
| 0067 | 0154 | 0222 | 0428 | 0635 | 0868 | 0990 | 1278 | 5001 | 9221 | 9295 |      |
| 0068 | 0155 | 0223 | 0430 | 0636 | 0869 | 0991 | 1307 | 5002 | 9222 | 9600 |      |
| 0069 | 0156 | 0226 | 0435 | 0641 | 0875 | 0992 | 1324 | 6703 | 9223 | 9611 |      |
| 0074 | 0157 | 0227 | 0438 | 0642 | 0888 | 0995 | 1350 | 6704 | 9224 | 9612 |      |
| 0075 | 0158 | 0235 | 0439 | 0661 | 0889 | 0997 | 1351 | 6705 | 9225 | 9614 |      |
| 0076 | 0159 | 0236 | 0452 | 0662 | 0898 | 0998 | 1355 | 6707 | 9226 | 9615 |      |
| 0077 | 0160 | 0237 | 0462 | 0663 | 0900 | 1001 | 1380 | 6708 | 9227 | 9625 |      |
| 0078 | 0162 | 0240 | 0465 | 0665 | 0905 | 1003 | 1381 | 8174 | 9228 | 9630 |      |
| 0079 | 0163 | 0241 | 0505 | 0666 | 0908 | 1008 | 1382 | 8175 | 9229 | 9631 |      |
| 0080 | 0164 | 0242 | 0511 | 0668 | 0909 | 1022 | 1400 | 8326 | 9230 | 9633 |      |
| 0082 | 0165 | 0244 | 0513 | 0669 | 0910 | 1023 | 1442 | 8327 | 9231 | 9642 |      |
| 0084 | 0166 | 0245 | 0516 | 0670 | 0911 | 1035 | 1443 | 8400 | 9232 | 9684 |      |
| 0085 | 0167 | 0246 | 0523 | 0671 | 0912 | 1036 | 1502 | 8401 | 9233 | 9801 |      |
| 0089 | 0170 | 0247 | 0525 | 0672 | 0913 | 1037 | 1506 | 8901 | 9234 | 9804 |      |
| 0093 | 0171 | 0249 | 0529 | 0673 | 0916 | 1038 | 1513 | 8902 | 9235 | 9806 |      |
| 0094 | 0172 | 0250 | 0536 | 0674 | 0917 | 1043 | 1866 | 8903 | 9236 | 9807 |      |
| 0095 | 0174 | 0251 | 0537 | 0675 | 0918 | 1045 | 1868 | 8904 | 9237 | 9919 |      |

**EDS**

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

**Attention: All Providers**

**Fee Schedules, Reimbursement Plans and Medicaid Bulletin Subscriptions**

**Request for Paper Schedules/Plans**

To defray the cost of reproducing fee schedules and reimbursement plans released through the Financial Operations Section of the Division of Medical Assistance(DMA), minimal charges are indicated in the listing below. All requests for publications **must be made on the form below and accompanied with a check** payable to the DMA at the following address:

Division of Medical Assistance  
 Financial Operations - Fee Schedules  
 1985 Umstead Drive  
 PO Box 29529  
 Raleigh, North Carolina 27626-0529

**NOTE : PHONE REQUESTS ARE NOT ACCEPTED**

**Do not mail your requests for paper schedules to EDS.** There is a charge of \$0.20 per page for documents exceeding 10 pages. Requests for all other reimbursement plans or fees with less than 10 pages are charged a flat fee of \$2.00 per fee schedule. These charges are subject to change due to additions/deletions in the documents. If your agency requires an invoice to prepare a check, you may fax your request along with the form below.

|  |        |
|--|--------|
| <input type="checkbox"/> After Care Surgery Period           | \$3.60 |
| <input type="checkbox"/> Ambulatory Surgery Center           | \$4.00 |
| <input type="checkbox"/> Anesthesia Base Units               | \$4.40 |
| <input type="checkbox"/> Dental                              | \$2.00 |
| <input type="checkbox"/> DME                                 | \$2.00 |
| <input type="checkbox"/> Home Health                         | \$2.00 |
| <input type="checkbox"/> Home Infusion Therapy               | \$2.00 |
| <input type="checkbox"/> Hospital Reimbursement Plan         | \$4.20 |
| <input type="checkbox"/> ICF/MR Reimbursement Plan           | \$4.00 |
| <input type="checkbox"/> Laboratory                          | \$2.00 |
| <input type="checkbox"/> Nurse Midwife                       | \$2.00 |
| <input type="checkbox"/> Nursing Facility Reimbursement Plan | \$5.40 |
| <input type="checkbox"/> Optical and Visual Aids             | \$2.00 |
| <input type="checkbox"/> Physician Fees (includes X-Ray )    | 10.40  |
| <input type="checkbox"/> Prosthetics and Orthotics           | \$2.60 |
| <input type="checkbox"/> Portable X-Ray                      | \$2.00 |

Requestor: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Technical Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

***This Page Intentionally Left Blank***

### Request for Diskette of Fee Schedules

Fee schedules on diskette are only available from EDS. Complete the request below and attach a check made payable to EDS for the total amount due. Payment must accompany this request. Requests without payments will not be honored.

The **PHYSICIAN FEE SCHEDULE** and the **ANESTHESIA BASE UNIT SCHEDULE** are available on diskette. The North Carolina Division of Medical Assistance stipulates that the information provided may be used only for your internal analysis. The actual billed amount on your claims must always contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts.

Please complete the information below with each request:

Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of File:

3 1/2" PC Diskette (check one):

ASCII

TEXT FILE

Type of Fee Schedule/Cost (check one): Diskette

Physician Fee Schedule \$50.00

Anesthesia Fee Schedule \$50.00

Both \$75.00

Please remit this request to:

**Fee Schedule Request  
Systems Department  
EDS  
4905 Waters Edge Drive  
Raleigh, North Carolina 27606**

**ATTN: Systems Manager**

***This Page Intentionally Left Blank***

## Medicaid Bulletin Subscriptions

N. C. Medicaid bulletins are mailed to all enrolled providers. Nonproviders (i.e. billing agencies) may subscribe to the bulletin for an annual subscription fee of \$12.00. To subscribe, send a letter requesting the subscription, including the subscriber's mailing address and a check for \$12.00 payable to EDS. Mail the request to:

EDS  
 Attention: Provider Enrollment  
 P O Box 300009  
 Raleigh, North Carolina 27622

*EDS*

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

### Attention: All Providers

#### Maximum Reimbursement for New Laboratory Panels and Individual Laboratory Codes

Effective January 1, 1998, the American Medical Association (AMA) CPT Board approved new automated laboratory panels to facilitate ordering of common groupings of tests. When all of the medically necessary tests ordered match a grouping, the appropriate panel must be billed. Unnecessary tests must not be added in order to match a panel.

CPT codes 80002 through 80019 for 2 through 19 nonspecified automated multi-channel tests and HCPCS codes G0058-G0060 for 19 or more tests have been replaced with the new panel codes. Claims for lab services performed after date of service March 31, 1998 using codes 80002-80019 or G0058-G0060 are being denied.

The new CPT 1998 panel codes for automated tests replacing codes 80002-80019 and G0058-G0060 are:

#### 80049 Basic metabolic panel

This panel must include the following:

- Carbon dioxide (82374)
- Chloride (82435)
- Creatinine (82565)
- Glucose (82947)
- Potassium (84132)
- Urea Nitrogen (BUN) (84520)

#### 80051 Electrolyte panel

This panel must include the following:

- Carbon dioxide (82374)
- Chloride (82435)
- Potassium (84132)
- Sodium (84295)

#### 80054 Comprehensive metabolic panel

This must include the following:

- Albumin (82040)
- Bilirubin, total OR direct (82250)
- Calcium (82310)
- Chloride (82435)
- Creatinine (82565)
- Glucose (82947)
- Phosphatase, alkaline (84075)
- Potassium (84132)
- Protein, total (84155)
- Sodium (84295)
- Transferase, aspartate amino (AST)(SGOT)(84450)
- Urea Nitrogen (BUN)(84520)

When any of the following 22 lab tests are medically necessary and do not match to 80049, 80051 or 80054, bill each test separately.

|       |  |       |                                  |
|-------|--|-------|----------------------------------|
| 82040 | Albumin                                    | 82977 | GGT (Gamma Glutamyltransferase)  |
| 82250 | Bilirubin, Direct or Total                 | 83615 | Lactic Dehydrogenase (LD), (LDH) |
| 82251 | Bilirubin, Total & Direct                  | 84075 | Phosphatase, Alkaline            |
| 82310 | Calcium                                    | 84100 | Phosphorus                       |
| 82374 | Carbon Dioxide Content                     | 84132 | Potassium                        |
| 84450 | Transferase, aspartate amino (AST), (SGOT) | 84155 | Protein Total                    |
| 82435 | Chlorides                                  | 84295 | Sodium                           |
| 84460 | Transferase, alanine amino (ALT), (SGPT)   | 84478 | Triglycerides                    |
| 82465 | Cholesterol                                | 84520 | Urea Nitrogen (BUN)              |
| 82550 | CPK (Creatine kinase)                      | 84550 | Uric Acid: blood                 |
| 82565 | Creatinine                                 |       |                                  |
| 82947 | Glucose (Sugar, Fasting Blood)             |       |                                  |

HCFA mandates that the total amount paid for individual laboratory procedure codes can not exceed the maximum fee allowed for the automated lab panel fees. Lab panel codes (80002-80019) were end-dated, effective April 1, 1998. Reimbursement for separate automated lab tests is based on the **total number of lab tests performed** and not on the fee for each individual lab test. When any of the **22** preceding lab tests are medically necessary and do not match to a panel code, bill each test separately.

Maximum reimbursement based on the number of tests is:

| Number of tests | Fee (effective 4/1/98) |
|-----------------|------------------------|
| 2               | \$7.20                 |
| 3               | \$9.18                 |
| 4-6             | \$9.39                 |
| 7-12            | \$10.91                |
| 13-16           | \$11.49                |
| 17-18           | \$13.69                |
| 19 or more      | \$14.69                |

These sample HCFA-1500 claims illustrate the correct billing for individual automated lab tests when the combination of automated tests do not match to a 1998 automated panel code. Sample Remittance Advice (RA) follows each claim.

**The first claim**

| Date (s) of service<br>MM/DD/YY MM/DD/YY |          | Place<br>of<br>Service | Type<br>of<br>Service | Procedures,<br>Services,<br>Supplies<br>CPT | Diagnosi<br>s Code | Charges                  | Days or<br>units | EPSDT |
|--|----------|------------------------|-----------------------|---|--------------------|--------------------------|------------------|-------|
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 84450                                       |                    | 10.00                    | 1                |       |
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 84460                                       |                    | 10.00                    | 1                |       |
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 84550                                       |                    | 10.00                    | 1                |       |
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 84075                                       |                    | 10.00                    | 1                |       |
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 82977                                       |                    | 10.00                    | 1                |       |
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 84132                                       |                    | 10.00                    | 1                |       |
|  |          |                        |                       |   |                    | Total<br>Charge<br>60.00 |                  |       |

**Sample RA for first claim**

| NAME<br>RECIPIENT<br>ID    | SERVICE DATES               | DAYS<br>OR<br>UNITS | PROCEDURE/ACCOMMODATION/DRUG<br>CODE AND DESCRIPTION  | Total<br>Billed | Non<br>Allowed | Total<br>Allowed | Payable<br>Cutback | Payable<br>Charge | Other<br>Deducted<br>Charges | Paid<br>Amount | Explana<br>tion<br>Codes |
|----------------------------|-----------------------------|---------------------|---|-----------------|----------------|------------------|--------------------|-------------------|------------------------------|----------------|--------------------------|
| <b>PAID CLAIMS MEDICAL</b> |                             |                     |   |                 |                |                  |                    |                   |                              |                |                          |
| SMITH MARY<br>123456789S   | CO=41 RCC=<br>050298 050298 | 6                   | CLAIM NUMBER =109800100000000 MEDREC=35221<br>3 84450 | 10.00           | .61            | 9..39            | 0.00               | 0.00              | 0.00                         | 9.39           | 99                       |
|                            | 050298 050298               | 1                   | 3 84460   | 10.00           | 10.00          | 0.00             | 0.00               | 0.00              | 0.00                         | 0.00           | 2954                     |
|                            | 050298 050298               | 1                   | 3 84550   | 10.00           | 10.00          | 0.00             | 0.00               | 0.00              | 0.00                         | 0.00           | 2954                     |
|                            | 050298 050298               | 1                   | 3 84075   | 10.00           | 10.00          | 0.00             | 0.00               | 0.00              | 0.00                         | 0.00           | 2954                     |
|                            | 050298 050298               | 1                   | 3 82977   | 10.00           | 10.00          | 0.00             | 0.00               | 0.00              | 0.00                         | 0.00           | 2954                     |
|                            | 050298 050298               | 1                   | 3 84132   | 10.00           | 10.00          | 0.00             | 0.00               | 0.00              | 0.00                         | 0.00           | 2954                     |
|                            |                             |                     | PTLIB= COPAY=0.00 TPL=                                | 60.00           | 50.61          | 9.39             | 0.00               | 0.00              | 0.00                         | 0.00           | 2954                     |

Total payment for all of the lab tests are listed on the first lab detail of the RA. The RA will list each automated test billed with EOB 2954, which states “Payment reduced to equal the number of automated lab test billed for this recipient. Additional payment was made on a previously paid detail see May 1998 Bulletin.” The total reimbursement for the six automated lab tests billed is \$ 9.39.

**Second claim**

The provider discovers all the automated tests performed on that date of service were not included on the first claim and submits another claim for the other automated lab test(s) as follows:

| Date (s) of service<br>MM/DD/YY MM/DD/YY |          | Place<br>of<br>Service | Type<br>of<br>service | Procedures,<br>Services,<br>supplies<br>CPT | Diagnosi<br>s Code | Charges                 | Days or<br>units | EPSDT |
|--|----------|------------------------|-----------------------|---|--------------------|-------------------------|------------------|-------|
| 05/02/98                                 | 05/02/98 | 11                     | 3                     | 84100                                       |                    | 6.56                    | 1                |       |
|  |          |                        |                       |   |                    |                         |                  |       |
|  |          |                        |                       |   |                    |                         |                  |       |
|  |          |                        |                       |   |                    |                         |                  |       |
|  |          |                        |                       |   |                    |                         |                  |       |
|  |          |                        |                       |   |                    | Total<br>Charge<br>6.56 |                  |       |

**Second RA**

| NAME<br>RECIPIENT<br>ID  | SERVICE DATES               | DAYS<br>OR<br>UNITS | PROCEDURE/ACCOMMODATION/DRUG<br>CODE AND DESCRIPTION                                | Total<br>Billed | Non<br>Allowed | Total<br>Allowed | Payable<br>Cutback | Payable<br>Charge | Other Deducted<br>Charges | Paid<br>Amount | Explanatio<br>n Codes |
|--------------------------|-----------------------------|---------------------|---|-----------------|----------------|------------------|--------------------|-------------------|---------------------------|----------------|-----------------------|
|                          |                             |                     | <b>PAID CLAIMS MEDICAL</b>  |                 |                |                  |                    |                   |                           |                |                       |
| SMITH MARY<br>123456789S | CO=41 RCC=<br>050298 050298 | 1                   | CLAIM NUMBER =109800200000000 MEDREC=35221<br>3 84100<br><br>PTLIB= COPAY=0.00 TPL= | 6.56            | 5.04           | 1.52             | 00                 | 1.52              | 00                        | 1.52           | 2955                  |

The second RA reflects a payment of \$1.52, which is the additional amount payable for performing a panel of seven tests. To determine the total amount paid for the seven automated tests, combine the “paid amounts” listed for the lab codes from the first and second RAs. In this example, the paid amounts from the RAs total \$10.91. EOB 2955 will be on the second RA and states “Payment reduced to equal the number of automated lab test billed for this recipient. Additional payment was made on a previously paid detail.”

**EDS**

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

**Attention: Personal Care Providers (Excluding Adult Care Home Providers)**

**Personal Care Seminar Schedule**

Seminars for Personal Care Services (PCS) will be held in June 1998. Provider numbers for PCS providers range from 6600000-6601000. **NOTE:** This workshop is **NOT** for Adult Care Home Personal Care Services (ACH-PC). Each PCS provider is encouraged to send appropriate administrative, clinical, and clerical personnel. An overview of the criteria for PCS coverage, service limitation, and assessment process, including completion of the DMA-3000 PCS Physician Authorization and Plan of Care, will be discussed. In addition, procedures for filing PCS claims, common billing errors, and follow-up procedures will be reviewed.

**NOTE:** Providers should bring their Community Care Manuals as a reference. Additional manuals will be available for purchase at \$20.00 each at the workshop.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Preregistration is strongly recommended.** You may fax registration forms to 919-851-4014.

Directions are available on page 19 of this bulletin.

**Thursday, June 4, 1998**

WakeMed  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC

**Tuesday, June 9, 1998**

Blue Ridge Community College  
College Drive  
Flat Rock, NC  
*Auditorium*

**Wednesday, June 10, 1998**

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

**Friday, June 12, 1998**

Holiday Inn  
4903 Market Street  
Wilmington, NC

**Tuesday, June 16, 1998**

Ramada Inn Plaza  
3050 University Parkway  
Winston-Salem, NC

**Tuesday, June 23, 1998**

Martin Community College  
Kehakee Park Road  
Williamston, NC  
*Auditorium*

(cut and return registration form only)

Personal Care Services Provider Seminar Registration Form

(No Fee)

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

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

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

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ persons will attend seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

Return to: Provider Relations  
EDS  
PO Box 300009  
Raleigh, NC 27622

*This Page Intentionally Left Blank*

**Attention: Family Practice Providers (Excluding FQHC/RHC Providers)**

**Family Practice Seminar Schedule**

Seminars for family practice providers will be held in June 1998. These seminars will focus on preventative services, family planning, Carolina ACCESS, and general Medicaid. These seminars are specifically designed for the general practitioner in private practice. FQHC and Rural Health Care providers are encouraged to attend the FQHC/Rural Health Care seminars scheduled for August 1998.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 9:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 8:45 a.m. to complete registration. **Preregistration is strongly recommended.** You may fax registration forms to 919-851-4014.

Directions are available on page 19 of this bulletin.

**Tuesday, June 2, 1998**

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

**Wednesday, June 3, 1998**

Ramada Inn Airport Central 1  
515 Clanton Road  
Charlotte, NC

**Tuesday, June 9, 1998**

Ramada Inn Plaza  
3050 University Parkway  
Winston-Salem, NC

**Thursday, June 11, 1998**

Martin Community College  
Kehakee Park Road  
Williamston, NC  
*Auditorium*

**Tuesday, June 16, 1998**

WakeMed  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC

**Wednesday, June 24, 1998**

Holiday Inn  
4903 Market Street  
Wilmington, NC

(cut and return registration form only)

Family Practice Provider Seminar Registration Form

(No Fee)

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

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

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

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ persons will attend seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

Return to: Provider Relations  
EDS  
PO Box 300009  
Raleigh, NC 27622

***This Page Intentionally Left Blank***

## Directions to Personal Care Services (PCS) and Family Practice Seminars

Registration forms for these workshops are on page 15 and 17 of this bulletin.

### **WAKEMED MEI Conference Center - Raleigh**

**June 4, 1998 - Personal Care Services**

**June 16, 1998 - Family Practice Seminars**

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk from the conference facility.

### **Blue Ridge Community College - Flat Rock**

**June 9, 1998 - Personal Care Services**

I-40 to Asheville. Head East on I-26 to Exit 22 and follow signs to Blue Ridge Community College. Auditorium is located in the Patton Building.

### **Catawba Valley Technical College - Hickory**

**June 10, 1998 - Personal Care Services**

Take I40 to Exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 1.5 miles on the right.

### **Holiday Inn - Wilmington**

**June 12, 1998 - Personal Care Services**

**June 24, 1998 - Family Practice**

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

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

### **Ramada Inn Plaza, Winston-Salem**

**June 16, 1998 - Personal Care Services**

**June 9, 1998 - Family Practice**

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Ramada Inn is located behind the IHOP Restaurant.

### **Martin Community College - Williamston**

**June 23, 1998 - Personal Care Services**

**June 11, 1998 - Family Practice**

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

### **Ramada Inn Airport Central - Charlotte**

**June 3, 1998 - Family Practice**

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

### **A-B Technical College -Asheville**

**June 2, 1998 - Family Practice**

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building.

---

**Checkwrite Schedule**

|              |               |               |
|--------------|---------------|---------------|
| May 5, 1998  | June 9, 1998  | July 7, 1998  |
| May 12, 1998 | June 16, 1998 | July 14, 1998 |
| May 19, 1998 | June 23, 1998 | July 23, 1998 |
| May 28, 1998 | June 30, 1998 |               |

**Electronic Cut-Off Schedule \***

|              |               |               |
|--------------|---------------|---------------|
| May 1, 1998  | June 5, 1998  | July 2, 1998  |
| May 8, 1998  | June 12, 1998 | July 10, 1998 |
| May 15, 1998 | June 19, 1998 | July 17, 1998 |
| May 22, 1998 | June 24, 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

---



|  |
|--|
| <b>Bulk Rate</b>   |
| U.S. POSTAGE<br>PAID<br>Raleigh, N.C.<br>Permit No. 1087 |

P.O. Box 30968  
Raleigh, North Carolina 27622