North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 7 *July 1998*

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and Electronic Data Systems (EDS) will be closed on Friday, July 3, 1998, in observance of Independence Day.

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

Attention: Hospitals and Physicians

Physician Supervision of Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants

The Division of Medical Assistance (DMA) policy concerning physician supervision of Physician Assistants, Nurse Practitioners, and Nurse Midwives has not changed. If the supervising or back-up physician is not on the premises at the time the physician extender's services are rendered, he/she must be designated "on call". The designated physician must always be available for direct communication by radio, telephone or telecommunications with a predetermined plan for emergency services. Physician supervision must meet all other applicable state requirements concerning direct supervision.

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

Attention: All Providers

Year 2000 Update

North Carolina's Medicaid Management Information System (MMIS) moves closer to Year 2000 compliance. Providers should be aware that certain claim data elements will be expanded to accommodate century information. For specific claim types and formatting changes please refer to the March 1998 special bulletin entitled Year 2000 Changes.

Providers will be notified in a future North Carolina Medicaid Bulletin of the specific dates on which claims can be submitted in Year 2000 specification. A transition period during which Year 2000 and "old" formats are both acceptable is still planned.

Providers using tape Remittance Advice have received Year 2000 specifications. Year 2000 compliant tape remittance advice will be delivered to providers for the August 27, 1998 checkwrite date.

It is planned that Year 2000 compliant claims will be accepted starting with the end of the first quarter calendar year 1999; a specific effective date will be reported in a subsequent bulletin along with specific claims format changes.

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

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

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Attention: Ambulatory Surgical Center, Anesthesiology, and Dental Providers

Billing When Dental Services are Rendered in an Ambulatory Surgical Center

If a Medicaid recipient is physically unmanageable, medically compromised, or severely mentally retarded and will not cooperate for treatment in the dental office, treatment can be completed in an ambulatory surgical center (ASC). The purpose of this article is to clarify billing procedures when dental treatment is completed in an ASC.

Dental Providers

The ADA claim form is used by dentists for billing dental services. The dentist's billing instructions do not change, except for the place of treatment. Since the service is rendered in the ASC, the place of treatment code "F" must be entered in field 28 on the ADA claim form. Services that normally require prior approval are handled in the usual manner.

Anesthesiologist and Certified Registered Nurse Anesthetist (CRNA) Providers

Anesthesiologists and CRNAs billing for anesthesia services rendered in the ASC use the HCFA-1500 claim form. Anesthesia time begins when the anesthesiology provider prepares the patient for induction of anesthesia and ends when the patient can be placed under post-operative supervision and the anesthesiology provider is no longer in personal attendance. In field 24G of the HCFA-1500 claim form, enter anesthesia time units as measured in minutes (i.e., 1 minute = 1 unit). For ASC dental treatment, specific changes in anesthesia billing procedures are listed below:

- Since the service is rendered in the ASC, the place of service code "24" must be entered in field 24B on the HCFA-1500
- The type of service code "07" must be entered in field 24C on the HCFA-1500 claim form
- The CPT code "40899" (unlisted procedure, vestibule of the mouth) is the surgical procedure code that must be entered in field 24D on the HCFA-1500 claim form

Ambulatory Surgical Center Providers

ASC bills for facility use. Claims are filed on the HCFA-1500 claim form. ASC facility rates for ambulatory dental services are priced based on total time utilizing ASC Groups 1 - 4, as outlined below (see North Carolina Medicaid Bulletin, December, 1997 for rates):

ASC Group	Total Time
1	up to 30 minutes
2	31 - 60 minutes
3	61 - 90 minutes
4	over 90 minutes

For ASC dental treatment, specific changes in ASC billing procedures are listed below:

- For a dental service in the ASC, the place of service code "22" must be entered in field 24B on the HCFA-1500
- The type of service code "15" must be entered in field 24C of the HCFA-1500 claim form
- The ADA and/or CPT dental procedures codes that the dentist performed are the procedure codes that must be entered in field 24D of the HCFA-1500 claim form (see following page for list of valid ADA/CPT codes for ASC billing)
- The number of times each ADA and/or CPT dental procedure code was used by the dental provider must be entered in field 24G of the HCFA-1500 claim form
- When dental services are rendered in an ASC, the operating room time must be indicated on the HCFA-1500 claim form (e.g., "total surgical time - 11:14 - 11:55"). This must be entered in any available space in field 24 on the HCFA-1500 claim form

Following is the list of valid ADA/CPT codes for ASC billing:

ADA Codes				CPT Codes			
00120	04240	07320	07910	10180	21180	21490	64722
00140	04341	07340	07911	12052	21181	21497	64901
00150	04355	07350	07912	13131	21182	21501	81000
00160	04910	07410	07920	13132	21183	21550	85002
01110	05110	07420	07955	13150	21184	21555	85041
01120	05120	07430	07971	13151	21188	21556	93000
01201	05130	07431	07980	13152	21193	21557	93016
01205	05140	07440	07981	15770	21194	30130	93041
01351	05211	07441	07982	20005	21195	30420	97010
01510	05212	07450	07983	20205	21196	30520	97014
01515	05213	07451	07990	20225	21198	30802	97033
02110	05214	07460	09110	20250	21206	30905	97035
02120	05410	07461		20550	21208	31020	
02130	05411	07470		20670	21209	31032	
02131	05421	07490		20680	21210	31600	
02140	05422	07510		20910	21215	31603	
02150	05510	07520		20926	21230	37600	
02160	05520	07530		21025	21235	37605	
02161	05610	07540		21026	21240	40820	
02330	05620	07550		21030	21242	40840	
02331	05630	07610		21041	21243	40842	
02332	05640	07620		21110	21244	40843	
02335	05650	07630		21120	21247	40844	
02336	05660	07640		21121	21255	41009	
02380	05730	07650		21122	21256	41010	
02381	05731	07660		21123	21260	41015	
02385	05740	07670		21125	21261	41016	
02386	05741	07680		21127	21263	41017	
02910	05750	07710		21137	21267	41115	
02920	05751	07720		21138	21268	41116	
02930	05760	07730		21139	21270	41520	
02931	05761	07740		21141	21275	42210	
02933	07110	07750		21142	21280	42325	
02940	07120	07760		21143	21282	42405	
02950	07130	07770		21145	21295	42408	
02951	07210	07780		21146	21296	42505	
02970	07220	07810		21147	21320	42650	
03110	07230	07820		21150	21330	42660	
03220	07240	07830		21151	21385	42665	
03310	07241	07840		21154	21387	42961	
03330	07250	07850		21155	21390	64400	
03351	07260	07860		21159	21435	64505	
03352	07270	07865		21160	21465	64600	
03353	07285	07870		21172	21470	64605	
03410	07286	07872		21175	21480	64610	
04210	07310	07873		21179	21485	64716	

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

Attention: Physicians

Additions to Drug List

The following Food and Drug Administration (FDA) approved drugs were added to the list of injectable drugs covered by the North Carolina Medicaid Program when administered in a physician's office for the FDA indications.

Code	Drug Name	Unit	Fee	Effective Date of Service
W5182	Rituximab (Rituxan)	100mg./10ml.	$358.74	4-1-98
W5183	Ciprofloxacin (Cipro)	200mg.	$ 13.01	5-1-98

Hyaluronates

Hyalgan and Synvisc are Hyaluronates approved by the FDA for the treatment of osteoarthritis of the knee joints in patients who have not responded to other treatments. They are:

Code	Drug Name	Unit	Fee	Effective Date of Service	Course
W5184	Hyalgan	20mg.	$114.41	1-1-98	Series of 5weekly injections
W5179	Hylan (Synvisc)	2.5cc	$89.70	1-1-98	Series of 3 weekly injections

The only approved indication is osteoarthritis of the knee joint. One of the following ICD-9 diagnosis codes is required on the claim:

715.16	Osteoarthrosis, localized, primary, lower leg
715.26	Osteoarthrosis, localized, secondary, lower leg
715.36	Osteoarthrosis, localized, not specified, primary or secondary lower leg
715.96	Osteoarthrosis, unspecified whether generalized or localized, lower leg

When submitting claims for either Hyaluronate product, use CPT code 20610 "Arthrocentesis, aspiration and or injection, major joint or bursa" on the claim in addition to the drug code.

An appropriate Evaluation and Management (E & M) service code may be billed if the decision to start the series of injections is made after evaluating the patient during the same visit. If the decision to inject has been made during an earlier evaluation and the patient is seen for a scheduled injection, an E & M visit should not be billed with the injection code. After the first injection, an E & M visit for the subsequent four injections of Hyalgan or subsequent two injections of Synvisc will not be paid unless there is another diagnosis unrelated to the reason for the injection identified on the claim.

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

Attention: Physicians

Additional Diagnosis Codes for W8241

Medicaid reimbursement for procedure code W8241 "Case Conference for Sexually Abused/Maltreated Children" has been allowed for the ICD-9 diagnosis codes E960.0 (Fight, brawl, rape) or 995.5 (Child Maltreatment Syndrome).

Effective with date of service 11-01-97, the following new descriptive and extended diagnoses have replaced E960.0 and 995.5.

E960.1	Rape
995.50	Child Abuse, unspecified
995.51	Child Emotional/Psychological Abuse
995.52	Child Neglect (nutritional)
995.53	Child Sexual Abuse
995.54	Child Physical Abuse
995.55	Shaken Infant Syndrome
995.59	Other Child Abuse and Neglect

Claims submitted for the case conference must have one of the designated diagnoses or the claim will deny.

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

Attention: All Providers

Supplemental Security Income (SSI) Medicaid Recipients

Incorrect Medicare information appears on some SSI Medicaid recipients' Medicaid identification (MID) cards due to inaccurate data on SSI files. If the recipient's MID card indicates Medicare coverage, ask to see his/her Medicare card. Hospitals may verify Medicare benefits by on-line inquiry to the Medicare Common Working File (CWF). If Medicare benefits are available, file claims for Medicare-covered services to Medicare as usual.

If the recipient does not have a Medicare card, states he is not enrolled in Medicare, and is under age 65, the Medicare indicators on the Medicaid card are probably incorrect. Claims other than inpatient hospital services will not be affected by the incorrect Medicare indicators and should be filed directly to EDS.

Claims for inpatient hospital services will be denied if incorrect Medicare indicators appear on the Medicaid card. To prevent denial, submit a paper claim to DMA for special handling. Send the UB-92 claim form and a copy of the CWF, if available, to the Claims Analysis Unit, DMA, P. O. Box 29529, Raleigh, NC 27626-0529.

The Division of Medical Assistance (DMA) is working with the Social Security Administration to resolve the transmission of incorrect data from SSA files to State files.

Claims Analysis Unit
DMA, 919-857-4018

Attention: Home Health Providers, Private Duty Nursing Providers, and Community Alternatives Program (CAP) Case Managers

Additions to Home Health Fee Schedule: Tracheostomy Supplies Category

Tracheostomy care kits listed on the home health fee schedule (HCPCS Codes A4625 and A4629) include tracheostomy ties. A new code has been added so that tracheostomy ties may be billed separately when additional ties are medically necessary. Tracheostomy tube holders have also been added to the fee schedule. Ties and tube holders may no longer be billed under the miscellaneous supply code, W4655 (covered supplies not elsewhere classified).

Effective with date of service July 1, 1998, the following codes may be billed. Providers must bill their usual and customary charges.

Code	Description	Billing Unit	Maximum Rate/Unit
W4153	Tracheostomy ties, twill	each	$0.29
W4154	Tracheostomy tube holder with Velcro	each	$3.93

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

Attention: Durable Medical Equipment (DME) Providers

Addition of Tracheostomy Ties and Tube Holders to DME Fee Schedule

Effective with date of service July 1, 1998, the following codes have been added to the DME Related Supply category of the DME Fee Schedule:

Code	Description	Rate	Limitations
W4153	tracheostomy ties, twill	$0.29	2 per day
W4154	tracheostomy tube holder with Velcro	$3.93	12 per month

The tracheostomy ties should be used when patients require more than the one tie provided in the tracheostomy care kit. The tracheostomy tube holder should be used when patients require more tracheostomy stabilization than the tie provides. As with all equipment and supplies, a Certificate of Medical Necessity and Prior Approval form must be completed but prior approval is not required.

Providers are reminded to bill their usual and customary rate.

Melody B. Yeargan, P.T., Medical Policy
DMA, 919-857-4021

Attention: All Providers

Billing for Outpatient Substance Abuse Services

This article is a reminder on how to bill for outpatient substance abuse services. Physicians and psychologists who are employed by physicians must bill on a HCFA-1500 using the appropriate CPT codes. Because these services fall within the realm of psychiatric diagnoses, prior approval must be obtained after the first two visits. All other substance abuse providers, (substance abuse counselors, social workers, psychiatric nurses and independently employed psychologists) should have a contractual arrangement with their local Area Mental Health Authority who will bill using the appropriate "y" code. Area Programs do not have to obtain prior approval.

This article does not affect billing for inpatient medical detoxification. It is intended as a reminder for billing outpatient services only. Outpatient hospital claims submitted with Revenue Center codes of 944 and 945 will be denied for dates of service July 1, 1998 and after.

Carol Robertson, Medical Policy
DMA, 919-857-4020

Attention: Ambulance Providers

Mileage Documentation on the Ambulance Call Report

Since initiation of the UB-92 claim form for ambulance billing and elimination of the Ambulance Call Report (ACR) attachment, there have been questions about documentation and reimbursement for mileage. Medicaid only reimburses separately for mileage outside the base area when a patient is being transported. The base area is considered the region within the county perimeter. Ambulance providers can bill for mileage beyond their base area only.

In lieu of a separate attachment, documentation on the ACR must reflect a one-way trip, patient mileage from the county line to destination only. For a round trip transport, the documentation must include the round trip mileage from the county line to initial destination back to the county line. Documentation to support the miles billed must be maintained for a period of not less than five years.

In the event of an audit, mileage documentation will be reviewed.

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

Attention: Ambulance Providers, Hospitals, Nursing Facilities, and Adult Care Homes

Transportation to Nursing Facilities and Adult Care Homes Upon Hospital Discharge

Ambulance Transport

Ambulance transportation of a recipient from a hospital to a nursing facility or adult care home is covered when medical necessity criteria are met.

Hospitals should not discharge patients by ambulance unless it is medically necessary. Medical necessity is determined when the recipient's condition requires ambulance transportation and any other means of transportation would endanger the recipient's health or life. Ambulance transportation is not considered medically necessary when any other means of transportation can safely be used.

Nonambulance Transport

The family is expected to transport the patient when non-ambulance transport is required and should always be assigned that responsibility through hospital discharge planning. When family transportation is not an option, the hospital having physical control of the patient, must address the issue as part of the discharge plan. During this process, the hospital may use whatever resources are available at the time to arrange for transportation but the responsibility for arranging and assuring transportation ultimately rests with the hospital.

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

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Attention: Family Nurse Practitioner Providers

Family Nurse Practitioner Individual Visits

EDS is offering individual provider visits for all Family Nurse Practitioner providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

Family Nurse Practitioner Provider Visit Request Form
(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

List any specific concerns you would like us to address in the space provided below:

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

Attention: Adult Care Home (ACH) Providers

Adult Care Home Seminars

Adult Care Home (ACH) seminars will be held in September 1998. The August Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

Attention: Nursing Facility Providers

Nursing Facility Seminars

Nursing facility seminars will be held in September 1998. The August Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

Attention: Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Providers (including Health Check)

RHC and FQHC Seminar Schedule

Seminars for RHC/FQHC providers will be held in August 1998. Topics of discussion will be cost reporting, establishing rate setting, core visits, Health Check, billing and general Medicaid issues.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 8:30 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 8:15 a.m. to complete registration. **Preregistration is strongly recommended**.

NOTE*: Cost reporting information for Provider (Hospital) based clinics will be discussed at the Raleigh workshop only. *Free Standing clinics may attend any of the workshops (including Raleigh).

Directions are available on page 15 of this bulletin.

Tuesday, August 4, 1998
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Thursday, August 6, 1998
Ramada Inn Airport Central
515 Clanton Road
Charlotte, NC

Tuesday, August 11, 1998
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Thursday, August 13, 1998
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Tuesday, August 18, 1998
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Thursday, August 20, 1998
Howard Johnson Plaza
5032 Market Street
Wilmington, NC

(cut and return registration form only)

RHC/FQHC 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)

NOTE: Cost reporting information for Provider (Hospital) based clinics will be discussed at the Raleigh workshop only. *Please indicate below whether your clinic is a :*

_____ **Provider (Hospital) Based Clinic**

_____ **Free Standing Clinic**

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

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Attention: Independent Practitioner Providers (IPP)

Independent Practitioner Seminar Schedule

Seminars for Independent Practitioner Providers will be held in August 1998. These seminars will focus on provider types, claim filing information, diagnosis codes, procedure codes, and reimbursement rates. Physical Therapists, Occupational Therapists, Respiratory Therapists, and Audiologist/Speech Therapists who render services to recipients under 21 years of age would benefit from this workshop.

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

Directions are available on page 15 of this bulletin.

Tuesday, August 4, 1998
Ramada Inn Airport Central
515 Clanton Road
Charlotte, NC

Wednesday, August 5, 1998
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Tuesday, August 11, 1998
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC
Rockefeller/Ford Room

Tuesday, August 18, 1998
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Thursday, August 20, 1998
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Friday, August 21, 1998
Howard Johnson Plaza
5032 Market Street
Wilmington, NC

(cut and return registration form only)

Independent Practitioner 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 Relations
EDS
P.O. Box 300009
Raleigh, NC 27622

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Attention: All Providers

Directions to the RHC/ FQHC and IPP Seminars

The registration forms for these workshops are on pages 11 and 13 of this bulletin.

Blue Ridge Community College, Flat Rock
Tuesday, August 4, 1998 - RHC and FQHC
Wednesday, August 5, 1998 - IPP

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

Ramada Inn Airport Central , Charlotte
Thursday, August 6, 1998 - RHC and FQHC
Tuesday, August 4, 1998 - IPP

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

Wake Med MEI Conference Center, Raleigh
Tuesday, August 11, 1998 - RHC and FQHC
Tuesday, August 18, 1998 - IPP

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

Martin Community College , Williamston
Thursday, August 13, 1998 - RHC and FQHC
Thursday, August 20, 1998 - IPP

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

Ramada Inn Plaza, Winston-Salem
Tuesday, August 18, 1998 - RHC and FQHC
Tuesday, August 11, 1998 - IPP

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

Howard Johnsons Plaza, Wilmington
Thursday, August 20, 1998 - RHC and FQHC
Friday, August 21, 1998 - IPP

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

Checkwrite Schedule

July 7, 1998	August 4, 1998	September 9, 1998
July 14, 1998	August 11, 1998	September 15, 1998
July 23, 1998	August 18, 1998	September 24, 1998
	August 27, 1998	

Electronic Cut-Off Schedule *

July 2, 1998	July 31, 1998	September 4, 1998
July 10, 1998	August 7, 1998	September 11, 1998
July 17, 1998	August 14, 1998	September 18, 1998
	August 21, 1998	

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

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

James R. Clayton
Executive Director
EDS

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