



# 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 Tuesday, July 4, 2000, in observance of Independence Day.

**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.***

## Attention: All Providers

# Sterilization Guidelines

The North Carolina Medicaid program is bound by stringent Federal guidelines in regard to coverage of sterilization procedures. Federal funding is available for an individual to be sterilized only if the following guidelines contained in 42 CFR 441.253 are met:

1. The individual is at least 21 years old at the time the sterilization consent is obtained.
2. The individual is not a mentally incompetent individual.
3. At least 30 days, but not more than 180 days have passed between the date of informed consent and the date of the sterilization except under the following circumstances:
  - Premature delivery** - Informed consent must be given at least 30 days before the expected date of delivery and at least 72 hours must have passed since the informed consent was given
  - Emergency abdominal surgery** - At least 72 hours must have passed since the informed consent was given
4. The individual has voluntarily given informed consent in accordance with all the requirements prescribed in 42 CFR 441.257 and 441.258. The individual must be:
  - Given an opportunity to ask and receive answers to questions concerning the procedure and provided a copy of the consent form
  - Advised that sterilization consent may be withdrawn at any time before the sterilization procedure without affecting the right to future care or treatment and without loss of or withdrawal of any federally funded program benefits to which the recipient might otherwise be entitled
  - Counseled in alternative methods of family planning and birth control
  - Advised that the sterilization procedure is considered to be irreversible
  - Provided a thorough explanation of the specific sterilization procedure to be performed
  - Provided a full description of the possible discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used
  - Provided a full description of the benefits or advantages that may be expected as a result of the sterilization
  - Provided suitable arrangements to insure that information is effectively communicated if the recipient is blind, deaf, or otherwise handicapped
  - Provided an interpreter if the recipient does not understand the language used on the consent form or the language used by the person obtaining consent
  - Permitted to have a witness of his or her choice present when the consent is obtained

The sterilization consent form is a federally mandated document. The form must be on file with the fiscal agent and all federal regulations pertaining to the completion of the form must be satisfied prior to payment of a sterilization claim. The consent form must be Health and Human Services and State approved.

The sterilization consent form is a three-copy form. The pink copy should be given to the recipient for their records, the physician should retain the yellow copy, and the white copy should be submitted to EDS. Consent forms may be obtained by calling EDS at 1-800-688-6696.

Local health departments may also obtain consent forms from the Department of Health and Human Services at:

N.C. DHHS  
Women’s Preventive Health Branch  
P.O. Box 29597  
Raleigh, NC 27626-0597  
COURIER # 56-20-11

If the recipient name on the claim and the name on the sterilization consent form is different, a signed name change statement that verifies the recipient whose name appears on the claim and consent are the same person, must be included (**refer to example below**).

**Reminders**

North Carolina Medicaid will not pay for sterilization reversals. If a judicial court orders a sterilization for a recipient who is a ward of the county and is mentally incompetent, the county is responsible for reimbursement for the sterilization.

**Name Change Statement (Example)**

<p>Elvis County Health Department 1 Graceland Drive Hound Dog, NC 22222</p>	<p>Medicaid ID Number: 912345678S</p>
<p>To Whom It May Concern:</p>	
<p>Mary Smith has changed her name to Mary Jones.</p>	
<p><i>Dr. Elvis</i> (Signature of representative at providers office is required)</p>	

**Diagnosis and Procedure Codes for Elective Sterilization**

The following codes are the only codes to be considered specifically for the purpose of elective sterilization:

- ICD-9 diagnosis for sterilization - V25.2
- CPT procedure code - 55250 (Vasectomy)
- CPT procedure code - W5075 (Sterilization)

**Sterilization Abbreviations**

The following abbreviations are acceptable on the sterilization consent form as a description of the type of sterilization procedure:

- BTF = Bilateral tubal fulguration
- BTS = Bilateral tubal sterilization
- BTC = Bilateral tubal cauterization
- BTL = Bilateral tubal ligation

HCFA clarification has also been given to use “tubal banding”, although it is not widely used.

## Guide for Completion of Sterilization Consent Form

Following is the list of fields included in the Federal consent form requirements for sterilization. All areas are required to be completed except area 9 (race). **Fields in bold print cannot be altered.** This guide will assist in correct completion of consent forms and should help to decrease the number of denials related to errors in completing the form.

1. Person or facility who provided information concerning sterilization
2. Type of sterilization procedure to be performed
3. Recipient date of birth (must be at least 21 years of age when the consent form is signed)
4. Name of recipient as it appears on the Medicaid ID card
5. The full name of the physician scheduled to do the surgery (abbreviations, initials, or "doctor on call" are unacceptable). May use "Physician on call of Jones OB GYN clinic"
6. Type of sterilization procedure to be performed
7. **Recipient's signature (must be dated) cannot be altered, traced over, or corrected**
8. **Date the consent form was signed (the date of the recipient's signature must be at least 30 days prior to the date of the sterilization). The 30 day count begins the day following the recipient's signature date**
9. Race and ethnicity (not required)
10. Language in which the form was read to the recipient, if an interpreter was used
11. **Signature of the interpreter**
12. **Signature date of the interpreter (same as # 8 and # 16)**
13. Name of recipient
14. Name of sterilization procedure
15. **Signature of person witnessing consent (must be dated see # 16)**
16. **Date (this date must be the same as the recipient signature date) Note: the doctor can also be the witness**
17. The full name and address of the facility, include street name and number, city, state, and zip code where the consent was obtained and witnessed
18. Name of recipient
19. Actual date of sterilization
20. Type of sterilization procedure performed
21. The box is to be checked if the delivery was premature (write the recipient's expected delivery date in the space provided)
22. The box is to be checked if emergency abdominal surgery was performed
23. Physician signature must be legible or name must be printed below the signature. (A signature stamp may be used)
24. Date must be on or after the date of service

CONSENT FORM MID # \_\_\_\_\_

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (1) [Name], When I first asked for (1) [Name] (doctor or clinic) the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) [Name]. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded program.

I am at least 21 years of age and was born on (3) [Date] Month Day Year

I, (4) [Name], hereby consent

of my own free will to be sterilized by (5) [Name] (doctor)

by a method called (6) [Name]. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed. I have received a copy of this form.

(7) [Signature] Date: (8) [Date] Month Day Year

You are requested to supply the following information, but it is not required:

- (9) Race and ethnicity designated (please check)
[ ] American Indian or Alaska Native
[ ] Black (not of Hispanic origin)
[ ] Hispanic
[ ] Asian or Pacific Islander
[ ] White (not of Hispanic origin)

INTERPRETER'S STATEMENT

(If an interpreter is provided to assist the individual to be sterilized) I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (10) [Language] language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(11) [Signature] (12) [Date]

372-116

Interpreter

White: PATIENT

Yellow: PHYSICIAN

Pink: STATE AGENCY

STATEMENT OF PERSON OBTAINING CONSENT

Before (13) [Date] signed the consent form, I explained to (14) [Name] (name of individual) the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

(15) [Signature] (16) [Date]

Signature of person obtaining consent

Date

(17) [Name]

Facility

Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (18) [Name] on (19) [Date] Name of individual to be sterilized Date of sterilization

(19 cont'd) [Name], I explained to him/her the nature of the operation (19 cont'd) [Name]

sterilization operation (20) [Name], the fact that (20) [Name] (specify type of operation)

it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at an any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- (21) [ ] Premature delivery
(22) [ ] Individual's expected date of delivery:
(22) [ ] Emergency abdominal surgery:

(describe circumstances):

(23) [Signature] (24) [Date]

Physician

Date

### Consent Form Completion Tips

- **Changed, altered, or traced over** recipient or witness signatures and/or dates are not acceptable on the consent form. Carefully review the consent form for any of these problems. If any problems are noted, the consent form must be voided and a **completely new consent form** initiated at that time. A new consent form cannot be initiated after the sterilization.
- **Inclusion of the EDC** (Estimated Date of Confinement) on the sterilization consent form often prevents unnecessary delays in processing the claim, and must be present in case of premature delivery or emergency abdominal surgery. The physician's signature must be dated *on or after* the date of service (procedure date). A signature stamp may be used. **Handwritten signatures must be legible or the name must be printed below the written signature.**
- In the case of **premature delivery**, the consent form must have been signed at least 30 days before the estimated date of delivery. If 30 days have not passed, there must be **at least 72 hours** between the signing of the consent form and the surgery. In these instances, place a check in box #21 and write the **date** the recipient was expected to deliver after the statement "individuals expected date of delivery".
- In the case of **emergency abdominal surgery**, there must be **at least 72 hours** between the signing of the consent form and the surgery.

### Interpreter Signature on Sterilization Consent Form

When telephone interpreter services are needed to complete the sterilization consent form for non-English speaking Medicaid recipients, the interpreter's signature, date of the interpreter's service, and the language used are required on the sterilization consent form. In lieu of getting the interpreter's signature on the sterilization consent form at the time the service is provided, the interpreter who explains the procedure by telephone may fax or mail the attestation of their interpreter services. Criteria for the faxed or mailed attestation are as follows:

- The wording of the attestation should be taken directly from the sterilization consent form.
- The interpreter must write his or her signature and the date the interpreter services were rendered on the attestation form.
- The date of the recipient, interpreter and witness signatures must all be the same.
- The attestation form must include the recipient's name as it appears on the Medicaid ID card as well as the Medicaid ID number.
- A copy of the attestation must be attached to the consent form when the provider submits the statement to EDS, the fiscal agent.
- The provider must maintain the original attestation document with the consent form in the patient's medical record.

**Submitting Sterilization Consents Without a Claim**

Sterilization consent forms may be submitted separately from the claim. The elimination of claim attachments allows electronic submission of claims.

When submitting a sterilization consent form separately from the claim, follow the instructions below:

- **Write the recipient’s Medicaid ID** in the upper right corner of the consent form. EDS must have the MID to enter the form into the system.
- **Verify** that all information on the form is correct
- **Mail the consent form** to :           EDS  
  PO Box 300012  
  Raleigh, NC 27622
- **Send only** sterilization consents submitted separately from the claim to PO Box 300012.

Upon receipt, EDS will review the consent to ensure adherence to federally mandated guidelines. Reviewed results will be entered into the EDS system.

- File claims electronically, or
- Mail paper claims submitted with or without a consent form to:

**(Physicians and Health  
Departments)**

EDS  
PO Box 30968  
Raleigh, NC 27622

**(Hospitals)**

EDS  
PO Box 300010  
Raleigh, NC 27622

- When denial EOB for sterilization claims request additional information, (i.e., records to verify a procedure code or verification of a date of service), the verification attachments must be submitted with a claim along with a copy of the valid consent.

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

# Attention: Hospital Providers

## Billing Sterilizations on UB-92

The North Carolina Medicaid program is regulated by stringent Federal guidelines concerning sterilizations. A valid consent form **must be on file** with EDS in order to allow a claim to be paid. When submitting a UB-92 claim form, list all charges with the appropriate revenue code in Form Locator 47 (total charges).

When a sterilization procedure is performed and there is **not** a valid consent on file, all charges related to the sterilization procedure must be entered in Form Locator 48, **“non-covered charges.”** Amounts indicated in Form Locator 48 will be deducted from the allowable payment. If these charges are not listed correctly under Form Locator 48, the entire claim will be denied.

A statement must be entered in Form Locator 84 stating the **“non-covered charges are for sterilization.”** Medicaid requires that all procedures provided to a recipient be listed under Form Locators 80 and 81, including the **non-covered** procedure codes.

Wellness Hospital 100 Asheville Lane Raleigh, NC 27601		3 PATIENT CONTROL NO	
5. PEO. TRF. NO.		6. STATEMENT COVER PERIOD	
		7. COVD 8. PCD 9. C-ID 10. L.P. # 11	
12. PATIENT NAME Mary Lamb		13. PATIENT ADDRESS 102 School Street, Florencewood, NC 25346	
14. BIRTH DATE 110158		15. SEX F	
16. ADMISSION DATE 020400		17. TIME OF DAY 20	
18. ICD-9-CM 19 01		19. MEDICAL RECORD NO 123456	
20. OCCURRENCE DATE		21. OCCURRENCE TIME	
22. OCCURRENCE DATE		23. OCCURRENCE TIME	
24. OCCURRENCE DATE		25. OCCURRENCE TIME	
26. VALUE CODES AMOUNT		27. VALUE CODES AMOUNT	
28. VALUE CODES AMOUNT		29. VALUE CODES AMOUNT	
30. VALUE CODES AMOUNT		31. VALUE CODES AMOUNT	
32. VALUE CODES AMOUNT		33. VALUE CODES AMOUNT	
34. VALUE CODES AMOUNT		35. VALUE CODES AMOUNT	
36. VALUE CODES AMOUNT		37. VALUE CODES AMOUNT	
38. VALUE CODES AMOUNT		39. VALUE CODES AMOUNT	
40. VALUE CODES AMOUNT		41. VALUE CODES AMOUNT	
42. VALUE CODES AMOUNT		43. VALUE CODES AMOUNT	
44. VALUE CODES AMOUNT		45. VALUE CODES AMOUNT	
46. VALUE CODES AMOUNT		47. VALUE CODES AMOUNT	
48. VALUE CODES AMOUNT		49. VALUE CODES AMOUNT	
40. ICD-9-CM 490		41. DESCRIPTION Ambul Surg	
42. HOPS/RATES		43. SERV DATE	
44. SERV UNITS		45. TOTAL CHARGES	
46. NON-COVERED CHARGES		47	
48		49	
50. PROVIDER NO Medicaid		51. PROVIDER NO 3490000	
52. PRIOR PAYMENTS		53. EST. AMOUNT DUE	
54		55	
56. INSURER'S NAME Mary Lamb		57. CERT. - SSN - MC - ID NO. 900000000q	
58. GROUP NAME		59. INSURANCE GROUP NO	
60		61	
62. TREATMENT AUTHORIZATION CODES		63. EMPLOYER NAME	
64		65	
66. EMPLOYER LOCATION		67	
68		69	
70. P.P. NO V252		71. ADM. DIAG. CODE 6639	
72. P.P. NO		73. E-CODE	
74. P.P. NO		75. E-CODE	
76. P.P. NO		77. E-CODE	
78. P.P. NO		79. E-CODE	
80. P.P. NO		81. E-CODE	
82. P.P. NO		83. E-CODE	
84. P.P. NO		85. E-CODE	
86. P.P. NO		87. E-CODE	
88. P.P. NO		89. E-CODE	
90. P.P. NO		91. E-CODE	
92. P.P. NO		93. E-CODE	
94. P.P. NO		95. E-CODE	
96. P.P. NO		97. E-CODE	
98. P.P. NO		99. E-CODE	
100. P.P. NO		101. E-CODE	
102. P.P. NO		103. E-CODE	
104. P.P. NO		105. E-CODE	
106. P.P. NO		107. E-CODE	
108. P.P. NO		109. E-CODE	
110. P.P. NO		111. E-CODE	
112. P.P. NO		113. E-CODE	
114. P.P. NO		115. E-CODE	
116. P.P. NO		117. E-CODE	
118. P.P. NO		119. E-CODE	
120. P.P. NO		121. E-CODE	
122. P.P. NO		123. E-CODE	
124. P.P. NO		125. E-CODE	
126. P.P. NO		127. E-CODE	
128. P.P. NO		129. E-CODE	
130. P.P. NO		131. E-CODE	
132. P.P. NO		133. E-CODE	
134. P.P. NO		135. E-CODE	
136. P.P. NO		137. E-CODE	
138. P.P. NO		139. E-CODE	
140. P.P. NO		141. E-CODE	
142. P.P. NO		143. E-CODE	
144. P.P. NO		145. E-CODE	
146. P.P. NO		147. E-CODE	
148. P.P. NO		149. E-CODE	
150. P.P. NO		151. E-CODE	
152. P.P. NO		153. E-CODE	
154. P.P. NO		155. E-CODE	
156. P.P. NO		157. E-CODE	
158. P.P. NO		159. E-CODE	
160. P.P. NO		161. E-CODE	
162. P.P. NO		163. E-CODE	
164. P.P. NO		165. E-CODE	
166. P.P. NO		167. E-CODE	
168. P.P. NO		169. E-CODE	
170. P.P. NO		171. E-CODE	
172. P.P. NO		173. E-CODE	
174. P.P. NO		175. E-CODE	
176. P.P. NO		177. E-CODE	
178. P.P. NO		179. E-CODE	
180. P.P. NO		181. E-CODE	
182. P.P. NO		183. E-CODE	
184. P.P. NO		185. E-CODE	
186. P.P. NO		187. E-CODE	
188. P.P. NO		189. E-CODE	
190. P.P. NO		191. E-CODE	
192. P.P. NO		193. E-CODE	
194. P.P. NO		195. E-CODE	
196. P.P. NO		197. E-CODE	
198. P.P. NO		199. E-CODE	
200. P.P. NO		201. E-CODE	
202. P.P. NO		203. E-CODE	
204. P.P. NO		205. E-CODE	
206. P.P. NO		207. E-CODE	
208. P.P. NO		209. E-CODE	
210. P.P. NO		211. E-CODE	
212. P.P. NO		213. E-CODE	
214. P.P. NO		215. E-CODE	
216. P.P. NO		217. E-CODE	
218. P.P. NO		219. E-CODE	
220. P.P. NO		221. E-CODE	
222. P.P. NO		223. E-CODE	
224. P.P. NO		225. E-CODE	
226. P.P. NO		227. E-CODE	
228. P.P. NO		229. E-CODE	
230. P.P. NO		231. E-CODE	
232. P.P. NO		233. E-CODE	
234. P.P. NO		235. E-CODE	
236. P.P. NO		237. E-CODE	
238. P.P. NO		239. E-CODE	
240. P.P. NO		241. E-CODE	
242. P.P. NO		243. E-CODE	
244. P.P. NO		245. E-CODE	
246. P.P. NO		247. E-CODE	
248. P.P. NO		249. E-CODE	
250. P.P. NO		251. E-CODE	
252. P.P. NO		253. E-CODE	
254. P.P. NO		255. E-CODE	
256. P.P. NO		257. E-CODE	
258. P.P. NO		259. E-CODE	
260. P.P. NO		261. E-CODE	
262. P.P. NO		263. E-CODE	
264. P.P. NO		265. E-CODE	
266. P.P. NO		267. E-CODE	
268. P.P. NO		269. E-CODE	
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272. P.P. NO		273. E-CODE	
274. P.P. NO		275. E-CODE	
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354. P.P. NO		355. E-CODE	
356. P.P. NO		357. E-CODE	
358. P.P. NO		359. E-CODE	
360. P.P. NO		361. E-CODE	
362. P.P. NO		363. E-CODE	
364. P.P. NO		365. E-CODE	
366. P.P. NO		367. E-CODE	
368. P.P. NO		369. E-CODE	
370. P.P. NO		371. E-CODE	
372. P.P. NO		373. E-CODE	
374. P.P. NO		375. E-CODE	
376. P.P. NO		377. E-CODE	
378. P.P. NO		379. E-CODE	
380. P.P. NO		381. E-CODE	
382. P.P. NO		383. E-CODE	
384. P.P. NO		385. E-CODE	
386. P.P. NO		387. E-CODE	
388. P.P. NO		389. E-CODE	
390. P.P. NO		391. E-CODE	
392. P.P. NO		393. E-CODE	
394. P.P. NO		395. E-CODE	
396. P.P. NO		397. E-CODE	
398. P.P. NO		399. E-CODE	
400. P.P. NO		401. E-CODE	
402. P.P. NO		403. E-CODE	
404. P.P. NO		405. E-CODE	
406. P.P. NO		407. E-CODE	
408. P.P. NO		409. E-CODE	
410. P.P. NO		411. E-CODE	
412. P.P. NO		413. E-CODE	
414. P.P. NO		415. E-CODE	
416. P.P. NO		417. E-CODE	
418. P.P. NO		419. E-CODE	
420. P.P. NO		421. E-CODE	
422. P.P. NO		423. E-CODE	
424. P.P. NO		425. E-CODE	
426. P.P. NO		427. E-CODE	
428. P.P. NO		429. E-CODE	
430. P.P. NO		431. E-CODE	
432. P.P. NO		433. E-CODE	
434. P.P. NO		435. E-CODE	
436. P.P. NO		437. E-CODE	
438. P.P. NO		439. E-CODE	
440. P.P. NO		441. E-CODE	
442. P.P. NO		443. E-CODE	
444. P.P. NO		445. E-CODE	
446. P.P. NO		447. E-CODE	
448. P.P. NO		449. E-CODE	
450. P.P. NO		451. E-CODE	
452. P.P. NO		453. E-CODE	
454. P.P. NO		455. E-CODE	
456. P.P. NO		457. E-CODE	
458. P.P. NO		459. E-CODE	
460. P.P. NO		461. E-CODE	
462. P.P. NO		463. E-CODE	
464. P.P. NO		465. E-CODE	
466. P.P. NO		467. E-CODE	
468. P.P. NO		469. E-CODE	
470. P.P. NO		471. E-CODE	
472. P.P. NO		473. E-CODE	
474. P.P. NO		475. E-CODE	
476. P.P. NO		477. E-CODE	
478. P.P. NO		479. E-CODE	
480. P.P. NO		481. E-CODE	
482. P.P. NO		483. E-CODE	
484. P.P. NO		485. E-CODE	
486. P.P. NO		487. E-CODE	
488. P.P. NO		489. E-CODE	
490. P.P. NO		491. E-CODE	
492. P.P. NO		493. E-CODE	
494. P.P. NO		495. E-CODE	
496. P.P. NO		497. E-CODE	
498. P.P. NO		499. E-CODE	
500. P.P. NO		501. E-CODE	
502. P.P. NO		503. E-CODE	
504. P.P. NO		505. E-CODE	
506. P.P. NO		507. E-CODE	
508. P.P. NO		509. E-CODE	
510. P.P. NO		511. E-CODE	
512. P.P. NO		513. E-CODE	
514. P.P. NO		515. E-CODE	
516. P.P. NO		517. E-CODE	
518. P.P. NO		519. E-CODE	
520. P.P. NO		521. E-CODE	
522. P.P. NO		523. E-CODE	
524. P.P. NO		525. E-CODE	
526. P.P. NO		527. E-CODE	
528. P.P. NO		529. E-CODE	
530. P.P. NO		531. E-CODE	
532. P.P. NO		533. E-CODE	
534. P.P. NO		535. E-CODE	
536. P.P. NO		537. E-CODE	
538. P.P. NO		539. E-CODE	
540. P.P. NO		541. E-CODE	
542. P.P. NO		543. E-CODE	
544. P.P. NO		545. E-CODE	
546. P.P. NO		547. E-CODE	
548. P.P. NO		549. E-CODE	
550. P.P. NO		551. E-CODE	
552. P.P. NO		553. E-CODE	
554. P.P. NO		555. E-CODE	
556. P.P. NO		557. E-CODE	
558. P.P. NO		559. E-CODE	
560. P.P. NO		561. E-CODE	
562. P.P. NO		563. E-CODE	
564. P.P. NO		565. E-CODE	
566. P.P. NO		567. E-CODE	
568. P.P. NO		569. E-CODE	
570. P.P. NO		571. E-CODE	
572. P.P. NO		573. E-CODE	
574. P.P. NO		575. E-CODE	
576. P.P. NO		577. E-CODE	
578. P.P. NO		579. E-CODE	
580. P.P. NO		581. E-CODE	
582. P.P. NO		583. E-CODE	
584. P.P. NO		585. E-CODE	
586. P.P. NO		587. E-CODE	

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Attention: All providers

## Medicaid Bulletins on DMA Website

The Medicaid Bulletin is now available on the DMA website. To access:

1. Go to <http://www.dhhs.state.nc.us/dma/>
2. Click on "Medicaid Bulletins"
3. Find the desired month and click on the desired version (HTML or PDF). HTML provides links to the specific article, forms, etc. and PDF provides a version better suited for printing.

The current and immediate past bulletins are available on this site.

**Susan Ryan, DMA, 919-857-4019**

Attention: Optical Providers

## Confirmation/Prior Approval Reminder

### **Eye Refraction Confirmation Number**

Any eye exam/refraction confirmation number obtained through the Automated Voice Response System (AVR) must NOT be entered on the HCFA-1500 claim form. Instead, keep the confirmation number with the recipient's permanent office record. In the event another provider bills for the same service, retaining the confirmation number will ensure payment to the provider that obtained proper authorization.

*NOTE: Entering the confirmation number on the HCFA-1500 claim form will result in delayed payment.*

### **Visual Aids Requests**

All requests for visual aids (i.e. eyeglasses and contact lenses) must be submitted in writing to EDS using a Request for Prior Approval for Visual Aids Form. Phone requests for information regarding visual aids eligibility are not accepted due to the following:

- Increased number of recipients requiring services through the Visual Services Program
- DMA's need to accurately monitor approvals and denials
- Unique circumstances warranting approval outside the eligibility period

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

## Attention: Physicians and Health Departments

### Physical and Occupational Therapy Evaluations

Effective with date of service July 1, 2000 Medicaid will reimburse for the following CPT codes:

- 97001 Physical therapy evaluation
- 97002 Physical therapy re-evaluation
- 97003 Occupational therapy evaluation
- 97004 Occupational therapy re-evaluation

The services must relate to an active written treatment regimen established by the attending physician. For a re-evaluation to be considered reasonable and necessary there must be an expectation that the patient's condition will improve significantly in a reasonable period of time.

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

## Attention: Carolina ACCESS (CA) Primary Care Physicians (PCPs)

### Billing Procedures When A Carolina ACCESS Medicaid Recipient Has Been In An Accident

Medicaid has established procedures for filing claims and notifying the Medicaid agency when Medicaid recipients are involved in accidents. For these purposes, an "accident" is defined as any occurrence for which a third party may be liable. The liable third party is usually a liability insurance carrier such as an auto insurer, homeowner insurer, etc. For additional information on this topic, please refer to the July 1997 Medicaid Bulletin.

PCPs are paid a monthly management fee from Medicaid to manage and arrange the health care needs of their enrollees. The PCP accepts the enrollee as a Medicaid patient when the patient is assigned to the PCP and a management fee is paid. CA enrollees are locked in to their PCPs on a monthly basis and are dependent on them for care/referrals. CA PCPs must not deny services or demand payment of services prior to treatment if a recipient is assigned to them. PCPs must treat their assigned enrollees regardless of the possible or probable existence of third party insurance. The guidelines provided in the July 1997 Medicaid Bulletin article titled "*Notice and billing procedures when Medicaid recipients have been in an accident*" must be followed for filing claims. The PCP must not bill the Medicaid recipient.

**Deborah Bowen, DMA Managed Care Section 919-857-4226**

## Attention: All Providers

### Renovation of The MMIS System - ITME Project

The Division of Medical Assistance plans to upgrade and enhance the Medicaid Management Information System (MMIS).

#### **Implementation Schedule**

The system changes will be implemented in November 2000.

#### **Provider Impact**

##### **Eligibility Verification System (EVS)**

The format of information returned as a result of your EVS inquiry will change with ITME implementation. To allow time to modify your systems and lessen the impact to your business, please notify your Value Added Networks (VAN) contact now for information relating to the new format.

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

## Attention: Hospital Providers and Physicians

### Resident Supervision Requirements in Teaching Hospitals and Residency Programs

When providing care and billing the Medicaid program for services to patients, teaching physicians assume full responsibility for the health and safety of the patient. The teaching physician must continue to use the “**immediately available**” standard of supervision for services provided by the supervised resident physician and billed to the Medicaid program. The service rendered must be furnished under the supervisory physician’s overall direction and control but the supervisory physician’s presence is not required. The supervisory physician must have immediate availability via phone or page.

**Direct supervision** is defined as the physician being present in the site and immediately available to furnish assistance and direction throughout the performance of a procedure. It does not require that the physician be present in the room when the service is performed. The degree of direct supervision remains the responsibility of the teaching physician and is based on the skill level, experience and level of training of the resident, and the complexity and severity of the patient’s condition. Regardless of the type of supervision, written documentation in the medical record must clearly designate the supervising physician and must be signed by that physician.

Board certified or eligible physicians, with a valid North Carolina medical license and a current Medicaid provider number, may directly bill the Medicaid program for services provided while concurrently pursuing fellowship training or training in an additional specialty. Associated salary and other pertinent costs for that physician’s time must not also be included in the hospital cost reports submitted to federal or state programs.

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

## Attention: All Mental Health/Substance Abuse Providers

### A New Health Benefit

This bulletin article is a follow-up to the article that was printed in the May 2000 Medicaid Bulletin. Effective July 1, 2000 a new preventive/early intervention mental health benefit will be available to approximately 400,000 state employees and teachers and 60,000 children enrolled in Health Choice. Medicaid will adopt this policy for recipients under the age of 21, which allows for 26 unmanaged visits in a calendar year.

#### **Billing guidelines:**

- Medicaid will pay for six unmanaged visits without a diagnosis of Mental Illness.
- The first two visits can be coded with ICD-9 CM code 799.9 ( a non-specific code) and the following four visits can be “V” diagnosis codes or;
- The first visit can be coded with diagnosis 799.9 and the remaining five can be coded with “V” diagnosis codes.
- A specific diagnosis code should be used as soon as a diagnosis is established.
- This service coverage ends on the last date of the birthday month in which a recipient turns 21 years of age.

#### **Prior approval:**

- Prior approval may be requested after the 20<sup>th</sup> “unmanaged” psychiatric visit.
- Once prior approval has been granted, the recipient is not eligible for any additional “unmanaged” visits, regardless of the number previously reimbursed.
- The prior approval request form must include dates of service that the provider requesting prior approval has rendered treatment.
- If a recipient had outpatient psychiatric services by another provider, indicate the number of unmanaged visits used by this provider.
- A summary of progress obtained during the “unmanaged” visits must be included on the prior approval outpatient form (372-016) in blocks #11.
- **Prior approval must be obtained prior to the 27<sup>th</sup> visit.**
- **Once prior approval has been granted, the recipient is not eligible for any additional “unmanaged” visits, regardless of the number previously reimbursed.**

Prior approval is not required for Area Mental Health Centers. Please note that this process will replace the current policy of requesting prior approval after the 2<sup>nd</sup> visit for recipients under the age of 21. Prior approval forms can be obtained by calling Provider Services at EDS, 1-800-688-6696 or 919-851-8888.

**Carolyn Wiser, DMA, 919-857-4025**

## Attention: All Providers

### Preventive Medicine Services

The Preventive Medicine Services are Evaluation and Management visits which provide annual health assessments for eligible recipients age 21 and above. Effective July 1, 2000, these codes will replace the Adult Health Screening (Code W8001), with the expectation that it will prevent illness through early detection and treatment. The extent and focus of the services depend on the age of the individual.

**Policies are unchanged for the Health Check Program (preventive services for recipients under the age of 21).**

The Initial Preventive Medicine Evaluation and Management visits includes a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/ diagnostic procedures, new patient.

The Periodic Preventive Medicine re-evaluation and management of an individual includes a comprehensive history, comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, established patient.

Ancillary studies involving laboratory, radiology, and injectable medications are separately reimbursed.

This table contains the age restriction, and specific Medicaid guidelines for the Preventive codes.

CODE	DESCRIPTION	AGE	GUIDELINES
99385	Initial preventive medicine	21 through 39 years	Health Screening
99386	Initial preventive medicine	40 through 64 years	Health Screening
99387	Initial preventive medicine	65 years and over	Health Screening
99395	Periodic preventive medicine, established patient	21 through 39 years	Health Screening
99396	Periodic preventive medicine, established patient	40 through 64 years	Health Screening
99397	Periodic preventive medicine, established patient	65 years and over	Health Screening

The Preventive Medicine visits provide for annual health assessments for recipients age 21 and over.

- Only one visit per recipient per year (365 days) may be billed
- The ICD-9 diagnosis code V700 should be used
- The visit should be billed on the HCFA-1500 claim form
- Each additional service must be billed on a separate detail line of the claim form

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

## Attention: All Physicians

## Update to Injectable Drug List

Effective with date of service June 1, 2000, the following changes have been made to the list of injectable drugs. Please make these changes to the list published in the October 1999 Medicaid Bulletin.

New Codes:

Old Code	Description	New Code	Description	Fee
W5166	Camptosar 5cc	<b>J9206</b>	Irinotecan 20mg	\$111.92
W5167	Doxil 10ml	<b>J9001</b>	Doxorubicin HCl liposone (Doxil) 10mg	\$296.13
W5193	Valstar (Valrubicin) 800mg	<b>J9357</b>	Valstar (Valrubicin) 200mg	\$402.06
W5194	Piperacillin Sodium (Pipracil) 4gm	<b>J2543</b>	Piperacillin Sodium (Pipracil) 1.125gm	\$6.30
W5196	Infliximab (Remicade) 5mg	<b>J1745</b>	Infliximab (Remicade) 10 mg	\$57.72

New Descriptions :

Code	Old Description	New Description	Fee
J1260	Dolasetron Mesylate 1mg	<b>Dolasetron Mesylate 10mg</b>	\$14.07
J1650	Emoxaparin Sodium (Lovenox) 30mg	<b>Enoxaparin Sodium (Lovenox) 10mg</b>	\$1.68

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

## Attention: Health Check Providers

## Health Check Billing Guide Error

The CPT code for Pneumococcal vaccine printed on page six of the Health Check Billing Guide 2000 is incorrect. The correct CPT code is **90732** for this (UCVDP) Pneumococcal vaccine.

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

## Anesthesia Providers

## Monitored Anesthesia Care and Diagnosis Editing

The following procedures are subject to diagnosis editing when billed with modifier QS for Monitored Anesthesia Care (MAC). Documentation in medical records must support the diagnosis used.

10040	10060	10061	10080	10081	10120
10121	10140	10160	10180	11000	11001
11040	11041	11042	11043	11044	11100
11101	11200	11201	11462	11463	11470
11471	11600	11601	11602	11603	11604
11606	11740	11750	11752	11755	11760
11762	11770	11771	11772	11900	11901
11920	11950	11951	11952	11954	11960
11970	11971	11975	11976	12020	12021
13100	13101	13160	13300	14000	14001
14350	15050	15200	15201	15570	15600
15734	15738	15782	15792	15793	15819
15820	15821	15822	15823	15825	15832
15834	15835	15836	15837	15850	15851
15852	15879	15931	15934	15935	15936
15937	15940	15944	17010	17110	17250
17260	17261	17262	17263	17264	17266
19020	19100	19101	19110	19112	19120
19125	19126	19140	19160	19290	19291
20000	20005	20100	20101	20103	20200
20205	20501	20520	20525	20662	20663
20680	20690	20920	20922	20926	20950
21084	21085	21088	21493	21494	21495
21497	21501	21550	21555	21556	21700
21720	21725	21920	23930	24065	24075
24200	24615	25065	25075	55500	25505
25600	25605	25611	26011	26596	26990
26991	27040	27041	27047	27370	29000
29010	29015	29020	29025	29035	29040
29044	29046	29049	29055	29058	29065
29075	29085	29105	29125	29126	29130
29131	29260	29345	29355	29358	29365
29405	29425	29435	29445	29450	29505
29515	29700	29705	29715	29720	29730
29740	30000	30020	30100	30110	30115
30117	30118	30120	30124	30125	30130
30140	30300	30310	30320	30400	30410
30420	30430	30435	30450	30460	30462
30520	30540	30545	30560	30580	30600
30620	30630	30801	30901	30903	30905
30906	30915	30920	31000	31002	31020

31646	32940	33206	33207	33208	33210
33211	33214	33216	33217	33218	33222
33223	35450	35454	35460	35470	35471
35472	35473	35474	35475	35476	36000
36005	36010	36100	36215	36245	36800
37620	37788	37790	38200	38500	38505
38530	38760	40800	40801	40804	40805
40808	40810	40812	40814	40816	40818
40820	40830	40831	40840	40842	40843
40844	40845	41000	41005	41006	41007
41008	41009	41010	41015	41016	41017
41018	41100	41105	41108	41110	41112
41113	41114	41115	41116	41120	41130
41135	41140	41145	41150	41153	41155
41250	41251	41252	41500	41510	41520
41800	41805	41806	41820	41821	41822
41823	41825	41826	41827	41828	41830
41850	41870	41872	41874	42000	42100
42104	42106	42107	42120	42140	42145
42160	42180	42182	42200	42205	42210
42215	42220	42225	42226	42227	42235
42260	42415	42440	42450	42500	42505
42665	42700	42720	42800	42802	42804
42806	42808	42809	42810	42815	42820
42821	42825	42826	42830	42831	42835
42836	42842	42844	42845	42860	42870
42880	42890	42892	42894	42900	42950
42953	42955	42960	42961	42962	42970
42971	42972	43200	43202	43204	43205
43215	43216	43217	43219	43220	43226
43227	43228	43235	43239	43241	43243
43244	43245	43246	43247	43248	43249
43250	43251	43255	43258	43259	43260
43261	43262	43263	43264	43265	43267
43268	43269	43271	43272	43760	44360
44361	44363	44364	44365	44366	44369
44372	44373	44376	44377	44378	44380
44382	44385	44386	44388	44389	44391
44392	44393	45355	47000	47001	47550
47552	47553	47554	47555	47556	55450
56350	59000	60000	60001	60200	60281
62284	62290	62291	63685	63688	64590
64595	64746	64786	64858	65091	65101
65110	65112	65114	65205	65210	65220
65222	65235	65260	65265	65270	65272
65273	65275	65280	65285	65286	65290
65400	65410	65420	65426	65430	65435
65436	65450	65600	65710	65730	65750

65755	65760	65765	65767	65770	65772
65775	65800	65805	65810	65850	65855
65860	65865	65870	65875	65880	65900
65920	65930	66020	66030	66130	66150
66155	66160	66165	66170	66172	66180
66185	66220	66225	66250	66500	66505
66600	66605	66625	66630	66635	66680
66682	66700	66710	66720	66740	66761
66762	66770	66820	66821	66825	66830
66840	66850	66852	66920	66930	66940
66983	66984	66985	66986	67005	67010
67015	67025	67028	67030	67031	67036
67038	67039	67040	67101	67105	67107
67108	67110	67112	67115	67120	67121
67141	67145	67208	67210	67218	67227
67228	67250	67255	67311	67312	67314
67316	67318	67320	67331	67332	67334
67335	67340	67343	67345	67350	67400
67405	67412	67413	67414	67415	67420
67430	67440	67445	67450	67500	67505
67515	67570	67700	67710	67715	67800
67801	67805	67808	67810	67820	67825
67830	67835	67840	67850	67880	67882
67901	67902	67903	67904	67906	67908
67909	67911	67914	67915	67916	67917
67921	67922	67923	67924	67930	67935
67938	67950	67961	67966	67971	67973
67974	67975	68020	68040	68100	68110
68115	68130	68135	68200	68320	68325
68326	68328	68330	68335	68340	68360
68362	68400	68420	68440	68500	68505
68510	68520	68525	68530	68540	68550
68700	68705	68720	68745	68750	68760
68761	68770	68800	68820	68825	68830
68840	68850	69205	69210	70010	70015
70030	70100	70110	70120	70130	70134
70140	70150	70160	70170	70190	70200
70210	70220	70240	70250	70260	70300
70310	70320	70328	70330	70332	70336
70350	70355	70360	70370	70373	70380
70390	70450	70460	70470	70480	70481
70482	70486	70487	70488	70490	70491
70492	70540	70541	70551	70552	70553
71010	71015	71020	71021	71022	71023
71030	71034	71035	71036	71038	71040
71060	71090	71100	71101	71110	71111
71120	71130	71250	71260	71270	71550
72010	72020	72040	72050	72052	72069

72070	72072	72074	72080	72090	72100
72110	72114	72120	72125	72126	72127
72128	72129	72130	72131	72132	72133
72141	72142	72146	72147	72148	72149
72156	72157	72158	72170	72190	72192
72193	72194	72196	72200	72202	72220
72240	72255	72265	72270	72285	72295
73000	73010	73020	73030	73040	73050
73060	73070	73080	73085	73090	73092
73100	73110	73115	73120	73130	73140
73200	73201	73202	73220	73221	73500
73510	73520	73525	73530	73540	73550
73560	73562	73564	73565	73580	73590
73592	73600	73610	73615	73620	73630
73650	73660	73700	73701	73702	73720
73721	73725	74000	74010	74020	74022
74150	74160	74170	74181	74190	74210
74220	74230	74235	74240	74241	74245
74246	74247	74249	74250	74251	74260
74270	74280	74283	74290	74291	74300
74301	74305	74320	74327	74328	74329
74330	74340	74350	74355	74360	74400
74405	74410	74415	74420	74425	74430
74440	74445	74450	74455	74470	74475
74480	74485	74710	74740	74775	75552
75553	75554	75555	75556	75600	75605
75625	75630	75650	75658	75660	75662
75665	75671	75676	75680	75685	75705
75710	75716	75722	75724	75726	75731
75733	75736	75741	75743	75746	75756
75774	75790	75801	75803	75805	75807
75809	75810	75820	75822	75825	75827
75831	75833	75840	75842	75860	75870
75872	75880	75885	75887	75889	75891
75893	75894	75896	75898	75900	75940
75960	75961	75962	75964	75966	75968
75970	75978	75980	75982	75984	75989
75992	75993	75994	75995	75996	76000
76001	76003	76010	76020	76040	76061
76062	76065	76066	76070	76075	76080
76086	76088	76090	76091	76092	76093
76094	76095	76096	76098	76100	76101
76102	76120	76125	76140	76150	76350
76355	76360	76365	76370	76375	76380
76400	76506	76511	76512	76513	76516
76519	76529	76536	76604	76645	76700
76705	76770	76775	76778	76800	76805
76810	76815	76816	76818	76825	76826

76827	76828	76830	76856	76857	76870
76872	76880	76930	76932	76934	76936
76938	76941	76942	76945	76946	76950
76960	76965	76970	76975	76986	77261
77262	77263	77280	77285	77290	77295
77300	77305	77310	77315	77321	77326
77327	77328	77331	77332	77333	77334
77336	77370	77401	77402	77403	77404
77406	77407	77408	77409	77411	77412
77413	77414	77416	77417	77419	77420
77425	77430	77431	77432	77470	77600
77605	77610	77615	77620	77750	77761
77762	77763	77776	77777	77778	77781
77782	77783	77784	77789	77790	78000
78001	78003	78006	78007	78010	78011
78015	78016	78017	78018	78070	78075
78102	78103	78104	78110	78111	78120
78121	78122	78130	78135	78140	78160
78162	78170	78172	78185	78190	78191
78195	78201	78202	78205	78215	78216
78220	78223	78230	78231	78232	78258
78261	78262	78264	78270	78271	78272
78278	78282	78290	78291	78300	78305
78306	78315	78320	78350	78351	78414
78428	78445	78455	78457	78458	78460
78461	78464	78465	78466	78468	78469
78472	78473	78478	78480	78481	78483
78580	78584	78585	78586	78587	78591
78593	78594	78596	78600	78601	78605
78606	78607	78610	78615	78630	78635
78645	78647	78650	78660	78700	78701
78704	78707	78710	78715	78725	78727
78730	78740	78760	78761	78800	78801
78802	78803	78805	78806	78807	78890
78891	78990	79000	79001	79020	79030
79035	79100	79200	79300	79400	79420
79440	79900	92018	92019	92235	92265
92270	92275	92283	92284	92499	92516
92531	92532	92541	92542	92543	92544
92545	92953	92960	92975	92977	92980
92981	92982	92984	92995	92996	93307
93308	93312	93313	93314	93320	93321
93325	93350	93501	93505	93510	93511
93514	93524	93526	93527	93528	93529
93536	93539	93540	93541	93542	93543
93544	93545	93555	93556	93561	93660
93720	93721	93722	93724	93731	93732
93734	93735	93737	93738	93880	93882

93888	93922	93923	93924	93925	93926
93930	93931	93965	93970	93971	93975
93976	93978	93979	93990	95004	95010
95015	95024	95027	95028	95044	95052
95056	95065	95070	95071	95078	95115
95117	95120	95125	95130	95131	95132
95133	95134	95144	95145	95146	95147
95148	95149	95165	95170	95180	95933
96400	96405	96406			

**DIAGNOSIS CODES REQUIRED FOR GLOBAL MONITORED ANESTHESIA:**

V440	V540	038.0-038.9
185	216.0-216.8	242.00-242.01
242.10-242.11	242.20-242.21	242.30-242.31
242.40-242.41	242.80-242.81	242.90-242.91
243	244-244.9	250.00-250.03
250.10-250.13	250.20-250.23	250.30-250.33
250.40-250.43	250.50-250.53	250.60-250.63
250.70-250.73	250.80-250.83	250.90-250.93
251.0-251.9	252.0-252.9	253.0-253.9
254.0-255.9	263.0	276.0-276.9
278.01	290.0-294.9	295.00-295.04
295.10-295.14	295.20-295.24	295.30-295.34
295.40-295.44	295.50-295.54	295.60-295.64
295.70-295.74	295.80-295.84	295.90-295.94
296.00-296.05	296.10-296.15	296.20-296.25
296.30-296.35	296.40-296.45	296.50-296.55
296.60-296.65	296.7	296.80-296.89
296.90-296.99	297.0-297.9	298.0-298.9
299.00-299.01	299.10-299.11	299.80-299.81
299.90-299.91	300.00-300.10	300.20-300.21
300.29	304.0-304.9	305.00-305.02
305.20-305.22	305.30-305.32	305.40-305.42
305.50-305.52	305.60-305.62	305.70-305.72
305.80-305.82	324.0	331.0
345.00-345.01	345.10-345.11	345.2
345.3	345.40-345.41	345.50-345.51
345.60-345.61	345.70-345.71	345.80-345.81
345.90-345.91	361.89	362.56
391.0-391.2	394.0-397.9	401.0
402.00-402.01	402.10-402.11	402.90-402.91
404.00-404.03	404.11-404.13	404.91-404.93
405.01-405.91	410.00-410.02	410.10-410.12
410.20-410.22	410.30-410.32	410.40-410.42
410.50-410.52	410.60-410.62	410.70-410.72
410.80-410.82	410.90-410.92	411.0-411.1

411.81	411.89	412
413.0-413.9	414.00-414.03	414.10-414.19
414.8	414.9	415.0
415.11	415.19	416.0
416.9	420.0	420.90-420.99
421.0-421.9	422.0-422.99	423.0-423.9
424.0-424.99	425.0-425.9	426.0-427.69
427.81-427.89	428.0-428.9	430-431
432.0-432.9	433.00-433.01	433.10-433.11
433.20-433.21	433.30-433.31	433.80-433.81
433.90-433.91	434.00-434.01	434.10-434.11
434.90-434.91	435.0-435.9	436
437.0-437.9	490-496	500-505
506.0-506.9	508.0-508.9	510.0-510.9
512	518.0-518.82	550.00-550.90
551.0-551.9	552.00-552.03	552.1
552.20-552.29	570-571.8	572.0-572.8
578.9	584.5-586	611.72
685.1	722.10	780.1
780.3	785.50-785.59	786.1
793.8	934-939.3	995.0-995.4
995.60-995.69	996.53	998.5-998.59

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

# Attention: Home Infusion Therapy (HIT) Providers

## Home Infusion Therapy Visits

EDS is offering individual provider visits for home infusion therapy 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)

---

### **HIT 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 addressed in the space provided below.

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

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

## Attention: Chiropractor Providers

### Chiropractor Visits

EDS is offering individual provider visits for chiropractor 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)

.....  
**Chiropractors 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 addressed 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: Personal Care Services (PCS) Providers

### Personal Care Services Seminars

Personal Care Services seminars are scheduled in August 2000. The July 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: Hospital Providers

## Hospital Seminar Schedule

Seminars for hospital providers will be held in July and August 2000. Agenda topics include the following: UB-92 billing instructions, sterilization, hysterectomy, and abortion consent guidelines, reimbursement methodology, claim resubmission information, and Medicaid Managed Care.

All hospital personnel involved in verifying Medicaid information including the admitting, discharge, ER, and billing staff are encouraged to attend.

**Note: Since the November 1997 North Carolina Medicaid Hospital Manual, with 1998 and 1999 updates, will be the main source of reference throughout the seminar, providers are required to bring their manual to the seminar. Manuals will be available for purchase at a cost of \$9.00 per copy during registration.**

**Due to limited seating, pre-registration is required. Providers not registered are welcome to attend when reserved space is adequate to accommodate.** 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 9:30 a.m. to complete registration.

Directions are available on page 27 of this bulletin.

**Thursday, July 6, 2000**  
Catawba Valley Technical College  
Highways 64-70  
Hickory, NC  
Auditorium

**Tuesday, July 11, 2000**  
Four Points Sheraton  
5032 Market Street  
Wilmington, NC

**Thursday, July 13, 2000**  
Holiday Inn Conference Center  
530 Jake Alexander Blvd., S.  
Salisbury, NC

**Tuesday, August 1, 2000**  
Wake Medical Center  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
Park at East Square Medical Plaza

(cut and return registration form only)

**Hospital Provider Seminar Registration Form**

(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
City, Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

\_\_\_\_\_ 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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## Directions to the Hospital Seminars

The registration forms for the hospital seminars are on page 25 of this bulletin.

### *HICKORY, NORTH CAROLINA*

#### **CATAWBA VALLEY TECHNICAL COLLEGE**

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Travel East on Highway 70 and the college is approximately 1.5 miles on the right. Ample parking is available. Entrance to Auditorium is between the Student Services and the Maintenance Center. Follow sidewalk (toward Satellite Dish) and turn right to Auditorium Entrance.

### *WILMINGTON, NORTH CAROLINA*

#### **FOUR POINTS SHERATON**

I-40 East into Wilmington to Highway 17 - just off I-40. Turn left onto Market Street and the Four Points Sheraton is located approximately 1/2 mile on the left.

### *SALISBURY, NORTH CAROLINA*

#### **HOLIDAY INN CONFERENCE CENTER**

**Traveling South on I-85:** Take exit 75 and turn right on Jake Alexander Blvd. **Traveling North on I-85:** Take exit 75 and turn left on Jake Alexander Blvd. Travel approximately 1/2 mile and the Holiday Inn is located on the right.

### *RALEIGH, NORTH CAROLINA*

#### **WAKEMED MEI CONFERENCE CENTER**

##### Directions to the Parking Lot:

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Travel toward WakeMed. Turn left onto Sunnybrook Road and park at the East Square Medical Plaza which is a short walk to the conference facility. **Parking is not allowed in the parking lot in front of the Conference Center. Vehicles will be towed if not parked in the East Square Medical Plaza parking lot located at 23 Sunnybrook Road.**

##### Directions to the Conference Center from Parking Lot:

Cross Sunnybrook Road and follow sidewalk access up to Wake County Health Department. Walk across the Health Department parking lot and ascend steps (with blue handrail) to MEI Conference Center. Entrance doors at left.

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## Checkwrite Schedule

June 13, 2000	July 11, 2000	August 8, 2000
June 20, 2000	July 18, 2000	August 15, 2000
June 29, 2000	July 27, 2000	August 24, 2000

## Electronic Cut-Off Schedule

June 9, 2000	July 7, 2000	August 4, 2000
June 16, 2000	July 14, 2000	August 11, 2000
June 23, 2000	July 21, 2000	August 18, 2000

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

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

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John W. Tsikerdanos  
Executive Director  
EDS

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