



North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance
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Visit DMA on the Web at: www.dhhs.state.nc.us/dma

Attention: All Providers

Proposed Medical Coverage Policies

In accordance with S.L. 2001-424, SB 1005, proposed new or amended Medicaid medical coverage policies are available for review and comment on DMA's website at <http://www.dhhs.state.nc.us/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the website. The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

**Darlene Cagle, Medical Policy Section
DMA, 919-857-4020**

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

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Attention: All Providers**CPT Code Update 2002 – Code Description Correction**

The correct description for CPT code 10022 is *Fine needle aspiration; with imaging guidance*. This replaces the description published in the April 2002 general Medicaid bulletin.

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

Attention: Mecklenburg County Providers**M**anaged Care Update

Mecklenburg County now offers two types of Medicaid managed care programs to recipients. Recipients may choose between HMO or Carolina ACCESS enrollment. The names of the two HMOs are United Healthcare and SouthCare. The name of the HMO is printed on its members' Medicaid card. There are three groups of Carolina ACCESS providers available to recipients: Carolinas Medical Center-ACCESS II, Metrolina Comprehensive, and a group of independent Carolina ACCESS providers. The name, address, and telephone number of the individual Carolina ACCESS/ACCESS II provider or Metrolina is printed on the recipient's Medicaid card. This information can also be obtained through the Automated Voice Response (AVR) system. (Refer to Special Bulletin II, July 2001 for more information.)

Providers who serve HMO enrollees must obtain referral authorization and payment from the HMO for in-plan services. Providers who serve another provider's Carolina ACCESS enrollee must obtain referral authorization from the Carolina ACCESS primary care provider listed on the recipient's card. The referral authorization number must be entered in block 19 of the HCFA-1500 claim form submitted to Medicaid for reimbursement. Many procedures and services covered by the Medicaid program require prior approval. The referral authorization does not replace the prior approval process required by Medicaid.

**Darryl Frazier, Managed Care Section
DMA, 919-857-4022**

Attention: Physicians**M**iscellaneous Supplies

Effective with date of service July 1, 2002, procedure code W5120 will be end-dated and replaced with HCPCS procedure code A9900, miscellaneous supplies. Claims submitted for over-the-counter supplies that can be purchased without a physician's prescription are noncovered and will deny. Items excluded from the N.C. Medicaid program must not be billed.

An invoice must be submitted with the claim. HCPCS procedure code A9900 is priced from the invoice. Items or supplies that are noncovered will be denied with EOB 009, "Service not covered by the Medicaid program."

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

Attention: Physicians

Injectable Drug List Update

The following table is an updated list of FDA approved drugs currently covered by the N.C. Medicaid program when provided in a physician's office for the FDA approved indications. This list replaces previously published lists. Fees are effective with date of service July 1, 2002. Vaccines and immune globulins are not included on this list and will be published separately.

Physicians will continue to bill on the HCFA-1500 claim form using the appropriate drug code and indicating the specified number of units administered.

(*) Designates that an invoice is required to accompany the HCFA-1500 claim form. Payment is based on the invoice price.

	Procedure Code	Description	Fee
	J0130	Abciximab 10 mg	487.37
	J1120	Acetazolamide Sodium, up to 500 mg (Diamox)	28.16
	J0150	Adenosine I.V., 6 mg (Adenocard)	32.54
	J0151	Adenosine, 90 mg (Adenoscan)	201.93
	J0170	Adrenalin, Epinephrine, up to 1 ml ampule	1.52
	J0205	Alglucerase, per 10 units (Ceredase)	35.65
	J0256	Alpha 1 Proteinase Inhibitor Human A, 10 mg (Prolastin)	1.99
	J9015	Aldesleukin, per single use vial (Proleukin, IL-2, Interleukin) 22 million I.U.	664.24
	J0207	Amifostine 500 mg (Ethyol)	372.45
	S0016	Amikacin Sulfate (250 mg)	14.67
	S0072	Amikacin Sulfate (100 mg)	7.02
	J0280	Aminophyllin, up to 250 mg	1.00
	J1320	Amitriptyline HCL, up to 20 mg (Elavil, Enovil)	2.11
	J0300	Amobarbital, up to 125 mg (Amytal)	2.10
	J0285	Amphotericin B, 50 mg (Amphocin, Fungizone IV)	10.51
	J0286	Amphotericin B Any Lipid Formulation, 50 mg	84.23
	J0295	Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm (Unasyn)	7.13
	J0290	Ampicillin, up to 500 mg (Omnipen-N, Totacillin-N)	1.42
	J0350	Anistreplase, per 30 units (Eminase)	2,296.82
	J7197	Antithrombin II (human) per I.U. (Throbate III)	1.00
	J0395	Arbutamine HCL, 1 mg (GenESA)	173.28
	J9020	Asparaginase, 10,000 units (Elspar)	56.72
	J0460	Atropine Sulfate, up to 0.3 mg	.06
	J2910	Aurothioglucose, up to 50 mg (Solganal)	13.84
*	J3490	Azithromycin, oral suspension 1 unit = 1 gm packet (Zithromax), only oral drug on list	
	J0456	Azithromycin, 500 mg. (Zithromax)	22.06
	J0475	Baclofen, Kit 1*20 ml. Amp. (10 mg/20ml. 500 meg/ml.)	222.02
*	J3490	Baclofen, Kit 2*5 ml. Amp. (10 mg./5 ml. 2000 meg/ml.)	
*	J3490	Baclofen, Kit 4*5 ml. Amp. (10 mg./5ml. 2000 meg/ml.)	

Injectable Drug List, continued

Procedure Code	Description	Fee
J0476	Baclofen, for intrathecal trial, 50 mcg (Lioresal for intrathecal trial)	75.81
J9031	BCG live (intravesical) per installation (Tice, TheraCys)	162.91
J0585	Botulinum toxin type A, per unit (Botox)	4.43
J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate, per 3 mg	4.64
J0704	Betamethasone Sodium Phosphate, per 4 mg	2.15
J0520	Bethanechol Chloride, mytonachol or urecholine, up to 5 mg (Urecholine)	4.55
J9040	Bleomycin Sulfate, 15 units (Blenoxane)	274.90
J0945	Brompheniramine Maleate, 10mg	.81
S0009	Butorphanol Tartrate, 1mg (Stadol)	6.48
J0635	Calcitriol, 1 mcg amp (Calcijex)	13.13
J0610	Calcium Gluconate, per 10 ml (Kaleinate)	1.22
J0620	Calcium Glycerophosphate and Calcium Lactate, per 10 ml (Calphosan)	4.89
J9045	Carboplatin, 50 mg (Paraplatin)	117.42
J9050	Carmustine, 100 mg (BiCNU)	120.90
J0690	Cefazolin Sodium, 500 mg (Ancef, Kefzol, Zolicef)	1.03
J0692	Cefepime HCL, 500 mg (Maxiprene)	7.22
J0698	Cefotaxime Sodium, per gm (Claforan)	9.93
J0694	Cefoxitin Sodium, 1 gm (Mefoxin)	9.84
J0713	Ceftazidime per 500 mg (Fortaz, Tazidime)	6.42
J0715	Ceftizoxime Sodium, per 500 mg (Cefizox)	5.85
J0696	Ceftriaxone Sodium, per 250 mg (Rocephin)	13.47
J0697	Cefuroxime Sodium, per 750 mg (Kefurox, Zinacef)	6.10
J1890	Cephalothin Sodium, up to 1 gm (Keflin)	9.75
J0710	Cephapirin Sodium, up to 1 gm (Cefadyl)	1.33
J0720	Chloramphenicol Sodium Succinate, up to 1 gm	5.99
J1990	Chlordiazepoxide HCL, up to 100 mg (Librium)	23.75
J2400	Chlorprocaine HCL 30 ml (Nesacaine, Nesacaine-MPF)	9.98
J0390	Chloroquine HCL, up to 250 mg (Aralen)	17.92
J1205	Chlorothiazide Sodium, 500 mg (Diuril Sodium)	9.50
J3230	Chlorpromazine HCL up to 50 mg (Thorazine)	2.44
J0725	Chorionic Gonadotropin, per 1,000 USP units	1.54
J0740	Cidofovir 375 mg (Vistide)	763.52
J0743	Cilastatin Sodium Imipenem, per 250 mg (Primaxin IM, Primaxin IV)	14.73
S0023	Cimetidine HCL, 300 mg (Tagamet)	4.99
J0744	Ciprofloxacin, 200 mg (Cipro)	13.00
J9062	Cisplatin, 50 mg (Platinol AQ)	200.36
J9060	Cisplatin, powder or solution, per 10 mg (Platinol, Plantinol AQ)	40.07
J9065	Cladribine, per 1 mg (Leustatin)	50.72
J0735	Clonidine Hydrochloride, 1 mg	52.40
J0745	Codeine Phosphate, per 30 mg	1.02
J0760	Colchicine, 1 mg	6.72
J0770	Colistimethate Sodium, up to 150 mg (Coly-Mycin M)	37.91
J0800	Corticotropin, up to 40 units (Acthar, ACTH)	4.51
J0835	Cosyntropin, per 0.25 mg (Cortrosyn)	14.57
J3420	Cyanocobalamin, vitamin B 12, 1000 mcg	.06

Injectable Drug List, continued

Procedure Code	Description	Fee
J9096	Cyclophosphamide Lyophilized 1 gm (Cytosan Lyophilized)	46.42
J9093	Cyclophosphamide Lyophilized, 100 mg (Cytosan Lyophilized)	5.82
J9091	Cyclophosphamide, 1.0 gm (Cytosan, Neosar)	45.26
J9070	Cyclophosphamide, 100 mg (Cytosan, Neosar)	5.68
J9092	Cyclophosphamide, 2.0 gm (Cytosan, Neosar)	90.51
J9080	Cyclophosphamide, 200 mg (Cytosan, Neosar)	10.77
J9090	Cyclophosphamide, 500 mg (Cytosan, Neosar)	22.62
J9094	Cyclophosphamide, Lyophilized, 200 mg (Cytosan Lyophilized)	11.06
J9095	Cyclophosphamide, Lyophilized, 500 mg (Cytosan Lyophilized)	23.20
J9097	Cyclophosphamide Lyophilized, 2gm	92.86
J9100	Cytarabine 100 mg (Cytosar-U)	5.72
J9110	Cytarabine, 500 mg (Cytosar-U)	23.49
J9130	Dacarbazine 100 mg (DTIC-Dome)	12.05
J9140	Dacarbazine 200 mg (DTIC-Dome)	21.43
J7513	Daclizumab, 25 mg (Zenapax)	377.43
J9120	Dactinomycin, .5 mg (Cosmegen)	12.57
J1645	Dalteparin, per 2500 I.U. (Fragmin)	10.17
J9150	Daunorubicin HCL, 10 mg (Cerubidine)	76.04
J9151	Daunorubicin Citrate Liposomal, 10 mg (DaunoXome)	61.37
J0895	Deferoxamine Mesylate, 500 mg (Desferal)	12.83
J9160	Denileukin Diftitox, 300mcg (Ontak)	1,044.87
J1000	Depoestradiol Cypionate, up to 5 mg	2.47
J1095	Dexamethasone Acetate 8 mg	2.19
J2597	Desmopressin Acetate per 1 mcg (DDAVP)	4.54
J1100	Dexamethosone Sodium Phosphate, 1 mg (Cortastat, Dalalone)	.10
J1190	Dexrazoxane HCL, 250 mg (Zinecard)	184.80
J7110	Dextran 75, 500 ml	97.96
J7042	Dextrose 5%/Normal Saline (500 ml = 1 unit)	7.89
J7070	D5W, 1000 cc	11.36
J7060	Dextrose 5%/Water (500 ml = 1 unit)	8.84
J3360	Diazepam, up to 5 mg (Valium, Zetran)	1.12
J1730	Diazoxide, up to 300 mg (Hyperstat IV)	111.18
J0500	Dicyclomine HCL, up to 20 mg (Bentyl, Dilomine, Antispas)	9.64
J9165	Diethylstilbestrol Diphosphate, 250 mg (Stilphostrol)	13.69
J1160	Digoxin, up to 0.5 mg (Lanoxin)	2.05
J1110	Dihydroergotamine Mesylate, up to 1 mg	13.86
J0470	Dimercaprol, per 100 mg	22.49
J1240	Dimenhydrinate, up to 50 mg	.36
J1200	Diphenhydramine HCL, up to 50 mg (Benadryl)	1.11
J1245	Dipyridamole, per 10 mg (Persantine IV)	20.80
J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	39.66
J1250	Dobutamine HCL, 250 mg (Dobutrex)	10.31
J9170	Docetaxel, 20 mg (Taxotere)	297.08

Injectable Drug List, continued

Procedure Code	Description	Fee
J1260	Dolasetron Mesylate, 10 mg (Anzemet)	15.63
J9001	Doxorubicin HCL, all lipid formulations, 10 mg,	359.42
J9000	Doxorubicin HCL, 10 mg (Adriamycin PFS, Adriamycin RDF, Rubex)	41.07
J1810	Droperidol and Fentanyl Citrate, up to 2 ml ampule (Innovar)	10.95
J1790	Droperidol, up to 5 mg (Inapsine)	5.17
J1180	Dyphylline, up to 500 mg (Lufyllin, Dilor)	7.48
J0600	Edetate Calcium Disodium up to 1000 mg	38.09
J1650	Enoxaparin Sodium, 10 mg (Lovenox)	5.25
Q9920	EPO, per 1000 units, Patient HCT 20 or less	11.69
Q9921	EPO, per 1000 units, Patient HCT 21	11.69
Q9922	EPO, per 1000 units, Patient HCT 22	11.69
Q9923	EPO, per 1000 units, Patient HCT 23	11.69
Q9924	EPO, per 1000 units, Patient HCT 24	11.69
Q9925	EPO, per 1000 units, Patient HCT 25	11.69
Q9926	EPO, per 1000 units, Patient HCT 26	11.69
Q9927	EPO, per 1000 units, Patient HCT 27	11.69
Q9928	EPO, per 1000 units, Patient HCT 28	11.69
Q9929	EPO, per 1000 units, Patient HCT 29	11.69
Q9930	EPO, per 1000 units, Patient HCT 30	11.69
Q9931	EPO, per 1000 units, Patient HCT 31	11.69
Q9932	EPO, per 1000 units, Patient HCT 32	11.69
Q9933	EPO, per 1000 units, Patient HCT 33	11.69
Q9934	EPO, per 1000 units, Patient HCT 34	11.69
Q9935	EPO, per 1000 units, Patient HCT 35	11.69
Q9936	EPO, per 1000 units, Patient HCT 36	11.69
Q9937	EPO, per 1000 units, Patient HCT 37	11.69
Q9938	EPO, per 1000 units, Patient HCT 38	11.69
Q9939	EPO, per 1000 units, Patient HCT 39	11.69
Q9940	EPO, per 1000 units, Patient HCT 40	11.69
Q0136	Epoetin Alpha (for non ESRD use) per 1000 units (Epogen)	11.69
J1325	Epoprostenol 0.5 mg	17.16
J1330	Ergonovine Maleate, up to 0.2 mg	4.28
J1364	Erythromycin Lactobionate, per 500 mg (Erythrocin)	5.64
J1380	Estradiol Valerate, up to 10 mg	9.18
J1390	Estradiol Valerate, up to 20 mg	12.94
J0970	Estradiol Valerate, up to 40 mg (Delestrogen)	21.48
J1410	Estrogen Conjugated, per 25 mg (Premarin Intravenous)	52.35
J1435	Estrone, per 1 mg (Estone Aqueous, Estronol, etc.)	.18
J1436	Etidronate Disodium, per 300 mg (Didronel)	60.47
J9181	Etoposide, 10 mg (VePesid)	9.93
J9182	Etoposide, 100 mg (VePesid)	99.28
J3010	Fentanyl Citrate, 0.1 mg (2 ml) (Sublimaze)	1.23
J7190	Factor VIII (anti-hemophilic factor, human) per I.U.	.82
J7191	Factor VIII (anti-hemophilic factor, porcine) per I.U.	1.99
J7192	Factor VIII (anti-hemophilic factor, recombinant) – per I.U.	1.06

Injectable Drug List, continued

Procedure Code	Description	Fee
J7194	Factor IX complex, per I.U.	.29
J7193	Factor IX (Antihemophilic Factor, Purified, non-recombinant) – per I.U.	1.00
J7195	Factor IX (Antihemophilic Factor, recombinant) – per I.U.	1.07
J1440	Filgrastim , 300 mcg/1ml (Neupogen)	170.13
J1441	Filgrastim , 480 mcg/1.6ml (Neupogen)	284.38
J9200	Floxuridine, 500 mg (FU DR)	123.08
J9185	Fludarabine Phosphate, 50 mg (Fludara)	295.57
J9190	Fluorouracil, 500 mg (A drucil)	2.47
J2680	Fluphenazine Decanoate, up to 25 mg (Prolixin Decanoate)	13.39
J1455	Foscarnet Sodium, per 1000 mg (Foscavir)	11.48
J1940	Furosemide, up to 20 mg (Lasix, Furomide M.D.)	1.18
J1460	Gamma Globulin, Intramuscular, 1 cc (Gammar)	3.24
J1470	Gamma Globulin, Intramuscular, 2 cc	6.48
J1480	Gamma Globulin, Intramuscular, 3 cc	9.72
J1490	Gamma Globulin, Intramuscular, 4 cc	12.96
J1500	Gamma Globulin, Intramuscular, 5 cc	16.20
J1510	Gamma Globulin, Intramuscular, 6 cc	19.44
J1520	Gamma Globulin, Intramuscular, 7 cc	22.68
J1530	Gamma Globulin, Intramuscular, 8 cc	25.92
J1540	Gamma Globulin, Intramuscular, 9 cc	29.16
J1550	Gamma Globulin, Intramuscular, 10 cc	32.40
J1560	Gamma Globulin, Intramuscular, over 10 cc (use correct combinations of above codes)	
J1570	Ganciclovir Sodium, 500 mg (Cytovene)	32.20
J7310	Ganciclovir, Long-acting Implant, 4.5 mg (Vitraser t)	4,512.50
J9201	Gemcitabine HCl. 200 mg (Gemzar)	106.45
J1580	Gentamicin (Garamycin Sulfate) up to 80 mg (Gentamicin Sulfate, Jenamicin)	1.85
J1610	Glucagon Hydrochloride, per 1 mg	43.32
J1600	Gold Sodium Thiomaleate, up to 50 mg (Myochry sine)	10.66
J1620	Gonadorelin Hydrochloride, per 100 mcg (Factrel)	182.75
J9202	Goserelin Acetate Implant, per 3.6 mg (Zoladex)	424.17
J1626	Granisetron Hydrochloride, 100 mcg (Kytril)	17.61
J1631	Haloperidol Decanoate, per 50 mg (Haldol Decanoate – 50)	25.37
J1630	Haloperidol Lactate, up to 5 mg (Haldol)	6.77
J1642	Heparin Sodium, per 10 units (Heparin Lock Flush)	.05
J1644	Heparin Sodium, per 1000 units	.33
J3470	Hyaluronidase, up to 150 units (Wydase)	5.78
J0360	Hydralazine HCL, up to 20 mg (Apresoline)	16.92
J1700	Hydrocortisone Acetate, up to 25 mg	.32
J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	5.04
J1720	Hydrocortisone Sodium Succinate, up to 100 mg	1.72
J1170	Hydromorphone, up to 4 mg (Dilaudid)	.96
J3410	Hydroxyzine HCL, up to 25 mg (Vistaril, Vistaject-25, Hyzine-50)	.67

Injectable Drug List, continued

	Procedure Code	Description	Fee
	J7320	Hylan G-F 20, 16 mg, for intra-arterial injection (Synvisc)	212.09
	J1980	Hyoscyamine Sulfate, up to 0.25 mg (Levsin)	7.51
	J7130	Hypertonic Saline Solution, 50 or 100 mEq, 20 cc vial)	.45
	J1742	Ibutilide Fumarate 1 mg. (Corvert)	228.61
	J9211	Idarubicin Hydrochloride, 5 mg (Idamycin)	411.18
	J9208	Ifosfamide, 1 gm (Ifex)	153.28
	J1785	Imiglucerase, per unit (Cerezyme)	3.56
	J1561	Immune Globulin, Intravenous, 500 mg (Panglobulin)	36.10
	J1745	Infliximab, 10 mg (Remicade)	62.42
	J1820	Insulin, up to 100 units (Regular, NPH, Lente, or Ultralente))	2.40
	J9213	Interferon, Alfa-2A, Recombinant, 3 million units (Roferon-A)	33.14
	J9214	Interferon, Alfa-2B, Recombinant, 1 million units (Intron A)	12.82
	J9215	Interferon, Alfa-N3, (human leukocyte derived) 250,000 IU (Alferon N)	7.47
	J9212	Interferon, Alfacon-1, Recombinant, 1 mcg (Infergen)	3.90
	J9216	Interferon, Gamma 1-B, 3 million units (Actimmune)	271.36
	J9206	Irinotecan, 20 mg (Camptosar)	133.66
	J1750	Iron Dextran, 50 mg (Infed)	17.01
	J1840	Kanamycin Sulfate, up to 500 mg (Kantrex, Klebcil)	2.03
	J1850	Kanamycin Sulfate, up to 75 mg (Kantrex, Klebcil)	2.94
	J1885	Ketorolac Tromethamine, per 15 mg (Toradol)	5.46
	J1910	Kutapressin, up to 2 ml	12.62
	J0640	Leucovorin Calcium, per 50 mg (Wellcovorin)	16.64
	J9217	Leuprolide Acetate, 7.5 mg (Lupron, for Depot Suspension)	580.98
	J1950	Leuprolide Acetate, 3.5 mg (Lupron, for Depot Suspension)	483.05
	J9218	Leuprolide Acetate, per 1 mg (Lupron)	24.84
	J1955	Levocarnitine, per 1 gm (Carnitor)	32.49
	J1956	Levofloxacin, 250 mg (Levaquin)	17.87
	J1960	Levorphanol tartrate, up to 2 mg (Levo-Dromoran)	3.57
	J2000	Lidocaine HCL, 50 cc (Xylocaine)	1.38
	J2010	Lincomycin HCL, up to 300 mg (Lincocin)	1.30
	J2060	Lorazepam, 2 mg (Ativan)	1.30
*	J3490	Leuprolide Acetate, 11.25 mg (Lupron Depot Pediatric) (Send in claim with invoice for manual pricing)	
*	J3490	Leuprolide Acetate, 15 mg (Lupron Depot Pediatric) (Send in claim with invoice for manual pricing)	
*	J3490	Leuprolide Acetate, 7.5 mg (Lupron Depot Pediatric) (Send in claim with invoice for manual pricing)	
	J3475	Magnesium Sulfate, 500 mg.	.21
	J2150	Mannitol, 25% in 50 ml	2.87
	J9230	Mechlorethamine Hydrochloride (Nitrogen Mustard), 10 mg	10.88
	J1055	Medroxyprogesterone Acetate for Contraceptive Use, 150 mg (Depo-Provera)	43.29
	J1050	Medroxyprogesterone Acetate, 100 mg (Depo-Provera)	9.45

Injectable Drug List, continued

	Procedure Code	Description	Fee
	J9245	Melphalan Hydrochloride, 50 mg, (Alkeran)	395.93
	J2180	Meperidine and Promethazine HCL, up to 50 mg (Mepergan Injection)	3.73
	J2175	Meperidine Hydrochloride, per 100 mg (Demerol HCL)	.57
	J0670	Mepivacaine, per 10 ml (Carbocaine)	1.80
	J9209	Mesna, 200 mg (Mesnex)	34.66
	J0380	Metaraminol Bitartrate, 10 mg (Aramine)	1.15
	J1230	Methadone HCL, up to 10 mg (Dolophine)	.71
	J2800	Methocarbamol, up to 10 ml (Robaxin)	6.09
	J9250	Methotrexate Sodium, 5 mg	.46
	J9260	Methotrexate Sodium, 50 mg	5.36
	J0210	Methyldopate HCL, up to 250 mg (Aldomet)	8.53
	J2210	Methylergonovine Maleate, up to 0.2 mg (Methergine)	3.37
	J1020	Methylprednisolone Acetate, 20 mg (Depo Medrol)	2.26
	J1030	Methylprednisolone Acetate, 40 mg	4.09
	J1040	Methylprednisolone Acetate, 80 mg	8.18
	J2930	Methylprednisolone Sodium Succinate, up to 125 mg (Solu-Medrol, A-methaPred)	2.95
	J2920	Methylprednisolone Sodium Succinate, up to 40 mg (Solu-Medrol, A-Metha Pred)	1.82
	J2765	Metoclopramide HCL, up to 10 mg (Reglan)	1.81
	J2250	Midazolam HCL, per 1 mg (Versed)	.64
	J2260	Milrinone Lactate, 5 mg per 5 ml (Primacor)	40.47
	J9290	Mitomycin, 20 mg (Mutamycin)	392.23
	J9291	Mitomycin, 40 mg (Mutamycin)	825.79
	J9280	Mitomycin, 5 mg (Mutamycin)	118.30
	J9293	Mitoxantrone HCL, per 5 mg (Novantrone)	252.87
	J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg (Astramorph PF, Duramorph)	7.32
	J2270	Morphine Sulfate, up to 10 mg	1.35
	J2271	Morphine Sulfate (100 mg)	9.26
	J2310	Nalaxone HCL, per 1 mg (Narcan)	3.99
	J2300	Nalbuphine Hydrochloride, 10 mg	1.37
	J2321	Nandrolone Decanoate, up to 100 mg	6.00
	J2322	Nandrolone Decanoate, up to 200 mg	12.01
	J2320	Nandrolone Decanoate, up to 50 mg	4.94
	J2710	Neostigmine Methylsulfate, up to 0.5 mg (Prostigmin)	.67
	J7030	Normal Saline Solution, 1000 cc, infusion	11.31
	J7050	Normal Saline Solution, 250 cc, infusion	10.81
	J7040	Normal Saline Solution, Sterile (500 ml=1 unit), infusion	10.29
	S0079	Octreotide Acetate, 100 mcg (Sandostatin)	15.75
	J2352	Octreotide Acetate, 1 mg (Sandostatin LAR Depot), Pricing Based on 30 mg	1,385.54
*	J3490	Octreotide Acetate, 1 mg (Sandostatin LAR Depot), Pricing Based on 20 mg	

Injectable Drug List, continued

	Procedure Code	Description	Fee
*	J3490	Octreotide Acetate, 1 mg (Sandostatin LAR Depot), Pricing Based on 10 mg	
	J2405	Ondansetron Hydrochloride, per 1 mg (Zofran)	5.79
	J2355	Oprelvekin, 5 mg (Newmega)	233.52
	J2360	Orphenadrine Citrate, up to 60 mg (Norflex, etc.)	1.44
	J2700	Oxacillin Sodium, up to 250 mg (Bactocile, Prostaphlin)	.62
	J2410	Oxymorphone HCL, up to 1 mg (Numorphan)	2.66
	J2460	Oxytetracycline HCL, up to 50 mg (Terramycin IM)	.90
	J2590	Oxytocin, up to 10 units (Pitocin, Syntocinon)	.72
	J9265	Paclitaxel, 30 mg (Taxol)	155.88
	J2430	Pamidronate Disodium, per 30 mg (Aredia)	252.58
	J2440	Papaverine HCL, up to 60 mg	3.38
*	J9266	Pegaspargase Single Dose vial, (5 ml) (Oncaspar)	
	J0540	Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units (Bicillin C-R)	13.67
	J0550	Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units (Bicillin C-R)	27.37
	J0530	Penicillin G Benzathine and Penicillin G procaine, up to 600,000 units (Bicillin C-R)	8.36
	J0570	Penicillin G Benzathine, up to 1,200,000 units (Bicillin L-A, Permapen)	18.79
	J0580	Penicillin G Benzathine, up to 2,400,000 units (Bicillin L-A, Permapen)	42.18
	J0560	Penicillin G Benzathine, up to 600,000 units (Bicillin L-A, Permapen)	11.89
	J2540	Penicillin G Potassium, up to 600,000 units (Pfizerpen)	.28
	J2510	Penicillin G Procaine, Aqueous, up to 600,000 units (Wycillin, etc.)	6.39
	J2545	Pentamidine Isethionate, inhalation solution, per 300 mg (Pentam 300, NebuPent, PentacaRinat)	89.12
	S0080	Pentamidine Isethionate, IV, IM, per 300 mg	88.88
	J3070	Pentazocine HCL, up to 30 mg (Talwin)	4.08
	J2515	Pentobarbital Sodium (Nembutal Sodium Solution), per 50 mg	.50
	J9268	Pentostatin, per 10 mg (Nipent)	1,571.43
	J2543	Piperacillin Sodium/Tazobactam Sodium 1gm/0.125 gm (1.125gm) (Zosyn)	4.64
	J3310	Perphenazine, up to 5 mg (Trilafon)	6.45
	J2560	Phenobarbital Sodium, up to 120 mg	1.54
	J2760	Phentolamine Mesylate, up to 5 mg (Regitine)	30.96
	J2370	Phenylephrine HCL, up to 1 ml (NeoSynephrine)	1.22
	J1165	Phenytoin Sodium, per 50 mg (Dilantin)	.09
	J9270	Plicamycin, 2.5 mg (Mithracin)	89.11
	J9600	Porfimer Sodium, 75 mg (Photofin)	2,473.49
	J3480	Potassium Chloride, per 2 mEq.	.16
	J2730	Pralidoxime Chloride, up to 1 gm (Protopam Chloride)	97.81
	J2650	Prednisolone Acetate, up to 1 ml	.32
	J2690	Procainamide HCL, up to 1 gm (Pronestyl)	10.48
	J0780	Prochlorperazine Edisylate 10 mg (Compazine, Cotranzine, Compa-Z, Ultrazine-10)	2.48

Injectable Drug List, continued

	Procedure Code	Description	Fee
	J2950	Promazine HCL, up to 25 mg (Sparine, Prozine-50)	.44
	J2550	Promethazine HCL, up to 50 mg (Phenergan, Phenazine)	2.71
	J1800	Propranolol HCL, up to 1 mg (Inderal)	11.04
	J2720	Protamine Sulfate, per 10 mg	.73
	J2725	Protirelin, per 250 mcg (Relefact TRH, Thyphinone)	23.18
	J2780	Rantidine HCL, 25 mg (Zantac)	1.37
	J7120	Ringers Lactate Infusion, up to 1000 cc	12.70
	J9310	Rituximab (Rituxan) 100 mg (Rituxan)	431.82
	J2820	Sargramostim (GM-CSF), 50 mcg (Leukine, Prokine)	27.61
*	J3490	Sodium Bicarbonate 7.5% up to 50 ml	
	J2912	Sodium Chloride, 0.9% per 2 ml	.09
	J7316	Sodium Hyaluronate, 5 mg. for intra-articular injection (Biolon, Provisc, Vitrax, Hyalgan)	26.49
	J3320	Spectinomycin Dihydrochloride, up to 2 gm (Trobicin)	25.46
	J7051	Sterile Saline or Water (up to 5 cc)	.18
	J2995	Streptokinase, per 250,000 IU (Streptase)	114.90
	J3000	Streptomycin, up to 1 gm (Streptomycin Sulfate)	6.02
	J9320	Streptozocin, 1 gm (Zanosar)	111.76
	J0330	Succinylcholine Chloride, up to 20 mg (Anectine, Quelicin, Surostrin)	.10
	J9170	Docetaxel, 20 mg (Taxotere)	297.08
	J3105	Terbutaline Sulfate, up to 1 mg (Brethine, Bricanyl Subcutaneous)	2.02
	J1060	Testosterone Cypionate and Estradiol Cypionate, up to 1 ml	3.52
	J1080	Testosterone Estradiol Cypionate, 1 cc, 200 mg	7.12
	J1070	Testosterone Estradiol Cypionate, up to 100 mg	4.10
	J0900	Testosterone Enanthate and Estradiol Valerate up to 1 cc (Deladumone, etc.)	1.56
	J3120	Testosterone Enanthate, up to 100 mg (Evarone, Delatestryl, etc.)	6.47
	J3130	Testosterone Enanthate, up to 200 mg, (Evarone, Delatestryl, Andro L.A. 200, etc.)	12.94
	J3150	Testosterone Propionate, up to 100 mg (Testex)	.89
	J3140	Testosterone Suspension, up to 50 mg (Andronaq 50, Testosterone Aqueous, etc.)	.92
*	J0120	Tetracycline, up to 250 mg (Achromycin, Panmycin, Sumycin)	
	J3280	Thiethylperazine Maleate, up to 10 mg (Norzine, Torecan)	4.37
	J9340	Thiotepa, 15 mg (Thioplex)	111.12
	J3240	Thyrotropin Alfa, 0.9 mg (Thyrogen)	538.34
	J3260	Tobramycin Sulfate, up to 80 mg (Nebcin)	4.98
	J9350	Topotecan, 4 mg (Hycamtin)	660.26
	J3265	Torsemide, 10 mg/ml (Demadex)	2.10
	J2670	Tolazoline HCL, up to 25 mg (Priscoline HCL)	3.72
	J9355	Trastuzumab, 10 mg (Herceptin)	50.19
	J3301	Triamcinolone Acetonide, per 10 mg (Kenalog-10, Kenalog-40, Tri-Kort, etc.)	1.44

Injectable Drug List, continued

	Procedure Code	Description	Fee
	J3302	Triamcinolone Diacetate, per 5 mg (Aristocort Intralesional, Aristocort Forte, Amcort, etc.)	.19
	J3303	Triamcinolone Hexacetonide, per 5 mg (Aristospan Intralesional, Aristospan Intra-articular)	2.47
	J3400	Triflupromazine HCL, up to 20 mg (Vesprin)	8.24
	J3250	Trimethobenzamide HCL, up to 200 mg (Tigan, Ticon, Tiject-20, Arrestin)	.90
	J3305	Trimetrexate Glucuronate, per 25 mg (Neutrexin)	112.81
	J3350	Urea, up to 40 gm (Ureaphil)	80.02
	J3365	Urokinase, 250,000 I.U. Vial (Abbokinase)	442.86
	J3364	Urokinase, 5000 I.U. vial (Abbokinase Open-Cath)	53.78
	J9357	Valrubicin, intravesical, 200 mg (Valstar)	500.35
	J3370	Vancomycin HCL, 500 mg (Varcocin, Vancoled)	4.94
	J9360	Vinblastine Sulfate, 1 mg (Velban)	3.90
	J9370	Vincristine Sulfate, 1 mg (Oncovin.)	30.47
	J9375	Vincristine Sulfate, 2 mg (Oncovin)	49.54
	J9380	Vincristine Sulfate, 5 mg (Oncovin.)	146.84
	J9390	Vinorelbine Tartrate, per 10 mg (Navelbine)	94.32
	J3430	Vitamin K, Phytonadione 1 mg/0.5ml	2.21
	J2500	Zemplar (Paricalcitol) 5 mcg	23.84

Revised April 18, 2002

EDS, 1-800-688-6696 or 919-851-8888**Attention: Health Check Providers****H**Health Check Seminar

Health Check seminars for all providers except health departments are scheduled for August 2002. The July general Medicaid bulletin will have the registration form and a list of site locations for the seminars. Attendance at these seminars is very important because Health Check billing requirements will change on October 1, 2002. Due to the magnitude of the changes in Health Check billing, these seminars will only focus on the new Health Check billing requirements and will not include any basic Medicaid billing instructions.

A separate teleconference sponsored by the Division of Public Health is scheduled for health department providers. The July general Medicaid bulletin will include registration information for the teleconference.

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

Attention: All Providers Fee Schedules and Reimbursement Plans

Fee Schedule Request Form

There is no charge for fee schedules or reimbursement plans requested from the Division of Medical Assistance (DMA). DMA stipulates that the information provided is to be used only for internal analysis. **Providers are expected to bill their usual and customary rate.** All requests for fee schedules and reimbursement plans **must be made** on the Fee Schedule Request form and mailed to:

Division of Medical Assistance
Financial Operations - Fee Schedules
2509 Mail Service Center
Raleigh, N. C. 27699-2509

Or **fax** your request to DMA's Financial Operations section at **919-715-0896**.

NOTE: PHONE REQUESTS ARE NOT ACCEPTED

- Advanced Practice Psychiatric Clinical Nurse Specialist
- Advanced Practice Psychiatric Nurse Practitioner
- After Care Surgery Period
- Ambulatory Surgery Center
- Anesthesia Base Units
- Community Alternatives Program
- Dental
- Durable Medical Equipment
- Health Department
- Home Health
- Home Infusion Therapy
- Hospital Reimbursement Plan
- ICF/MR Reimbursement Plan
- Laboratory
- Licensed Clinical Social Worker
- Licensed Psychologist
- Nurse Midwife
- Nursing Facility Reimbursement Plan
- Optical and Visual Aids
- Orthotics and Prosthetics
- Physician Fees (includes x-ray and laboratory)
- Portable X-ray

Name of Provider/Facility _____ Provider Type: _____
Address: _____ Provider #: _____

Contact Person: _____ Phone: _____

Request for Diskettes

Provider fee schedules, the after-care surgery schedule, and the anesthesia base units schedule are also available on **diskette** or by **e-mail**.

NOTE: To reduce costs, where available, schedules will be sent by e-mail.

DMA stipulates that the information provided is to be used only for internal analysis. **Providers are expected to bill their usual and customary rate.**

Please complete the information below with each request:

Name of Provider/Facility: _____ **E-mail Address:** _____

Address: _____

Phone: _____

Type of File (circle one):

Format (circle one):

Text File

Excel Spreadsheet

e-mail

diskette

Type of Schedule on Diskette (check):

- Advanced Practice Psychiatric Clinical Nurse Specialist
- Advanced Practice Psychiatric Nurse Practitioner
- After Care Surgery Period
- Ambulatory Surgery Center
- Anesthesia Base Units
- Dental
- Health Department
- Laboratory
- Licensed Clinical Social Worker
- Licensed Psychologist
- Nurse Midwife
- Optical and Visual Aids
- Physician Fees (includes x-ray)
- Portable X-ray

Mail the request to:

Division of Medical Assistance
Financial Operations – Fee Schedules
2509 Mail Service Center
Raleigh, North Carolina 27699-2509

Or **fax** your request to DMA’s Financial Operations section at **919-715-0896**.

Attention: Residential Child Care Facility Providers Accreditation Requirement and Provider Status Changes

Effective February 1, 2002, the Division of Medical Assistance no longer requires a compliance verification credential from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Licensure through the Division of Facility Services (DFS) for a Residential Child Care Facility (Levels II through IV) satisfies the accreditation requirement for enrollment with the N.C. Medicaid program.

Providers who are currently enrolled as a Residential Child Care Facility but choose to change the number of beds available in the facility must apply for a new license from DFS and submit a copy of the new license to the address listed below. Failure to maintain appropriate licensure reflecting the number of beds available in the facility may result in a denied claim.

Division of Medical Assistance
Provider Services
2506 Mail Service Center
Raleigh, NC 27699-2506

Providers must report all other changes in status (address and telephone number changes, name changes, change of ownership, etc.) to the N.C. Medicaid program using the Notification of Change in Provider Status form. The form is available from the DMA website at <http://www.dhhs.state.nc.us/dma>.

Joe Ann McCullough, Provider Services
DMA, 919-857-4017

Attention: Rural Health Clinics and Federally Qualified Health Centers Core Service Code Conversion

Effective with date of service June 30, 2002, state-created codes Y2058 and Y2089 will be end-dated to comply with the implementation of national procedure codes mandated by the Health Insurance Portability and Accountability Act (HIPAA).

Effective with date of service July 1, 2002, Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers must bill procedure code T1015 – Clinic visit/encounter, all inclusive –for all core services. An RHC/FQHC core service visit must be billed using the provider’s six-digit provider number with alpha suffix “A.”

End-dated Code	New Code
Y2058 – RHC Core Service	T1015 – Clinic visit/encounter, all inclusive
Y2059 – FQHC Core Service	T1015 – Clinic visit/encounter, all inclusive

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

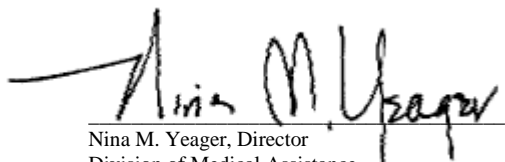
Checkwrite Schedule

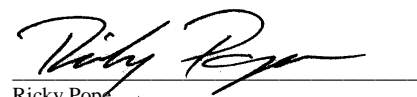
June 11, 2002	July 16, 2002	August 13, 2002
June 18, 2002	July 23, 2002	August 20, 2002
June 27, 2002	July 31, 2002	August 29, 2002

Electronic Cut-Off Schedule

June 7, 2002	July 12, 2002	August 9, 2002
June 14, 2002	July 19, 2002	August 16, 2002
June 21, 2002	July 26, 2002	August 23, 2002

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.


Nina M. Yeager, Director
Division of Medical Assistance
Department of Health and Human Services


Ricky Pope
Executive Director
EDS

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Raleigh, North Carolina 27622

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