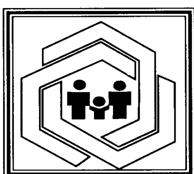
Number 5 *May 1999*



North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance
Published by EDS, fiscal agent for the North Carolina Medicaid Program

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, May 31, 1999, in observance of Memorial Day.

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

Attention: All Providers

Fetal Fibronectin Test (FFN)

Effective with date of service, June 1, 1999 CPT code 82731 will replace W6001 for Fetal Fibronectin, cervicovaginal secretions, semi-quantitative. After date of service May 31,1999, claims submitted with W6001 will be denied. Code 82731 cannot be billed in conjunction with W6001. Providers are advised to bill their usual and customary charge.

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

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

THIS DOCUMENT IS A YEAR 2000 READINESS DISCLOSURE

UNDER UNITED STATES FEDERAL LAW.

Attention: All Providers

Update on Year 2000 Activities

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

DMA will accept claims in their current non-Y2K compliant format until the end of the transition period for various indicated methods of submission. This capability provides a high degree of comfort and flexibility as providers make the transition to Y2K compliant formats. However, all providers are reminded that they will be required to make the conversion to Y2K claims compliance. Details applicable to the various submission forms are provided below.

NECS Submitters

The current NECS software will be replaced by a windows-like software to be re-named the North Carolina Electronic Claims Submission (NCECS) software. As an added feature, this software will output a file or diskette of claims that is not only Y2K compliant, but will also be in the ANSI 837 format. The NCECS software will be distributed to providers in September 1999. Elsewhere in this month's providers' bulletin, you will find a form that we ask NECS providers to complete and return to the ECS unit by 30 July 1999. NCECS providers will not require testing by EDS prior to accepting claims since the software will be internally tested by EDS and providers will simply key data, entering claims into the software.

Tape Submitters

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

ECS Submitters

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

Paper Submitters

There will be no changes to the various paper claim forms. As space permits on the forms providers should input a four-digit year. Where only a two-digit year is indicated by the provider, EDS' data entry staff will enter a four-digit year that is appropriate. For example, a 00 will be keyed as 2000; a 99 will be keyed as 1999.

ANSI 837 Submitters

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

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

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

Attention: All Providers

North Carolina Electronic Claims Submission Software (NCECS)

In several of the recent Medicaid bulletins, providers have learned that Medicaid is replacing the current NECS software with the newer NCECS software. While the NECS software is DOS based, the NCECS will run in Windows 95, Windows 98 or Windows NT 4.0. These are classified as 32-bit operating systems. NCECS **will not** operate well in Windows 3.1. Windows 3.1 is not supported by Microsoft, which has stated that this operating system is not year 2000 compliant. Therefore, we do not recommend using Windows 3.1. NCECS performs well on any Pentium series PC and should do well on 486 machines. It is recommended that there be a minimum of 24 megabytes of memory and about 20 megabytes of hard drive storage. NCECS uses a browser such as Microsoft Internet Explorer (version 3.0 or higher) or Netscape (version 3.0 or higher). The Internet Explorer was released as part of the Windows 95, 98 or NT operating systems. Providers must have one of these browsers installed on their PC in order for NCECS to work. NCECS requires that a modem be present if the provider wishes to transmit the claims files to the EDS bulletin board system. It is preferred that the modem minimally be capable of baud rate speeds of 9600 or better; although slower speeds will function. NCECS also allows a provider to create mail in diskettes.

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

Attention: Ambulatory Surgical Centers, Birthing Centers, Certified Registered Nurse Anesthetists, Chiropractors, Independent Labs, Independent Nurse Midwives, Independent Nurse Practitioners, Optometrists, Physician Services in Federally Qualified Health Centers, Physician Services in Rural Health Clinics, Physician Specialties (All), Planned Parenthood (non M.D.), Podiatrists, Portable X-Ray Providers

Global Anesthesia Policy

Medicaid will initiate a new global anesthesia policy effective with date of receipt June 25, 1999. Rendering general or monitored anesthesia services will be considered a "global" service. The global package for anesthesia will pertain only to the **same provider** that rendered the anesthesia services only, and will include:

- Evaluation and Management (E/M) services rendered one day prior to the surgical procedure.
- E/M services rendered the same day as the surgical procedure.
- Certain procedures that are considered part of the anesthesia services on the date of surgery as explained below.

1. Many **E/M codes** will be considered part of the global anesthesia package. These will be denied if billed by the **same attending provider** on the **same date of service** as the surgery or within the preoperative day assigned to the surgery code. The following E/M codes will deny if billed with the anesthesia service:

99201	99202	99203	99204	99205	99211	99212	99213
99214	99215	99217	99218	99219	99220	99221	99222
99223	99231	99232	99233	99234	99235	99236	99238
99239	99241	99242	99243	99244	99245	99251	99252
99253	99254	99255	99261	99262	99263	99271	99272
99273	99274	99275	99281	99282	99283	99284	99285
99288	99358	99359					

In circumstances where a significant, separately identifiable E/M service is rendered, the provider must append the appropriate modifier and reimbursement will be considered.

2. **Procedures** that are currently considered part of the anesthesia service are:

31500	31505	31515	31527	31622	31645	31646	36000
36005	36010	36011	36012	36013	36014	36015	36120
36140	36400	36405	36406	36410	36420	36425	36430
36440	36600	36620	36625	36640	62274	62275	62276
62277	62278	62279	64400	64402	64405	64408	64410
64412	64413	64415	64417	64418	64420	64421	64425
64430	64435	64440	64441	64442	64443	64445	64450
64505	64508	64510	64520	64530	90780	90781	90782
90783	90784	90788	90835	91000	91055	91105	92511
92512	92516	92520	92525	92526	92531	92532	92533
92543	92585	92950	92953	92960	93000	93005	93010
93015	93016	93017	93018	93040	93041	93042	93307
93308	93312	93313	93315	93316	93317	93320	93321
93325	93922	93923	93924	93925	93926	93930	93931
93965	93970	93971	93975	93976	93978	93979	94640
94650	94651	94656	94660	94662	94664	94665	94680
94681	94690	94760	94761	94762	94770		

If one of these is performed by the same physician and unrelated to the anesthesia service, reimbursement will be considered by appending the appropriate modifier. For further information refer to the Modifier Special Bulletin distributed in May.

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

Attention: All Providers

Tax Identification Information

ALERT - TAX UPDATE REQUESTED

North Carolina Medicaid must have proper tax information for all providers. This will ensure correct issuance of 1099 MISC forms each year and also ensure the correct tax information is provided to the IRS. If inappropriate information is given or is on file, this can result in a IRS mandatory 31% withholding of payments made by Medicaid. Be sure the individual responsible for maintenance of tax information in your organization receives the following information.

HOW TO VERIFY TAX INFORMATION

The last page of your Medicaid Remittance and Status (RA) report indicates the provider tax name and number (FEIN) Medicaid has on file. Refer to the Medicaid RA throughout the year for each provider number to ensure we have the proper information. The tax information needed for a group practice is as follows: (1) Group tax name and group tax number; (2) Attending Medicaid provider numbers in group. If you do not have a Medicaid RA, call Provider Services 919-851-8888 or 1-800-688-6696 to verify the tax information on file for each provider number.

Providers should complete a special W-9 (see next page) for all provider numbers with **incorrect** information on file. Instructions for completing the special W-9 are listed below.

- Fill in the North Carolina Medicaid Provider Name Block (**this must be completed)**
- Fill in the North Carolina Medicaid Provider Number (**this must be completed)**
- Part I Correction field - Indicate your tax identification number exactly as the IRS has on file for you and/or your business. Do not put your Social Security Number unless you are an individual or sole proprietor
- Part II Correction field - Indicate your tax name exactly as the IRS has on file for you and/or business
- Part III - Indicate the appropriate type of organization for your tax identification number. Please note, if you are using your Social Security Number as your tax identification number, you must select individual/sole proprietor as type of organization
- Part IV - An authorized person **MUST** sign and date this form, otherwise it will be returned as incomplete and your tax data ***will not*** be updated

Send completed and signed forms to:

EDS
4905 Waters Edge Drive
Raleigh, NC 27606

OR

FAX to (919) 851-4014

Attention: Provider Enrollment

CHANGE OF OWNERSHIP

Contact DMA Provider Enrollment at 919-857-4017 to report all changes in business ownership. If necessary, a new Medicaid provider number will be assigned and Provider Enrollment will ensure the correct tax information is on file for Medicaid payments. If you ***do not contact*** DMA and ***continue to use a provider number*** with incorrect tax data, you could ***become liable for taxes*** on income not received by your business. DMA will assume no responsibility for penalties assessed by the IRS or for misrouted payments prior to written receipt of notification of ownership changes.

GROUP PRACTICE CHANGES

When a physician leaves or a physician is added to a group practice, contact DMA Provider Enrollment to update Medicaid enrollment and tax information. Remember, without notifying DMA Provider Enrollment, the wrong tax information could remain on file and your business could become liable for taxes on Medicaid payments you did not receive.

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

Special W-9

Complete all four parts below and return to EDS. Incomplete forms will be returned to you for proper completion.

Provider Name: [ ] Provider Number: [ ]

Part I. Provider Taxpayer Identification Number:

Your tax identification number should be reflected below exactly as the IRS has on file for you and/or your business. Please verify the number on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field (please write clearly in black ink):

[ ]

Employer Identification Number/Taxpayer Identification Number

[ ]

Social Security Number **If you do not have an employer ID then indicate social security number if you are an individual or sole proprietor only

Part II. Provider Tax Name:

Your tax name should be reflected below exactly as the IRS has on file for you and/or your business. Individuals and sole proprietors must use their proper personal names as their tax name. Please verify the name on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field: [ ]

Part III. Type of Organization - Indicate below:

____Corporation/Professional Association ______ Individual/Sole Proprietor ____ Partnership

____Other: ________________________ ______ Government: ______________________________

Part IV. Certification

Certification - Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

____

Signature Title Date

EDS Office Use Only

Date Received: _____________Name Control: _____________________Date Entered: _________________

Attention: Durable Medical Equipment (DME) Providers

Completion of HCFA-1500 Claim Form

DME providers are reminded that placement of the prior approval number in block 23 on the HCFA-1500 claim form is not required. It is recommended that block 23 be left blank by DME providers in order to prevent delays in processing DME claims.

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

Attention: Durable Medical Equipment (DME) Providers

Completion of Certificate of Medical Necessity and Prior Approval (CMN/PA) Form

EDS DME Prior Approval continues to receive increasing numbers of incomplete CMN/PA forms. DME providers are reminded complete and accurate information is crucial. Incomplete forms are returned without review. Instructions for completion of the triplicate CMN/PA form is published in the DME Provider Manual, Section 6. Pay particular attention to blocks 1, 2, 5 and 7 concerning recipient and provider identification. Block 26 details the dates requested and equipment identification. A return address in block 29 is required for proper response. Corrections should have a line through the item corrected, initialed and new information entered, preferably on a blank line. Correction fluid and tape are not acceptable on permanent records.

EDS, 1-800-688-6696 or 919-857-4021

Attention: Durable Medical Equipment (DME) Providers

Prior Approval of Oxygen for Use with Continuous Positive Airway Pressure (CPAP) or Bi-level Therapy Devices

The purpose of this article is to clarify prior approval requirements for oxygen and oxygen equipment when it is required for nocturnal use by patients on CPAP or bi-level therapy devices.

For initial approval of oxygen and oxygen equipment for use with CPAP or bi-level devices, an oxygen desaturation level equal to or less than 90% must be documented on the sleep study done to establish the patient's medical need for CPAP therapy. If the prescribing physician documents that the patient requires oxygen for use only with CPAP or bi-level therapy at the time that prior approval renewal is being sought, neither arterial blood gas study results nor oxygen saturation rates will be required. However, if the physician prescribes portable oxygen or other oxygen equipment for use at times other than with the CPAP or bi-level devices, the patient's supplemental oxygen needs must be documented as with any oxygen equipment. In that case, the results of an arterial blood gas or oxygen saturation rate must be submitted with the request for prior approval.

Melody B. Yeargan, P.T., Medical Policy
DMA, 919-857-4020

Attention: All Providers

Interventional Cardiology

Effective with claims received on or after June 25, 1999, the Division of Medical Assistance will establish the following policy for billing interventional cardiology codes 92980, 92981, 92982, 92984, 92995, and 92996.

Code	Description
92980	Transcatheter placement of an intracoronary stent(s), with or without other therapeutic intervention, any method; single vessel
92981	**… each additional vessel**
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel
92984	**… each additional vessel**
92995	Percutaneous transluminal coronary atherectomy, with or without balloon angioplasty; single vessel
92996	**…each additional vessel**

Medicaid recognizes only three coronary arteries when considering first and each additional vessel interventions: the left anterior descending, the left circumflex and the right coronary arteries.

HCPCS modifiers define the three coronary arteries.

Modifier LC: Left Circumflex Coronary Artery
Modifier LD: Left Anterior Descending Coronary Artery
Modifier RC: Right Coronary Artery

- When billing for the intervention of more than one vessel, the vessels with the highest complexity of intervention must be billed with the appropriate single vessel code (92980, 92982, or 92995). Intervention into a subsequent vessel must be billed with one of the "each additional" codes (92981, 92984, or 92996). The hierarchy of technical complexity among these three codes is generally
  1. stent placement, code 92980
  2. atherectomy, code 92995, and
  3. angioplasty, code 92982.
- Medicaid allows only one "single vessel" code per day. Any subsequent vessels must be billed using the "each additional" codes. An "each additional" code is allowed only when one of the three "single vessel" codes is billed.
- Codes 92980, 92981, 92982, 92984, 92995, and 92996 must be billed with either modifier LC, LD, or RC to identify the specific vessel. There must be a diagnosis to identify the cardiac related condition when billing these codes.
- Branch vessels are considered an integral part of the three major "parent coronary arteries" identified by modifiers LC, LD, and RC. There is no separate reimbursement for interventions in branch vessels. **Branch vessels are considered a part of and are included in the intervention of the parent vessel**.

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

Attention: All Providers

Endoscopy CPT Base Codes and Their Related Procedures

Effective with date of service January 1, 1999, Medicaid began reimbursing for multiple endoscopies based on the following formula. This was introduced in the November, 1998 Bulletin.

Medicaid will pay the full fee schedule price of the higher-valued endoscopy plus the difference between the next highest endoscopy and the base endoscopy.

The following are base codes with their related procedures. This list replaces the list published in the November 1998 Medicaid Bulletin.

CPT Base Code	Related CPT Codes
29815	29819-29823, 29825-29826
29830	29834-29838
29840	29843-29847
29860	29861-29863
29870	29871, 29874-29877, 29879-29887
31505	31510-31513
31525	31527-31530, 31535, 31540, 31560, 31570
31526	31531, 31536, 31541, 31561, 31571
31622	31625, 31625-31631, 31635, 31640-31641, 31645
43200	43202, 43204-43205, 43215-43217, 43219-43220, 43226-43228
43235	43239, 43241, 43243-43247, 43249-43251, 43255, 43258-43259
43260	43261-43265, 43267-43269, 43271-43272
44360	44361, 44363-44366, 44369, 44372-44373
44376	44377-44378
44388	44389-44394
45300	45303, 45305, 45307- 45309, 45315, 45317, 45320-45321
45330	45331-45334, 45337-45339
45378	45379-45380, 45382-45385
46600	46604, 46606, 46608, 46610-46612, 46614-46615
47552	47553-47556
50551	50555, 50557, 50559, 50561
50570	50572, 50574-50576, 50578, 50580
50951	50953, 50955, 50957, 50959, 50961
50970	50974, 50976
52000	52250, 52260, 52265, 52270, 52275-52277, 52281, 52283, 52285, 52290, 52300, 52305, 52310, 52315, 52317-52318, 52282
52005	52320, 52325, 52327, 52330, 52332, 52334
52335	52336-52339
56300	56301-56309, 56311, 56343-56344, 56314
56350	56351-56356
57452	57454, 57460

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

Attention: Optical Providers

Visual Services Program Changes

The new Optical contractor lab is a state agency and is not capable of billing the provider community for Medicaid non-covered services. Therefore, the Division of Medical Assistance (DMA) has implemented the following changes to be effective with date of service beginning June 1, 1999.

Scratch resistant coating will no longer be an option for Medicaid recipients. The contractor lab will no longer bill the optical provider for scratch resistant coating. Therefore, recipients will be unable to purchase the coating as a private pay transaction.

Photogray Extra (PGX) lenses can be considered only when the prior approval form is accompanied by documentation of medical necessity. Recipients with no medical reason for photochromatic lenses may choose to purchase PGX or Transition lenses directly from the optical provider as a private pay transaction. The optical provider must supply the lenses through the optical provider's private or wholesale lab. The contractor lab will no longer bill the provider for photochromatic lenses that are not approved by the DMA or Electronic Data Systems (EDS).

Tints will be considered for approval only when the prior approval form is accompanied by documentation of medical necessity. Recipients with no medical reason for a tint may choose to purchase a tint directly from the optical provider as a private pay transaction. The optical provider must supply such tints through the optical provider's private or wholesale lab. The contractor lab will no longer bill the optical provider for tints that are not approved by DMA/EDS.

* With any non-covered service, the provider must inform the recipient prior to the transaction, that Medicaid will not pay for the service and that the cost of the service is the responsibility of the recipient. The provider may obtain a deposit or full payment for any non-covered services.

The Visual Services Program supplies both frame and lenses for Medicaid recipients. Recipients may use their **own frame** only when the PA is accompanied by documentation of medical necessity (e.g., only one lens being changed, facial anomaly/deformity, etc). Each case will be reviewed on an individual basis. If a recipient chooses to purchase a frame from the optical provider that is not in the Medicaid selection, the recipient must purchase the lenses from the optical provider as well. The complete pair of glasses will be a private pay transaction between the optical provider and recipient.

Medicaid Frame Selection Update

The updated Medicaid frame selection is listed below. Deleted and discontinued frames still available from the frame the frame manufacturer will continue to be supplied through the contractor lab for warranty frame replacements.

Vendor	Style	Vendor	Style
HART SPEC.	**LG 9034**	EYE-Q	**Cooper**
	LG 7049		**Janet**
	LG 7041		**Syrell**
	LG 7013		**Russell**
	LG 6021		**Kevin**
	LG 5004		**Bill**
	BLVD 4017		
	BLVD 3014		**Q909**

Vendor	Style	Vendor	Style
	BLVD 1201		**Dan**

	BLVD 4044		**Kristy**
	MS 876		
	MS 404		
	MS 403	CRISS	**Apollo**
	MS 415		**Yank**
	MS OVERLOOK		
IDEALOPTICS	**K04**	ART CRAFT	**Leading Lady**
	709		**Clubman**
	802		
	7035	LIMITED EDITIONS	**Santa Fe**
	7052		**Oretha** **Panda**

The contractor lab will supply only new frames for DMA/EDS approved eyeglasses and warranty frame replacements. Frames for provider's fitting kits and recipient purchase must be ordered by the optical provider directly from the frame manufacturers listed below. In order to obtain frames, simply call the appropriate telephone number and identify yourself as a North Carolina Medicaid provider. The telephone staff members are prepared to assist providers with frame orders.

ART SPECIALTY	1-800-221-6966
IDEALOPTICS (ask for Lorna Stephens)	1-800-758-6249
EYE-Q	1-800-403-3937
CRISS (ask for Kitsy)	1-919-469-1623
LIMITED EDITIONS	1-800-826-9759
ART CRAFT	1-800-828-8288

Updated Frame Information Sheets will be mailed to each provider office from the contractor lab (Criss, Art Craft, and Limited Editions) and the frame manufacturers (Hart, Idealoptics, and Eye-Q) in May 1999.

Ronda Owen, Medical Policy
DMA, 919-857-4038

Attention: All Providers

Explanation of Benefits (EOBs) that do not Require Adjustment Processing

When you receive one of the following EOBs and feel it is in error, please do not appeal by submitting an adjustment request. When adjustments are submitted for these EOB denials, they 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." (Last Revision Date – 03/11/99)

0002	0105	0186	0290	0581	0797	0952	1177	2929	9218	9611
0003	0106	0187	0291	0584	0804	0953	1178	2930	9219	9614
0004	0108	0188	0292	0585	0805	0960	1181	2931	9220	9615
0005	0110	0189	0293	0586	0814	0967	1183	2944	9221	9625
0007	0111	0191	0294	0587	0817	0968	1184	3001	9222	9630
0009	0112	0194	0295	0588	0819	0969	1186	3002	9223	9631
0011	0113	0195	0296	0589	0820	0970	1197	3003	9224	9633
0013	0114	0196	0297	0590	0822	0972	1198	5001	9225	9642
0014	0115	0197	0298	0593	0823	0974	1232	5002	9226	9684
0017	0118	0198	0299	0604	0824	0986	1233	6703	9227	9801
0019	0120	0199	0316	0607	0825	0987	1275	6704	9228	9804
0023	0121	0200	0319	0609	0860	0988	1278	6705	9229	9806
0024	0122	0201	0325	0610	0863	0989	1307	6707	9230	9807
0025	0123	0202	0326	0611	0864	0990	1324	6708	9231	9919
0026	0126	0203	0327	0612	0865	0991	1350	8174	9232	9947
0027	0127	0204	0356	0616	0866	0992	1351	8175	9233	9993
0029	0128	0205	0363	0620	0867	0995	1355	8326	9234	
0033	0129	0206	0364	0621	0868	0997	1380	8327	9235	
0034	0131	0207	0394	0622	0869	0998	1381	8400	9236	
0035	0132	0208	0398	0626	0875	1001	1382	8401	9237	
0036	0133	0210	0424	0635	0888	1003	1400	8901	9238	
0038	0134	0211	0425	0636	0889	1008	1442	8902	9239	
0039	0135	0213	0426	0641	0898	1022	1443	8903	9240	
0040	0138	0215	0427	0642	0900	1023	1502	8904	9241	
0041	0139	0217	0428	0661	0905	1035	1506	8905	9242	
0046	0141	0219	0430	0662	0908	1036	1513	8906	9243	
0047	0143	0220	0435	0663	0909	1037	1866	8907	9244	
0049	0144	0221	0438	0665	0910	1038	1868	8908	9245	
0050	0145	0222	0439	0666	0911	1043	1873	8909	9246	
0051	0149	0223	0452	0668	0912	1045	1944	9036	9247	
0057	0151	0226	0462	0669	0913	1046	1949	9101	9248	
0058	0153	0227	0465	0670	0916	1047	1956	9102	9249	
0062	0154	0235	0505	0671	0917	1048	1999	9103	9250	
0063	0155	0236	0511	0672	0918	1049	2024	9104	9251	
0065	0156	0237	0513	0673	0919	1050	2027	9105	9252	
0067	0157	0240	0516	0674	0920	1057	2236	9106	9253	
0068	0158	0241	0523	0675	0922	1058	2237	9174	9254	
0069	0159	0242	0525	0676	0925	1059	2238	9175	9256	
0074	0160	0244	0529	0677	0926	1060	2335	9180	9257	
0075	0162	0245	0536	0679	0927	1061	2911	9200	9258	
0076	0163	0246	0537	0680	0929	1062	2912	9201	9259	
0077	0164	0247	0548	0681	0931	1063	2913	9202	9260	
0078	0165	0249	0553	0683	0932	1064	2914	9203	9261	
0079	0166	0250	0556	0685	0933	1078	2915	9204	9263	
0080	0167	0251	0557	0688	0934	1079	2916	9205	9264	
0082	0170	0253	0558	0689	0936	1084	2917	9206	9265	
0084	0171	0255	0559	0690	0940	1086	2918	9207	9266	
0085	0172	0256	0560	0691	0941	1087	2919	9208	9267	
0089	0174	0257	0569	0698	0942	1091	2920	9209	9268	
0093	0175	0258	0572	0698	0943	1092	2921	9210	9269	
0094	0176	0270	0574	0732	0944	1140	2922	9211	9272	
0095	0177	0279	0575	0734	0945	1141	2923	9212	9273	
0100	0179	0282	0576	0735	0946	1142	2924	9213	9274	
0101	0181	0283	0577	0749	0947	1152	2925	9214	9275	
0102	0182	0284	0578	0755	0948	1154	2926	9215	9291	
0103	0183	0286	0579	0760	0949	1170	2927	9216	9295	
0104	0185	0289	0580	0777	0950	1175	2928	9217	9600	

Attention: Home Health Agencies and Private Duty Nursing Providers

Home Health Medical Supplies Fee Schedule in the 1/99 Reprint of the Community Care Manual

Enteral-related tubing items were inadvertently omitted from the home health medical supplies fee schedule in Appendix C-3 of the 1/99 reprint of the Community Care Manual. The following items were added to the fee schedule effective with date of service October 1, 1998:

HCPCS Code	Billing Description	Billing Unit	Maximum Rate/Unit
B4081	Nasogastric tubing with stylet	each	$19.78
B4082	Nasogastric tubing without stylet	each	$14.73
B4083	Stomach tubing – Levine type	each	$ 2.25
B4084	Gastrostomy/jejunostomy tubing	each	$17.03

Providers must bill their usual and customary charges.

Dot Ling, Medical Policy
DMA, 919-857-4021

Attention: All Providers Providing Laboratory Services

CLIA "Waived Tests"

Under the Clinical Laboratory Improvement Amendments of 1988, all laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment, or for assessment of the health of a human being must meet certain requirements to perform the examination. No person may solicit or accept materials derived from the human body for laboratory examination or other procedure unless the laboratory has registered with Clinical Laboratory Improvement Amendments (CLIA) and obtained a certification level.

Many of the requirements are based on the complexity of the tests performed. Laboratory certificates are determined by the level of tests the provider performs, waived tests, moderate tests, or high complexity tests.

"Waived tests" are test systems that must be simple laboratory examinations and procedures that have an insignificant risk of an erroneous result. These waived tests have been approved by the FDA, and employ simple and accurate methodologies to avoid erroneous results. They pose no reasonable risk of harm to the patient if performed incorrectly.

The category of waived tests includes several routine laboratory tests, such as urinalysis, fecal occult blood, urine pregnancy tests, hemoglobin and spun microhematocrit. However, included in the list of "waived tests" are several tests normally classified as moderate level tests that, when performed by a certain manufacturer's test system, waived status is granted. HCFA created modifier QW to indicate that the manufacturer's test system meets the requirements of a CLIA waived test by criteria presented in 42 CFR 493. These codes must have modifier QW appended to be recognized as waived tests.

The following is the most current list of tests granted waived status under CLIA. Those tests designated as "pending" are under review for waived status. Approval has not yet been obtained by the Center for Disease Control. (Updates can be found at HCFA web site http://www/hcfa.gov/medicaid/clia/waivetbl.htm)

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

TESTS GRANTED WAIVED STATUS UNDER CLIA
Revised 02/01/1999

TEST NAME	MANUFACTURER	CPT CODE(S)	USE
Dipstick or tablet reagent urinalysis - non-automated for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, and urobilinogen	Various	81002	Screening of urine to monitor/diagnose various diseases/conditions, such as diabetes, the state of the kidney or urinary tract, and urinary tract infections
Fecal occult blood	Various	82270	Detection of blood in feces from whatever cause, benign or malignant (colorectal cancer screening)
Urine pregnancy tests by visual color comparison	Various	81025	Diagnosis of pregnancy
Erythrocyte sedimentation rate - non-automated	Various	85651	Nonspecific screening test for inflammatory activity, increased for majority of infections, and most cases of carcinoma and leukemia
Hemoglobin by copper sulfate - non-automated	Various	83026	Monitors hemoglobin level in blood
Blood glucose by glucose monitoring devices cleared by the FDA for home use	Various	82962	Monitoring of blood glucose levels
Blood count; spun microhematocrit	Various	85013	Screen for anemia
Hemoglobin by single instrument with self-contained or component features to perform specimen/reagent interaction, providing direct measurement and readout	HemoCue	85018QW (effective 10/1/96)	Monitors hemoglobin level in blood (HCPCS code Q0116 should be discontinued for this test 9/30/96)
HemoCue B-Glucose Photometer	HemoCue	82947QW, 82950QW, 82951QW, 82952QW (effective 10/1/96)	Diagnosis and monitoring of blood glucose levels (HCPCS codes G0055, G0056 and G0057 should be discontinued for this test 9/30/96)
ChemTrak AccuMeter	ChemTrak	82465QW	Cholesterol monitoring
Advanced Care	Johnson & Johnson	82465QW	Cholesterol monitoring
Boehringer Mannheim Chemstrip Micral	Boehringer Mannheim	82044QW	Monitors low concentrations of albumin in urine which is helpful for early detection in patients at risk for renal disease

TESTS GRANTED WAIVED STATUS UNDER CLIA
Revised 02/01/1999

TEST NAME	MANUFACTURER	CPT CODE(S)	USE
Cholestech LDX	Cholestech	82465QW, 83718QW, 84478QW, 82947QW, 82950QW, 82951QW, 82952QW, 80061QW	Measures total cholesterol, HDL cholesterol, triglycerides and glucose levels in whole blood
Serim Pyloritek Test Kit	Serim	87072QW	Presumptive identification of *Helicobacter pylori* in gastric biopsy tissue, which has been shown to cause chronic active gastritis (ulcers)
QuickVue In-Line One-Step Strep A Test	Quidel	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
Boehringer Mannheim Accu-Chek InstantPlus Cholesterol	Boehringer Mannheim	82465QW	Cholesterol monitoring
All qualitative color comparison pH testing - body fluids (other than blood)	Various	83986QW	pH detection (acid-base balance) in body fluids such as semen, amniotic fluid and gastric aspirates
SmithKline Gastroccult	SmithKline	82273QW	Rapid screening test to detect the presence of gastric occult blood
QuickVue One-Step H. Pylori Test for Whole Blood	Quidel	86318QW	Immunoassay for rapid, qualitative detection of IgG antibodies specific to *Helicobacter pylori* in whole blood.
Binax NOW Strep A Test	Binax	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
Delta West CLOtest	Delta West - Tri-Med Specialties	87072QW	Presumptive identification of *Helicobacter pylori* in gastric biopsy tissue, which has been shown to cause chronic active gastritis (ulcers)
Wampole STAT-CRIT Hct	Wampole Laboratories	85014QW	Screen for anemia

TESTS GRANTED WAIVED STATUS UNDER CLIA
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TEST NAME	MANUFACTURER	CPT CODE(S)	USE
SmithKline Diagnostics FlexSure HP Test for IgG Antibodies to H. pylori in Whole Blood	SmithKline Diagnostics, Inc.	86318QW	Immunoassay for rapid, qualitative detection of IgG antibodies specific to *Helicobacter pylori* in whole blood
Wyntek Diagnostics OSOM Strep A Test	Wyntek Diagnostics, Inc	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
GI Supply HP-FAST	Mycoscience Labs, Inc.	87072QW	Presumptive identification of *Helicobacter pylori* in gastric biopsy tissue, which has been shown to cause chronic active gastritis (ulcers)
Abbott FlexPak HP Test for whole blood	Abbott Laboratories	86318QW	Immunoassay for rapid, qualitative detection of IgG antibodies specific to *Helicobacter pylori* in whole blood
Chemtrak AccuMeter - H. pylori Test (for whole blood)	ChemTrak	Pending	Immunoassay for rapid, qualitative detection of IgG antibodies specific to *Helicobacter pylori* in whole blood
BioStar Acceava Strep A Test (direct specimen only)	Wyntek Diagnostics, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
LXN Fructosamine Test System	LXN Corporation	82985QW	Used to evaluate diabetic control, reflecting diabetic control over a 2-3 week period. Not a useful test for screening diabetes mellitus.
ITC Protime Microcoagulation System for Prothrombin Time	International Technidyne Corporation (ITC)	85610QW	Aid in screening for congenital deficiencies of factors II, V, VII, X; screen for deficiency of prothrombin; evaluate heparin effect, coumarin or warfarin effect; screen for vitamin K deficiency.

TESTS GRANTED WAIVED STATUS UNDER CLIA
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TEST NAME	MANUFACTURER	CPT CODE(S)	USE
CoaguChek PST for Prothrombin Time	Boehringer Mannheim Corporation	85610QW	Aid in screening for congenital deficiencies of factors II, V, VII, X; screen for deficiency of prothrombin; evaluate heparin effect, coumarin or warfarin effect; screen for vitamin K deficiency.
SmithKline ICON Fx Strep A Test (from throat swab only)	Binax	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
Abbott Signify Strep A Test - (from throat swab only)	Wyntek Diagnostics, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
Bayer Clinitek 50 Urine Chemistry Analyzer - qualitative dipstick for glucose, bilirubin, ketone, specific gravity, blood, pH, protein, urobilinogen, nitrite, leukocytes - automated	Bayer	81003QW	Screening of urine to monitor/diagnose various diseases/conditions, such as diabetes, the state of the kidney or urinary tract, and urinary tract infections
Bayer DCA 2000- glycosylated hemoglobin (Hgb A1c)	Bayer	83036QW	Measures the percent concentration of hemoglobin A1c in blood, which is used in monitoring the long-term care of people with diabetes
Wampole Mono-Plus WB	Wampole Laboratories	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
LXN Duet Glucose Control Monitoring System	LXN Corporation	82962 82985QW	Monitoring of blood glucose levels and measures fructosamine which is used to evaluate diabetic control, reflecting diabetic control over a 2-3 week period.
ENA.C.T Total Cholesterol Test	ActiMed Laboratories, Inc.	82465QW	Cholesterol monitoring

TESTS GRANTED WAIVED STATUS UNDER CLIA
Revised 02/01/1999

TEST NAME	MANUFACTURER	CPT CODE(S)	USE
Genzyme Contrast Mono (whole blood)	Genzyme Diagnostics	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
Applied Biotech SureStep Strep A (II) (direct from throat swab)	Applied Biotech, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
STC Diagnostics Q.E.D. A150 Saliva Alcohol Test	STC Technologies Inc.	Pending	Qualitative determination of alcohol (ethanol) in saliva
STC Diagnostics Q.E.D. A350 Saliva Alcohol Test	STC Technologies Inc.	Pending	Qualitative determination of alcohol (ethanol) in saliva
Micro Diagnostics Spuncrit Model DRC-40 Infrared Analyzer for hematocrit	Micro Diagnostics Corporation	Pending	Screen for anemia
Chemstrip Mini UA - qualitative dipstick for glucose, bilirubin, ketone, specific gravity, blood, pH, protein, urobilinogen, nitrite, leukocytes - automated	Boehringer Mannheim Corporation	81003QW	Screening of urine to monitor/diagnose various diseases/conditions, such as diabetes, the state of the kidney or urinary tract, and urinary tract infections
Litmus Concepts FemExam TestCard (from vaginal swab)	Litmus Concepts, Inc.	84999QW	Qualitative test of a vaginal fluid sample for elevated pH (pH greater than or equal to 4.7) and the presence of volatile amines
Wyntek Diagnostics OSOM Mono Test (whole blood)	Wyntek Diagnostics, Inc.	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
Meridian Diagnostics ImmunoCard STAT Strep A (direct from throat swab)	Applied Biotech, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever

TESTS GRANTED WAIVED STATUS UNDER CLIA
Revised 02/01/1999

TEST NAME	MANUFACTURER	CPT CODE(S)	USE
Seradyn Color Q Mono (whole blood)	Genzyme Diagnostics	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
Jant Pharmacal AccuStrip Strep A (II) (direct from throat swab)	Applied Biotech, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
BioStar Acceava Mono Test (whole blood)	Wyntek Diagnostics, Inc.	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
LifeSign UniStep Mono Test (whole blood)	Princeton BioMeditech Corp.	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
Becton Dickinson LINK 2 Strep A Rapid Test (direct from throat swab)	Applied Biotech, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever
DynaGen NicCheck I Test Strips	Dynagen, Inc.	80101QW	Detects nicotine and/or its metabolites in urine, which is used as an aid in indicating the smoking status of an individual and as an aid in the identification of a smoker as a low or high nicotine consumer
Mainline Confirms Strep A Dots Test (direct from throat swab)	Applied Biotech, Inc.	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever

TESTS GRANTED WAIVED STATUS UNDER CLIA
Revised 02/01/1999

TEST NAME	MANUFACTURER	CPT CODE(S)	USE
Quidel Cards O.S. Mono (for whole blood)	Quidel Corporation	86308QW	Qualitative screening test for the presence of heterophile antibodies in human whole blood, which is used as an aid in the diagnosis of infectious mononucleosis
*Bayer Clinitek 50 Urine Chemistry Analyzer - for HCG, urine	Bayer Corporation	84703QW	Diagnosis of pregnancy.
*Bayer Clinitek 50 Urine Chemistry Analyzer - for microalbumin, creatinine	Bayer Corporation	82044QW	Detection of patients at risk for developing kidney damage.
*Bayer DCA 2000+ - glycosylated hemoglobin (Hgb Alc)	Bayer Corporation	83036QW	Measures the percent concentration of hemoglobin Alc in blood, which is used in monitoring the long-term care of people with diabetes.
*GDS Diagnostics HemoSite Meter - for hemoglobin	GDS Technology, Inc.	85018QW	Measures hemoglobin level in whole blood.
*ActiMed Laboratories ENA.C.T. Total Cholesterol Test (PDU)	ActiMed Laboratories, Inc.	82465QW	Cholesterol monitoring
*Genzyme Contrast Strep A (direct from throat swab)	Genzyme Diagnostics	86588QW	Rapidly detects Group A streptococcal (GAS) antigen from throat swabs and used as an aid in the diagnosis of GAS infection which typically causes strep throat, tonsillitis and scarlet fever.

*** Newly-added waived test system**

Attention: All Providers of Psychiatric Services

Termination of Carolina Alternatives (CA)

The Division of Medical Assistance (DMA) and The Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) have notified HCFA that the Carolina Alternatives Program was terminated effective March 1, 1999. The requested transition period ends June 30, 1999. This period will allow a seamless transition back to the fee-for-service method of billing in the 32 counties previously included under the Carolina Alternatives (CA) waiver.

Hospitals currently using First Mental Health (FMH) for pre-admission and concurrent review will need to contact FMH for children who are eligible in a former CA county. For Carolina Alternatives children already in the hospital on June 30, 1999, hospitals will need FMH approval for continued stay effective July 1, 1999.

Effective July 1, 1999, the area mental health centers will continue to provide outpatient services but will no longer receive capitation payments. Reimbursement will be made for retroactive eligibles using a fee-for-service method. The area mental health centers may continue to contract with external providers to promote continuity of care and avoid disruptions in treatment.

Physicians, Ph.D., and Masters-level Psychologists employed by physicians and who are not employed by area mental health centers will need to submit a "Request for Prior Approval Psychiatric Outpatient" form for prior approval for any outpatient care following the second visit. (Note: Telephone PA is not given for psychotherapy). The completed and signed request form should be mailed to:

EDS
ATTN: Prior Approval
P.O. Box 31188
Raleigh, NC 27622

Social Workers, Licensed Professional Counselors and Independent Psychologists cannot enroll as Medicaid providers. These mental health professionals will need to contract with their area mental health center to provide services to Medicaid recipients.

If there are questions, please contact Carolyn Wiser, RN or Callie Silver, RN at 919-857-4025.

Attention: Carolina ACCESS Providers

Carolina ACCESS Expectations of Primary Care Providers

Carolina ACCESS Primary Care Providers (PCPs) are responsible for coordinating the care of enrollees listed on their monthly enrollment report. New patients enrolled with the practice may not have an established medical record with the practice before requiring medical care.

Carolina ACCESS PCPs are expected to do the following:

- Be available for telephone consultation with new patients as well as established patients.
- Make decisions about payment authorization for (1) non-emergent services provided after hours in the emergency room, (2) specialty care services, and/or (3) hospitalizations, based on clinical judgment and not solely on the basis of not having had prior contact with the enrollee.
- Give payment authorization for appropriate continuation of care with a specialist until the case can be reviewed.
- Encourage new enrollees to establish a medical record.
- Make appointments available in a timely manner for the enrollee to make an initial visit.

DMA appreciates the Carolina ACCESS PCPs' continuing commitment to the Carolina ACCESS program. Please call the Quality Management staff at 1-800-228-8142 if there are questions regarding these responsibilities.

Attention: All Providers

New Advance Directives Brochure

The updated DMA brochure summarizing the North Carolina State law on advance directives follows this article. Included are the new changes in the state law regarding Health Care Power of Attorney and the Advance Instruction for Mental Health Treatment. The document is in a format that can easily be photocopied and folded into a four-page brochure.

Under the federal Patient Self-Determination Act, hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, health maintenance organizations and health insuring organizations must distribute information on advance directives (such as that contained in the DMA brochure) to patients 18 years and older.

The brochure is two pages, should be photocopied on the front and back of one sheet of paper and folded in half to form a four-page brochure. Prior to distributing the brochure, the provider must indicate in the box on the last page of the brochure a contact for the patient to obtain more information. Providers are expected to photocopy and distribute the brochure **as is.** If providers choose to alter the document graphically, they **may not** change or delete text, or the order of the paragraphs. In addition, a provider-published brochure must include the NC DHHS logo and production statement on page four of the folded brochure.

Steve Suttles, Medical Policy
DMA, 919-857-4246

Doctor and each health care agent you named of the change. You can cancel your advance instruction for mental health treatment while you are able to make and make known your decisions, by telling your doctor or other provider that you want to cancel it.

Whom should I talk to about an advance directive?

You should talk to those closest to you about an advance directive and your feelings about the health care you would like to receive. Your doctor or health care provider can answer medical questions. A lawyer can answer questions about the law. Some people also discuss the decision with clergy or other trusted advisors.

Where should I keep my advance directive?

Keep a copy in a safe place where your family members can get it. Give copies to your family, your doctor or other health/mental health care provider, your health care agent, and any close friends who might be asked about your care should you become unable to make decisions.

What if I have an advance directive from another state?

An advance directive from another state may not meet all of North Carolina's rules. To be sure about this, you may want to make an advance directive in North Carolina too. Or you could have your lawyer review the advance directive from the other state.

Where can I get more information?

Your health care provider can tell you how to get more information about advance directives by contacting:

This document was developed by the North Carolina Division of Medical Assistance in cooperation with the Department of Human Resources Advisory Panel on Advance Directives 1991. Revised 1999.

Medical Care Decisions and Advance Directives
<u>What You Should Know</u>

What are My Rights?

Who decides about my medical care or treatment?

If you are 18 or older and have the capacity to make and communicate health care decisions, you have the right to make decisions about your medical/mental health treatment. You should talk to your doctor or other health care provider about any treatment or procedure so that you understand what will be done and why. You have the right to say yes or no to treatments recommended by your doctor or mental health provider. If you want to control decisions about your health/mental health care even if you become unable to make or to express them yourself, you will need an "advance directive."

What is an "advance directive"?

An advance directive is a set of directions you give about the health/mental health care you want if you ever lose the ability to make decisions for yourself. North Carolina has three ways for you to make a formal advance directive. One way is called a "living will"; another is called a "health care power of attorney"; and another is called an "advance instruction for mental health treatment."

Do I have to have an advance directive and what happens if I don't?

Making a living will, a health care power of attorney or an advance instruction for mental health treatment is your choice. If you become unable to make your own decisions; and you have no living will, advance instruction for mental health treatment, or a person named to make medical/mental health decisions for you ("health care agent"), your doctor or health/mental health care provider will consult with someone close to you about your care.

Living Will

What is a living will?

In North Carolina, a living will is a document that tells others that you want to die a natural death if you are terminally and incurably sick or in a persistent vegetative state from which you will not recover. In a living will, you can direct your doctor not to use heroic treatments that would delay your dying, for example by using a breathing machine ("respirator" or "ventilator"), or to stop such treatments if they have been started. You can also direct your doctor not to begin or to stop giving you food and water through a tube ("artificial nutrition or hydration").

Health Care Power of Attorney

What is a health care power of attorney?

In North Carolina, you can name a person to make medical/mental health care decisions for you if you later become unable to decide yourself. This person is called your "health care agent." In the legal document you name who you want your agent to be. You can say what medical treatments/mental health treatments you would want and what you would not want. Your health care agent then knows what choices you would make.

How should I choose a health care agent?

You should choose an adult you trust and discuss your wishes with the person before you put them in writing.

Advance Instruction for Mental Health Treatment

What is an advance instruction for mental health treatment?

In North Carolina, an advance instruction for mental health treatment is a legal document that tells doctors and health care providers what mental health treatments you would want and what treatments you would not want, if you later become unable to decide yourself. The designation of a person to make your mental health care decisions, should you be unable to make them yourself, must be established as part of a valid Health Care Power of Attorney.

Other Questions

How do I make an advance directive?

You must follow several rules when you make a formal living will, health care power of attorney or an advance instruction for mental health treatment. These rules are to protect you and ensure that your wishes are clear to the doctor or other provider who may be asked to carry them out. A living will, a health care power of attorney and an advance instruction for mental health treatment must be written and signed by you while you are still able to understand your condition and treatment choices and to make those choices known. Two qualified people must witness all three types of advance directives. The living will and the health care power of attorney also must be notarized.

Are there forms I can use to make an advance directive?

Yes. There is a living will form, a health care power of attorney form and an advance instruction for mental health treatment form that you can use. These forms meet all of the rules for a formal advance directive. Using the special form is the best way to make sure that your wishes are carried out.

When does an advance directive go into effect?

A living will goes into effect when you are going to die soon and cannot be cured, or when you are in a persistent vegetative state. The powers granted by your health care power of attorney go into effect when your doctor states in writing that you are not able to make or to make known your health care choices. When you make a health care power of attorney, you can name the doctor or mental health provider you would want to make this decision. An advance instruction for mental health treatment goes into effect when it is given to your doctor or mental health provider. The doctor will follow the instructions you have put in the document, except in certain situations, after the doctor determines that you are not able to make and to make known your choices about mental health treatment. After a doctor determines this, your Health Care Power of Attorney may make treatment decisions for you.

What happens if I change my mind?

You can cancel your living will anytime by informing your doctor that you want to cancel it and destroying all the copies of it. You can change your health care power of attorney while you are able to make and make known your decisions, by signing another one and telling your

Attention: Ambulance Providers

Ambulance Seminar Schedule

Seminars for Ambulance providers will be held in June 1999. Business office managers, Medicaid billing supervisors, and other billing personnel should plan to attend. Technicians and drivers are also invited to attend. These seminars will focus on Medicaid guidelines for ambulance services, including covered and noncovered transports, and follow-up of denied claims.

Note: **Providers should bring their 1995 issue of the Ambulance Manual to the workshop for reference. Additional manuals will be available for purchase at $5.00.**

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

Directions are available on page 31 of this bulletin.

Tuesday, June 1, 1999
Ramada Inn
3050 University Parkway
Winston-Salem, NC

Tuesday, June 15, 1999
Four Points Sheraton
(Previously known as Howard Johnson)
5032 Market Street
Wilmington, NC

Wednesday, June 23, 1999
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Park Medical Plaza

Wednesday, June 30, 1999
A-B Technical College
340 Victoria Road
Asheville, NC
Laurel Auditorium

(cut and return registration form only)

Ambulance Provider Seminar Registration Form

(No Fee)

Provider Name ______________________________ Provider Number ______________________________

Address ______________________________ Contact Person ______________________________

City, Zip Code ______________________________ County ______________________________

Telephone Number ______________________________ Date ______________________________

_____ persons will attend the seminar at ________________________ on ___________________________
(location) (date)

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

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Attention: Health Check Providers (excluding Health Department) Changes in Billing

Health Check Seminar Schedule

Seminars for Health Check providers will be held in June 1999. This seminar will focus on billing changes, program coverage, coding, free vaccine program, and follow-up on common denials. Medicaid billing supervisors, office managers, and billing personnel are encouraged to attend.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars are scheduled from 10:00 a.m. to 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Preregistration is strongly recommended**.

Directions are available on page 31 of this bulletin.

Thursday, June 3, 1999
Ramada Inn
I-85 & 62 South
2703 Ramada Road
Burlington, NC

Friday, June 4, 1999
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Tuesday, June 8, 1999
Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Wednesday, June 9, 1999
Four Points Sheraton
5032 Market Street
Wilmington, NC

Tuesday, June 15, 1999
Wake MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Tuesday, June 29, 1999
A-B Technical College
340 Victoria Road
Asheville, NC
Laurel Auditorium

(cut and return registration form only)

Health Check Provider Seminar Registration Form
(No Fee)

Provider Name ____________________ Provider Number ____________________

Address ____________________ Contact Person ____________________

City, Zip Code ____________________ County ____________________

Telephone Number ____________________ Date ____________________

_____ persons will attend the seminar at ____________________ on ____________________
(location) (date)

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

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Attention: Rural Health Centers (RHC) and Federally Qualified Health Center (FQHC) Providers

Individual Visits

EDS is offering individual provider visits for RHC/FQHC providers. Please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit and discuss the type of issues to be addressed.

(cut and return registration form only)

....

RHC/FQHC Provider Visit Request Form
(No Fee)

Provider Name____ Provider Number_________________

Address ____ Contact Person_______________________

City, Zip Code____ County _________________________

Telephone Number______________________________________ Date ___________________________

List any specific issues you would like us to address in the space provided below.

____

____

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

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

Attention: Nursing Facility Providers

Nursing Facility Seminars

Nursing Facility seminars will be held in July 1999. The June Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

____

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

Attention: Chiropractic Providers

Individual Visits

EDS is offering individual provider visits for chiropractic providers. Please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit and discuss the type of issues to be addressed.

(cut and return registration form only)

....

Chiropractic Provider Visit Request Form

(No Fee)

Provider Name____ Provider Number___________________

Address ____ Contact Person__________________________

City, Zip Code____ County ____________________________

Telephone Number____ Date ______________________________

List any specific issues you would like us to address in the space provided below.

____

____

____

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

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

Directions to the Ambulance and Health Check Seminars

The Registration forms for the Ambulance and Health Check workshops are on pages 25 &27 of this bulletin.

WILLIAMSTON, NORTH CAROLINA

MARTIN COMMUNITY COLLEGE
Friday, June 4, 1999 – Health Check

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

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON
(Previously known as the Howard Johnson Plaza)
Tuesday, June 15, 1999 – Ambulance
Wednesday, June 9, 1999 – Health Check

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn left onto Market Street and the Four Points Sheraton *(Previously known as the Howard Johnson Plaza)* is located on the left.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER
Wednesday, June 23, 1999 – Ambulance
Tuesday, June 15, 1999 – Health Check

Directions to the Parking Lot:

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 to the conference facility. Vehicles will be towed if not parked in appropriate parking spaces designated for the Conference Center.

Directions to the MEI Conference Center from Parking Lot:

Cross the street and ascend steps from sidewalk up to Wake County Health Department. Cross Health Department parking lot and ascend steps with a blue handrail to MEI Conference Center. Entrance doors at left.

ASHEVILLE, NORTH CAROLINA

A-B TECHNICAL COLLEGE
Wednesday, June 30, 1999 – Ambulance
Tuesday, June 29, 1999 – Health Check

Directions to the College: I-40 to Exit 50. Head North on Hendersonville Road which turns into Biltmore Avenue. Continue on Biltmore Avenue towards Memorial Mission Hospital. Turn left onto Victoria Road.

Campus: Stay on Victoria Road until you see the Holly Building located on the right. Turn right between the Holly Building and the Simpson Building and the Laurel Building/Auditorium is located on the right behind the Holly Building.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA
Tuesday, June 1, 1999 – Ambulance

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

BURLINGTON, NORTH CAROLINA

RAMADA INN
Thursday, June 3, 1999 - Health Check Seminar

I-40 to Exit 143. At the first stoplight make a left on Ramada Road. The Ramada Inn is located at the top of the hill.

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE
Tuesday, June 8, 1999 - Health Check Seminar

Take I-40 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.

Checkwrite Schedule

May 4, 1999	June 8, 1999	July 7, 1999
May 11, 1999	June 15, 1999	July 13, 1999
May 18, 1999	June 24, 1999	July 22, 1999
May 27, 1999		

Electronic Cut-Off Schedule *

April 30, 1999	June 4, 1999	July 2, 1999
May 7, 1999	June 11, 1999	July 9, 1999
May 14, 1999	June 18, 1999	July 16, 1999
May 21, 1999		

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

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

James R. Clayton
Executive Director
EDS

P.O. Box 30968
Raleigh, North Carolina 27622

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