



North Carolina Medicaid Bulletin

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

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, July 5, 1999, in observance of Independence Day.

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

Attention: Personal Care Providers (excluding Adult Care Homes)

Correction to the January 1999 Revision and Reprint of the North Carolina Community Care Manual

Please make the following correction to the January 1999 Community Care Manual: In Appendix C-3, the Personal Care Service Revenue Code is listed as 559. It should be listed as Revenue Code 599.

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

<i>In this Issue</i> -----	<i>Page #</i>
Addition of Segmental Pneumatic Compressors and Appliances (DME Providers) -----	10
Change in Quarterly Minimum Data Set (MDS) Reporting (Nursing Facility Providers)-----	28
Correction to the January 1999 Revision and Reprint of the NC Community Care Manual (PCS Providers)-----	1
Elimination of the Use of Red, Yellow, or Orange Ink Effective September 1, 1999 (Dental Providers)-----	4
Elimination of the Use of Red, Yellow, or Orange Ink Effective September 1, 1999 (All Providers)-----	3
Erythropoietin (EPO) Billing Instructions Addition (Physicians)-----	5
Holiday Observance (All Providers) -----	1
Individual Visits (HIT Providers) -----	33
Individual Visits (Laboratory Providers)-----	32
Individual Visits (Teleconsulting Providers)-----	31
Licensed Physical Therapist Assistants and Licensed Occupational Therapists Assistants in Nursing Facilities (Providers)-----	6
Meridia and Xenical - Drugs for Obesity (All Providers) -----	11
Modifier Billing and Type of Treatment (All Providers) -----	27
Multiple Procedure Code List for Modifier 51 (All Providers) -----	13
Pap Smear Codes (All Providers)-----	12
Physical Therapy, Occupational Therapy, Speech Therapy and Developmental Evaluation Center Services (All Providers)-----	9
Program Integrity Audit of Modifiers (All Providers)-----	28
Seminar Directions -----	35
Seminars (Personal Care Services Providers) -----	34
Teleconsults (All Providers)-----	29
Update on Year 2000 Activities (All Providers)-----	2

THIS DOCUMENT IS A YEAR 2000 READINESS DISCLOSURE UNDER UNITED STATES FEDERAL LAW

Attention: All Providers

Update on Year 2000 Activities

In preparation for Year 2000, EDS has been and will continue to release software and format changes to the various types of electronic claims submitters. This includes all variations as detailed below. This software or format release will also include changes necessary to support the use of modifiers that will be required of certain providers starting with June 1999 claim submission. It is important that claims using the new software or formats not be submitted before the final dates published by the ECS unit. This information will be provided in the instructions released with the software.

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

NECS Submitters

The current NECS software will be replaced by a windows-like software to be renamed the North Carolina Electronic Claims Submission (NCECS) software. As an added feature this software will output a file or diskette of claims that is not only Y2K compliant, but will also be in the ANSI 837 format. The NCECS software will be distributed to providers in September 1999. NCECS providers will not require testing by EDS prior to accepting claims since the software will be internally tested by EDS and providers will simply key data enter claims into the software.

Tape Submitters

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

ECS Submitters

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

Paper Submitters

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

ANSI 837 Submitters

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

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

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

Attention: All Providers:

Elimination of the Use of Red, Yellow, or Orange Ink Effective September 1, 1999

EDS is upgrading to optical scanning technology and terminating the use of microfilm machines. Previously, paper claims were microfilmed for tracking purposes. Improved technology has enabled EDS to upgrade using new optical scanning methods. Scanning machines, which store an electronic image of the claim form, are not able to read carbons, or red, orange, or yellow ink. Any writing or printing on a claim in red, orange, or yellow ink will not reproduce. For auditing purposes all submitted information must be visible in an archive copy.

In the processing of the scanned claim, a technique called "red lamp drop out" is used. For HCFA-1500, UB-92 or other claims that have red lines and boxes, this technique allows the scanner to ignore the boxes and lines of the form and just scan the actual data on the claim form, thereby saving storage space. Except for the prohibition against carbons, or red, orange, or yellow ink, the regular HCFA-1500 and UB-92 claim forms will still be accepted. All other currently Medicaid acceptable claims forms also can continue to be submitted.

The following guidelines are **mandatory** for any paper claim submissions received on or after September 1, 1999:

1. Submit only original or photocopied claims. Carbon copies are no longer acceptable.
2. The use of RED, YELLOW, or ORANGE stamps or ink are no longer acceptable on paper claims.
3. Any claim carbons or claims containing red, orange, or yellow ink will be returned after the above date.

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

Attention: All Dental Providers:

Elimination of the Use of Red, Yellow, or Orange Ink Effective September 1, 1999

EDS is upgrading to optical scanning technology and terminating the use of microfilm machines. Previously, paper claims were microfilmed for tracking purposes. Improved technology has enabled EDS to upgrade using new optical scanning methods. Scanning machines, which store an electronic image of the claim form, are not able to read carbons, or red, orange, or yellow ink. Any writing or printing on a claim in red, orange, or yellow ink will not reproduce. For auditing purposes, all submitted information must be visible in an archive copy.

In the processing of the scanned claim, a technique called "red lamp drop out" is used. For ADA claim forms that have red lines and boxes, this technique allows the scanner to ignore the boxes and lines of the form and just scan the actual data on the claim form, thereby saving storage space. The ADA forms that have red lines and boxes will still be accepted.

Note the following information regarding the elimination of red, yellow, or orange ink:

1. Previously, dental and orthodontic prior approval numbers, service codes, and authorization grant dates were issued in red ink by the prior approval analysts. We have recently switched to using ink colors that can be read by scanners.
2. All prior approval requests that were written in red ink will need to be changed before the request can be submitted for payment.
3. Dental prior approval requests are valid one year from the authorization grant date written in field 38 of the ADA form.
4. Orthodontic prior approval requests are valid three years from the authorization grant date written in field 38 of the ADA form.
5. Since red ink can no longer be accepted, we are suggesting that the original prior approval request be photocopied so that all the information will show up as black ink.

The following guidelines are **mandatory** for any paper claim submissions received on or after September 1, 1999:

1. Submit only original or photocopied claims. Carbon copies are no longer acceptable.
2. The use of RED, YELLOW, or ORANGE stamps or ink are no longer acceptable on paper claims.
3. Any claim carbons or claims containing red, orange, or yellow ink will be returned after the above date.

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

Attention: Physicians

Erythropoietin (EPO) Billing Instructions Addition

Effective with the date of service of February 1, 1999, the following diagnoses are covered for Epogen when administered in a physician's office. Refer to Medicaid Bulletin, January 1999. ICD-9-CM codes 285.9 and 776.6 may be used alone. All other codes must be billed with at least two (2) codes as listed below.

- **End stage renal disease (ESRD)**
ICD-9-CM 585 (Chronic renal failure) **and** 285.8 (other specified anemia) **or** 285.9 (anemia, unspecified)
- **Anemia induced by cancer chemotherapy**
ICD-9-CM V58.1 (encounter for chemotherapy and aftercare) **and** 285.8 **or** 285.9 **or** 140.0-203.01 (various neoplasms)
- **Anemia secondary to AZT therapy for AIDS**
ICD-9-CM 42 (human immuno-deficiency virus infection) **and** 285.8 **or** 285.9
- **Anemia secondary to myelodysplasia when symptomatic**
ICD-9-CM 237.7 (Neoplasm, other lymphatic and hematopoietic tissues) **and** 285.8 **or** 285.9
- **Anemia of prematurity**
ICD-9-CM 285.9 (anemia, unspecified)
- **Anemia due to chronic disease**
ICD-9-CM 285.9 (anemia unspecified)
- **Encounter for chemotherapy and aftercare**
ICD-9-CM V58.1 and 776.6, anemia of prematurity
- **Human Immuno-deficiency virus**
ICD-9-CM 042 **and** 140.0-203.01, various neoplasms
- **Human Immuno-deficiency virus infection**
ICD-9-CM 042 **and** 776.6, anemia of prematurity
- **Neoplasm, other lymphatic and hematopoietic**
CD-9-CM 237.7 and 140.0-203.01 various neoplasms
- **Neoplasm. Other lymphatic and hematopoietic tissues**
ICD-9-CM 237.7 **and** 776.6 anemia of prematurity
- **End Stage renal disease (ESRD)**
ICD-9-CM 585 **and** 140.0-203.01 various neoplasms
- **Anemia of prematurity**
ICD-9-CM 776.6 **and** 140.0-203.01 various neoplasms

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

Attention: Nursing Facilities, Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Occupational Therapist Assistants

Licensed Physical Therapist Assistants and Licensed Occupational Therapist Assistants in Nursing Facilities

A North Carolina Medicaid recipient in a Nursing Facility (NF) may qualify for skilled level of care if rehabilitative therapies (physical, occupational or speech) are needed, have been ordered and are being provided, in any combination, five days a week. Currently a licensed physical therapist, a licensed occupational therapist or a licensed/certified speech-language pathologist must provide these services.

In reevaluating this policy, the decision has been made to include the services of physical therapist assistants and occupational therapist assistants who have completed the two year course of study in their respective disciplines and have been licensed by the appropriate state board of North Carolina.

Effective July 1, 1999, care that is provided by these licensed assistants within the parameters of the rules and criteria listed below may be considered in the determination of NF level of care. *This change relates only to NF level of care determinations. Reimbursement for rehabilitation services is included in the NF per diem. This change does not apply to unlicensed physical or occupational therapist aides.*

Physical Therapy

All rules and licensure requirements of the North Carolina Physical Therapy Board must be met in addition to the stipulations listed below:

- A licensed physical therapist (PT) must be responsible for adequate supervision of a licensed physical therapist assistant (PTA) at all times. The PT is responsible for interpretation of orders, initial assessment and evaluation of the patient, establishment of therapy programs, modification of programs and determination of end of treatment.
- A PTA may perform treatment programs, make minor changes in the treatment program and complete the final visit. The PTA may write daily notes. A discharge note may be written by a PTA only if it is strictly a summary that reviews information in the chart and does not include evaluation or assessment.
- The supervising PT must cosign any notes concerning significant incidents written by the PTA.
- PT and PTA graduates who do not hold a valid NC license do not meet the federal requirements at 42 CFR 440.110 (a); therefore services rendered by them are not acceptable to the Medicaid Program.

Occupational Therapy

All rules and licensure requirements of the North Carolina Board of Occupational Therapy must be met in addition to the stipulations listed below.

- OTA/Ls at all levels require supervision by an OTR/L.
- OTR and OTA graduates who do not hold a valid NC license are not acceptable to the NC Medicaid Program.
- Supervision guidelines from the Board are printed on the following pages.

Role and Supervisory Requirements
Licensed Occupational Therapist Assistants in North Carolina
 For the protection of the client, the supervising OTR/L shall be
 Aware of the service competency of the OTA/L on an ongoing basis

	<i>TASKS WHICH MAY BE PERFORMED</i>	TASKS WHICH MAY NOT BE PERFORMED	ENTRY LEVEL <i>(LESS THAN 1 YEAR)</i>	INTERMEDIATE <i>(UP TO 3 YEARS)</i>	ADVANCED <i>(3 OR MORE YEARS)</i>	PRACTICE <i>SETTING CHANGE</i>
CLIENT EVALUATIONS	<ol style="list-style-type: none"> Administer structured tests as indicated by the OTR/L Assist with data collection and evaluation under the supervision of an OTR/L and report the results to OTR/L 	<ol style="list-style-type: none"> Evaluate independently Analyze treatment prior to OTR/L evaluation 	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	A change of setting will require close supervision until competency has been established. The OTA/L would then require supervision corresponding to the level of competency in the practice setting
TREATMENT PLANNING	Contribute to treatment plan development and select activities to achieve the goals	Develop or modify the treatment plan independently	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	
TREATMENT	Implement and coordinate intervention plan in collaboration with the OTR/L <ol style="list-style-type: none"> Treatment procedures for which competency has been demonstrated Monitor and report changes in client status Implement appropriate home/community program in collaboration with the OTR/L Adapt intervention, environment, tools, materials, and activities according to the needs of the individual 	<ol style="list-style-type: none"> Perform unfamiliar treatment procedures without close supervision Independently change treatment plan 	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	
REASSESSMENT	Monitor needs for reassessment according to agency guidelines and change in functional status and report to OTR/L	Independently perform reassessment	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	
DOCUMENTATION	<ol style="list-style-type: none"> Document treatment, treatment response and outcome Document patient's present level of function at discharge 	Independently complete evaluation, treatment plan or discharge plan	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	
DISCHARGE	<ol style="list-style-type: none"> Report data for discharge summary Formulate discharge and/or follow-up plans under the supervision of an OTR/L 	Independently discharge clients from O.T. services	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	
SUPERVISION	<ol style="list-style-type: none"> Supervise volunteers and ancillary staff under the supervision of an OTR/L Intermediate and Advanced OTA/Ls may supervise OT and OTA students in accordance with "AOTA Educational Essentials" 	<ol style="list-style-type: none"> Supervise Level II Fieldwork OT/S Supervise OT/PL Supervise OTR/L Entry level OTA/L may not supervise OT or OTA students 	Close supervision to routine as competency is demonstrated	Routine supervision to general as competency is demonstrated	General supervision with continued demonstration of competency	

Supervision Guidelines for Occupational Therapist Assistants

North Carolina General Statute 90-270 was enacted to “provide for the regulation of persons offering occupational therapy services to the public” and “to insure the availability of occupational therapy services of high quality to persons in need of such services.” In order to meet this mandate, the North Carolina Board of Occupational Therapy is empowered to license occupational therapists and occupational therapist assistants. In keeping with the intent of G.S. 90-270 to “Safeguard the public health, safety, and welfare,” the Board’s authority extends to defining the parameters of supervision for the licensed occupational therapist assistants.

The North Carolina Board of Occupational Therapy has adopted as policy the “Guide for Supervision of Occupational Therapy Personnel,” as approved by the AOTA [American Occupational Therapy Association] Representative, July 1994.

Requirements of the Licensed Supervising Occupational Therapist

An OT responsible for the supervision of an OTA must notify the Board office in writing within 10 days of any permanent change in that supervisory status. Should you cease supervising an OTA, you will be held responsible for that supervision until official notice is received at the Board office. Failure to notify the Board can subject the OT to disciplinary action. Notice must be in writing with the OT signature. Telephone notices will not be accepted.

Requirements of Licensed Occupational Therapist Assistants

OTAs are required to notify the Board office within 10 days of any permanent change in supervision. Should the OT cease supervision and another OT become your supervisor, the OTA and the supervising OT must both notify the Board office in writing of the changes. Failure to notify the Board can subject both the OT and OTA to disciplinary action. Notice must be in writing with signature. Telephone notices will not be accepted.

Supervision

Supervision is an interactive process. The OTR/L and the OTA/L share responsibility for the supervision of the OTA/L who is providing occupational therapy services. The supervising OTR/L has a legal and ethical responsibility to provide supervision; the OTA/L has legal and ethical responsibility to obtain supervision. OTA/Ls at all levels require supervision by an OTR/L. This supervision will vary based on the OTA/L’s ability to safely and effectively provide intervention delegated by an OTR/L, the employment settings, characteristics of the population being served, the demands of service (i.e., facility standards, state laws and regulations, diagnoses served, techniques used), and primarily the service competency of the OTA/L.

Service competency is the ability to use the identified intervention in a safe and effective manner. It implies that two people can perform the same or equivalent procedures and obtain the same results. This assurance is necessary whenever an OTR/L delegates tasks to an OTA/L (AOTA, 1987). As an example of the employment settings and population characteristics, an OTA/L working with a person whose condition is rapidly changing will require more supervision because of the need for frequent evaluation, re-evaluation, and treatment modifications.

Types of supervision occur along a continuum that are close, routine and general. Typically, entry-level OTA/Ls and OTA/Ls new to a particular practice setting will require close supervision; intermediate-level OTA/Ls routine supervision; and advanced level OTA/Ls general supervision. These typical levels of supervision suggested must be modified based on the critical level of the patient.

- Close supervision requires daily, direct contact at the site of work.
- Routine supervision requires direct contact at least every 2 weeks at the site of work, with interim supervision occurring by other methods, such as telephone or written communication.
- General supervision requires at least monthly direct contact, with supervision available as needed by other methods (AOTA, 1993, p. 1088)

In situations where general supervision is indicated, records shall be maintained by both the OTR/L and OTA/L. These records must identify the frequency and type of supervision provided. Documentation may include minutes of staff meetings, performance appraisals, case reviews, and logs indicating the OTR/L's site review of the OTA/L's performance. The effectiveness of the supervision shall be regularly evaluated by both the OTA/L and OTR/L.

Supervision should reflect a review of all aspects of the OTA/L's practice. In any situation, the OTR/L is ultimately responsible for all delegated services. Co-signature on occupational therapy service documentation, often mandated by law or regulation, does not accurately satisfy supervision guidelines. However, many facilities and programs do require a co-signature for reimbursement purposes. Guidelines of external review and accrediting agencies are to be followed.

The supervision of an OTA/L by an OTR/L is an ongoing process that enhances the professional growth of both participants. Each is responsible for knowing and adhering to applicable policies, laws, and guidelines pertaining to OTA/L practice, and each contributes specific skills, resources, perspectives, and knowledge to ensure and enrich the provision of appropriate occupational therapy services.

Administrative supervision can be done by someone other than OTR/L. Clinical supervision must be done by an OTR/L. If adequate clinical supervision is not available by the OTR/L, the OTA/L may not provide occupational therapy services. The guidelines are not intended to address the supervision needs of OTA/L's practicing in nontraditional roles such as activity director or educator or in other positions in which they are not providing occupational therapy service.

**Ann Kimbrell and Linda Perry, Medical Policy
DMA, 919-857-4041 or 919-857-4206**

Attention: All Providers

Physical Therapy, Occupational Therapy, Speech Therapy and Developmental Evaluation Center Services

Effective with date of service October 1, 1999, Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) services provided to children ages 0 through 5 will not be included in the capitation rates paid to the Health Maintenance Organizations (HMOs) that participate in the Medicaid Program. Therefore, the HMOs contracting with Medicaid will no longer be responsible for reimbursement for these services, and Medicaid may be billed directly.

Developmental Evaluation Center services will also be excluded from the HMOs' capitation rates with the same effective date and Medicaid may be billed for these services as well.

**Anne Rogers, Managed Care Section
DMA, 919-857-4022**

Attention: Durable Medical Equipment (DME) Providers

Addition of Segmental Pneumatic Compressors and Appliances

Effective with date of service May 1, 1999, these codes for segmental pneumatic compressors were added to the DME Fee Schedule.

Capped Rental/Purchased Equipment					
HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM			LIFETIME EXPECTANCY
		Rental	New	Used	
E0651*	Pneumatic compressor, segmental home model without calibrated gradient pressure	89.49	876.02	857.02	3 years
E0652*	Pneumatic compressor, segmental home model with calibrated gradient pressure	499.76	5056.67	3789.11	3 years
E0667*	Segmental pneumatic appliance for use with pneumatic compressor, full leg	34.87	308.82	231.62	2 years
E0668*	Segmental pneumatic appliance for use with pneumatic compressor, full arm	41.60	421.48	316.11	2 years
E0669*	Segmental pneumatic appliance for use with pneumatic compressor, half leg	17.10	171.02	128.25	2 years
E0671*	Segmental gradient pressure pneumatic appliance, full leg	39.62	396.17	297.12	2 years
E0672*	Segmental gradient pressure pneumatic appliance, full arm	30.79	307.83	230.89	2 years
E0673*	Segmental gradient pressure pneumatic appliance, half leg	25.58	255.79	191.86	2 years

All codes require prior approval as indicated by the asterisks associated with the codes. Providers are expected to bill their usual and customary rates.

The compressors (codes E0651 and E0652) must be rented on a monthly basis until the rental rate "caps" to the purchase price unless the physician documents medical necessity for the item for at least 6 months or longer. A pneumatic compression device is covered only for the treatment of refractory lymphedema involving one or more limbs. This condition is a relatively uncommon medical problem. Causes of lymphedema include:

1. Radical surgical procedures with removal of regional groups of lymph nodes (i.e., after radical mastectomy),
2. Post-radiation fibrosis,
3. Spread of malignant tumors to regional lymph nodes with lymphatic obstruction,
4. Scarring of lymphatic channels,
5. Onset of puberty (specifically Milroy's Disease), and
6. Congenital anomalies.

Pneumatic compression devices are only covered as a treatment of last resort, i.e., other less intensive treatment must have been tried first and found inadequate. Such treatments would include leg or arm elevation and custom fabricated pressure stockings or sleeves.

Pneumatic compression devices may be covered only when prescribed by a physician and when they are used with appropriate physician oversight. This oversight should include physician evaluation of the patient's condition to determine medical necessity of the device, suitable instruction in the operation of the machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment. Block 24 of the Certification of Medical Necessity and Prior Approval form must be checked.

For patients in whom the cause of the lymphedema is scarring of the lymphatic channels (i.e., those with generalized, refractory edema from venous insufficiency which is complicated by recurrent cellulitis), a pneumatic compression device will be covered only if all of the following criteria have been met:

1. There is significant ulceration of the lower extremity(ies), and
2. The patient has received repeated, standard treatment from a physician using such methods as a compression bandage system or its equivalent, and
3. The ulcer(s) have failed to heal after 6 months of continuous treatment.

Providers are advised that these criteria and policies are also applicable to HCPCS codes E0650, pneumatic compressor, nonsegmental home model, and the appliances for use with the compressor, codes E0655, E0660, E0665, and E0666.

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

Attention: All Providers

Meridia and Xenical – Drugs for Obesity

Meridia and Xenical are two (new) drugs that have been FDA approved for treatment of morbid obesity and patients who are obese with other high risk factors. Effective June 1, 1999, the Medicaid Pharmacy Program will cover these drugs for these indications only. The following guidelines should be used:

- Patients diagnosed with morbid obesity must have a Body Mass Index (BMI) of 30kg/m² or greater
- Patients diagnosed with obesity and other high risk factors of hypertension, diabetes or dyslipidemia must have a BMI of 27 kg/m² or greater

The physician is required to write on the face of the prescription in his/her own handwriting the weight, BMI and any of the other three high risk factors.

Medicaid coverage of anti-obesity drugs is optional. Providers are advised to prescribe these drugs prudently and within the parameters of approved indications to ensure continued coverage.

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

Attention: All Providers

Pap Smear Codes

Effective with date of service January 1, 1998, Medicaid began covering the three different types of Pap smears listed in the table below. Changes occurred with Pap codes in the 1999 CPT codes and are reflected on the right side of the table below.

The new 1999 CPT Pap smear codes are 88143 – 88148, 88153, 88154 and 88164-88167. Reference the 1999 CPT book, pages 362-363 for complete descriptions of the codes.

Pap Code Descriptions	New Codes effective in 1999
Thin prep	88142 – 88145 (reporting system not specified)
NonBethesda	88150 – 88154
Bethesda	88164 – 88167

Note: CPT codes 88156 – 88158 were end-dated by Medicaid effective April 1, 1999.

Medicaid reimbursement for physician office and health department visits include the pelvic exam and the specimen collection. No separate charge can be billed for collecting the specimen. CPT4 codes 88141-88155 and 88164-88167 should not be used to bill for cervical or vaginal cytopathology specimen collection.

CPT code 88141 represents the physician interpretation component of the Pap smear. Physicians may only bill for the interpretation of a diagnostic Pap smear when the physician does the interpretation and has appropriate CLIA certification.

CPT codes 88141 and 88155 are considered “Add-on” codes and will be denied when a primary Pap smear code has not been performed.

Only the laboratory actually performing the laboratory test bills the primary Pap smear code(s). Pap smear codes can only be billed when a provider is *CLIA certified* to perform the cytopathology screening and interpretation of the smear itself.

Incorrect billing of Pap smear procedure codes will cause the laboratory claim to be denied.

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

Attention: Ambulatory Surgical Centers, Birthing Centers, Certified Registered Nurse Anesthetists, Independent Nurse Midwives, Independent Nurse Practitioners, Optometrists, Physician Services in Federally Qualified Health Centers, Physician Services in Rural Health Clinics, Physician Specialties (All), Podiatrists

Multiple Procedure Code List for Modifier 51

During modifier workshops conducted in April and May, providers requested a list of procedure codes applicable to modifier 51. This list is compiled from the Resource Based Relative Value System (RBRVS) upon which payment formulas and percentages are derived. It is being published as a convenience for the provider and is subject to change as modifications in the RBRVS occur.

As a reminder, Medicaid is not requiring providers to bill endoscopy codes with modifier 51, even though multiple procedure pricing guidelines will be applied during processing. The list of endoscopy procedures was printed in the May, 1999 Medicaid bulletin.

Multiple Procedure Code List

W5075	11471	12042	15576	15941
W5131-W5133	11600-11604	12044-12047	15580	15944-15946
W8206-W8207	11606	12051-12057	15600	15950-15953
10040	11620-11624	13100	15610	15956
10060	11626	13101	15620	15958
10061	11640-11644	13120	15625	15999
10080	11646	13121	15630	16000
10081	11719	13131	15650	16010
10120	11730	13132	15732	16015
10121	11740	13150	15734	16020
10140	11750	13151	15736	16025
10160	11752	13152	15738	16030
10180	11755	13160	15740	16035
11000	11760	13300	15750	16040-16042
11010	11762	14000	15756-15758	17000
11011	11765	14001	15760	17010
11012	11770-11772	14020	15770	17100
11040-11044	11900	14021	15780-15783	17104-17108
11050-11052	11901	14040	15786	17110
11055-11057	11950-11952	14041	15788	17111
11100	11954	14060	15789	17200
11200	11960	14061	15792	17250
11300-11303	11970	14300	15793	17260-17264
11305-11308	11971	14350	15810	17266
11310-11313	11976	15050	15811	17270-17274
11400-11404	12001	15100	15819-15823	17276
11406	12002	15120	15831-15842	17280-17284
11420-11424	12004-12007	15200	15845	17286
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47801	49520	50365	50810	51715
47802	49521	50370	50815	51720
47900	49525	50380	50820	51725
47999	49540	50390	50825	51726
48000	49550	50392	50830	51736
48001	49553	50393	50840	51741
48005	49555	50394	50845	51772
48020	49557	50395	50860	51784
48100	49560	50396	50900	51785
48102	49561	50398	50920	51792
48120	49565	50400	50930	51795
48140	49566	50405	50940	51797
48145	49570	50500	50951	51800
48146	49572	50520	50953	51820
48148	49580	50525	50955	51840
48150	49582	50526	50957	51841
48152	49585	50540	50959	51845
48153	49587	50551	50961	51860
48154	49590	50553	50970	51865
48155	49600	50555	50972	51880
48180	49605	50557	50974	51900
48500	49606	50559	50976	51920
48510	49610	50561	50978	51925
48511	49611	50570	50980	51940
48520	49900	50572	51000	51960
48540	49999	50574-50576	51005	51980
48545	50010	50578	51010	52000
48547	50020	50580	51020	52005
48999	50021	50590	51030	52007
49000	50040	50600	51040	52010
49002	50045	50605	51045	52204
49010	50060	50610	51050	52214
49020	50065	50620	51060	52224
49021	50070	50630	51065	52234

52235	53250	54130	54860	56441
52240	53260	54135	54861	56501
52250	53265	54150	55000	56515
52260	53270	54152	55040	56605
52265	53275	54160	55041	56620
52270	53400	54161	55060	56625
52275	53405	54200	55100	56630-56634
52276	53410	54205	55110	56637
52277	53415	54220	55120	56640
52281-52283	53420	54230	55150	56700
52285	53425	54240	55175	56720
52290	53430	54300	55180	56740
52300	53440	54304	55200	56800
52301	53442	54308	55250	56805
52305	53443	54312	55300	56810
52310	53445	54316	55450	57000
52315	53447	54318	55500	57010
52317	53449	54322	55520	57020
52318	53450	54324	55530	57061
52320	53460	54326	55535	57065
52325	53502	54328	55540	57100
52330	53505	54332	55600	57105-57112
52332	53510	54336	55650	57120
52334	53515	54340	55680	57130
52335	53520	54344	55700	57135
52336-52339	53600	54348	55705	57150
52340	53601	54352	55720	57160
52450	53605	54360	55725	57170
52500	53620	54380	55801	57180
52510	53621	54385	55810	57200
52601	53660	54390	55812	57210
52606	53661	54420	55815	57220
52612	53665	54430	55821	57230
52614	53670	54435	55831	57240
52620	53675	54440	55840	57250
52630	53850	54450	55842	57260
52640	53852	54500	55845	57265
52647	53899	54505	55859	57268
52648	54000	54510	55860	57270
52700	54001	54520	55862	57280
53000	54015	54530	55865	57282
53010	54050	54535	55899	57284
53020	54055	54550	56300	57288
53025	54056	54560	56301-56318	57289
53040	54057	54600	56320	57291
53060	54060	54620	56322-56324	57292
53080	54065	54640	56340-56342	57300
53085	54100	54650	56346	57305
53200	54105	54670	56348-56356	57307
53210	54110	54680	56362	57308
53215	54111	54700	56363	57310
53220	54112	54800	56399	57311
53230	54115	54820	56405	57320
53235	54120	54830	56420	57330
53240	54125	54840	56440	57335

57400	58822	60212	61490	61760
57410	58823	60220	61500	61770
57415	58825	60225	61501	61790
57452	58900	60240	61510	61791
57454	58920	60252	61512	61793
57460	58925	60254	61514	61850
57500	58940	60260	61516	61855
57505	58943	60270	61518-61522	61860
57510	58950-58952	60271	61524	61865
57511	58960	60280	61526	61870
57513	58999	60281	61530	61875
57520	59000	60500	61531	61880
57522	59012	60502	61533-61536	61885
57530	59020	60505	61538	61888
57531	59025	60520	61539	62000
57540	59030	60521	61541-61546	62005
57545	59100	60522	61548	62010
57550	59120	60540	61550	62100
57555	59121	60545	61552	62115-62117
57556	59130	60600	61556-61559	62120
57700	59135	60605	61563	62121
57720	59136	60699	61564	62140-62143
57800	59140	61000	61570	62145-62147
57820	59150	61001	61571	62180
58100	59151	61020	61575	62190
58120	59160	61026	61576	62192
58140	59200	61050	61580-61586	62194
58145	59300	61070	61590-61592	62200
58150	59320	61105	61595-61598	62201
58152	59325	61108	61600	62220
58180	59350	61120	61601	62223
58200	59400	61140	61605-61608	62225
58210	59409	61150	61613	62230
58240	59410	61151	61615	62256
58260	59414	61154	61616	62258
58262	59430	61156	61618	62268
58263	59510	61215	61619	62269
58267	59514	61250	61624	62270
58270	59515	61253	61626	62272-62282
58275	59812	61304	61680	62287-62292
58280	59820	61305	61682	62294
58285	59821	61312-61315	61684	62298
58301	59830	61320	61686	62350
58400	59840	61321	61690	62351
58410	59841	61330	61692	62355
58520	59850-59852	61332-61334	61700	62360
58540	59855-59857	61340	61702	62361
58600	59870	61343	61703	62362
58605	59871	61345	61705	62365
58615	59899	61440	61708	63001
58700	60000	61450	61710	63003
58720	60001	61458	61711	63005
58800	60100	61460	61735	63011
58805	60200	61470	61750	63012
58820	60210	61480	61751	63015-63017

63020	64408	64761	65400	66710
63030	64410	64763	65410	66720
63040	64412	64766	65420	66740
63042	64413	64771	65426	66761
63045-63047	64415	64772	65430	66762
63055	64417	64774	65435	66770
63056	64418	64776	65436	66820
63064	64420	64782	65450	66821
63075	64421	64784	65600	66825
63077	64425	64786	65710	66830
63081	64430	64788	65730	66840
63085	64435	64790	65750	66850
63087	64440-64442	64792	65755	66852
63090	64445	64795	65770	66920
63170	64450	64802	65772	66930
63172	64505	64804	65775	66940
63173	64508	64809	65800	66983-66986
63180	64510	64818	65805	66999
63182	64520	64820	65810	67005
63185	64530	64831	65815	67010
63190	64573	64834-64836	65820	67015
63191	64577	64840	65850	67025
63194-63200	64590	64856-64858	65855	67027
63250-63252	64595	64861	65860	67028
63265-63268	64600	64862	65865	67030
63270-63273	64605	64864-64866	65870	67031
63275-63278	64610	64868	65875	67036
63280-63283	64612	64870	65880	67038-67040
63285-63287	64613	64885	65900	67101
63290	64620	64886	65920	67105
63300	64622	64890-64893	65930	67107
63301-63307	64630	64895-64898	66020	67108
63600	64640	64905	66030	67110
63610	64680	64907	66130	67112
63615	64702	64999	66150	67115
63650	64704	65091	66155	67120
63655	64708	65101	66160	67121
63660	64712-64714	65110	66165	67141
63685	64716	65112	66170	67145
63688	64718	65114	66172	67208
63691	64719	65205	66180	67210
63700	64721	65210	66185	67218
63702	64722	65220	66220	67220
63704	64726	65222	66225	67227
63706	64732	65235	66250	67228
63707	64734	65260	66500	67250
63709	64736	65265	66505	67255
63710	64738	65270	66600	67299
63740	64740	65272	66605	67311
63741	64742	65273	66625	67312
63744	64744	65275	66630	67314
63746	64746	65280	66635	67316
64400	64752	65285	66680	67318
64402	64755	65286	66682	67320
64405	64760	65290	66700	67331

67332	68100	69210	69949
67334	68110	69220	69950
67340	68115	69222	69955
67343	68130	69310	69960
67345	68135	69320	69970
67350	68200	69399	69979
67399	68320	69400	78306
67400	68325	69401	78320
67405	68326	69405	78802
67412-67415	68328	69410	78803
67420	68330	69420	78806
67430	68335	69421	78807
67440	68340	69424	92975
67445	68360	69433	92980
67450	68362	69436	92982
67500	68399	69440	92986
67505	68400	69450	92987
67515	68420	69501	92990
67570	68440	69502	92995
67599	68500	69505	92997
67700	68505	69511	93501
67710	68510	69530	93505
67715	68520	69535	93508
67800	68525	69540	93510
67801	68530	69550	93511
67805	68540	69552	93514
67808	68550	69554	93524
67810	68700	69601-69605	93526
67820	68705	69610	93527
67825	68720	69620	93528
67830	68745	69631-69633	93529
67835	68750	69635-69637	93530
67840	68760	69641-69646	93531
67850	68761	69650	93532
67875	68770	69660-69662	93533
67880	68801	69666	93536
67882	68810	69667	96405
67901-67904	68811	69670	96406
67906	68815	69676	
67908	68840	69700	
67909	68850	69720	
67911	68899	69725	
67914-67917	69000	69740	
67921-67924	69005	69745	
67930	69020	69799	
67935	69100	69801	
67938	69105	69802	
67950	69110	69805	
67961	69120	69806	
67966	69140	69820	
67971	69145	69840	
67973-67975	69150	69905	
67999	69155	69910	
68020	69200	69915	
68040	69205	69930	

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

Modifier Billing and Type of Treatment

Medicaid's new modifier guidelines will be implemented for claims received on or after June 25, 1999. With the confusion about the type of treatment/type of service conversion, providers requested that we remove type of treatment from their billing requirements when modifiers were implemented. Billing with modifiers will eliminate the need for billing a type of treatment on a claim, (with the exception of Health Check related claims). Instructions to remove the type of treatment from your billing was announced in the modifier workshops, and was noted in the April 1999 Modifier Special Bulletin.

During the Modifier Workshops, a number of providers pointed out various problems associated with removing or "closing" the type of treatment field on their software in order to eliminate it from their Medicaid billings. After careful consideration, it has been decided to allow providers the option to either remove the type of treatment from their billing or to have it remain on the claim in conjunction with the modifiers. For claims received on and after June 25, 1999, the Medicaid system will price and process from the submitted modifier information, not from a submitted type of treatment code.

Be aware that continuing to bill with the type of treatment on your claim **does not** exclude or excuse you from billing with modifiers under the modifier guidelines. Billing with the type of treatment **in lieu** of the modifiers is not an option.

Claims that continue to be billed with a type of treatment will be edited for correct usage of modifiers. For example, if a claim is billed with type of treatment 04 denoting a professional component of a service and there is no modifier 26 on that detail to denote the professional component, the detail will be denied for not billing the appropriate modifier. (If type of treatment 04 is on the detail, modifier 26 **must also** appear on the same detail.)

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

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

Program Integrity Audit of Modifiers

Providers are reminded of the requirement to bill using appropriate modifiers with claims received beginning June 25, 1999. Claims will be subject to prepayment edits and audits. Postpayment audits by Program Integrity will be performed routinely to assure compliance with the modifier billing guidelines published in the April 1999 Special Bulletin.

Documentation to support services billed must be maintained in the patient's medical record for a period of at least five years from the date of service. Records must be made available to DMA or its agents upon request. See the January 1997 Medicaid Bulletin for guidelines on the principles of medical record documentation.

DMA, Program Integrity Section 919-733-6681

Attention: Nursing Facility Providers

Change In Quarterly Minimum Data Set (MDS) Reporting

Effective with date of service August 1, 1999, all nursing facilities will be required to change the way they report data for all Medicaid recipients. Facilities may no longer utilize the two-page Quarterly Review MDS for submitting quarterly evaluations. Facilities must now use the three-page **MDS Quarterly Assessment Form (Optional Version for RUG-III 1997 Update)**. Copies of this form can be obtained from the HCFA web-site at the following URL: <http://www.hcfa.gov/medicare/hsqb/mds20>.

The Division of Facility Services will be prepared to receive the data electronically in this new format on August 1, 1999, but not before. There will be no change in the schedule for submission of data, only in the data elements reported from the new Quarterly Review Form. All technical questions regarding the completion of the MDS should continue to be directed to the Division of Facility Services Certification and Licensure section Help Desk at 919-715-1872 ext. 212.

DMA is requesting this change so that data may be obtained for analysis of all Medicaid eligible nursing facility residents. The current Quarterly Review does not allow for analysis of Medicaid nursing facility residents. This does **not** change the current FL2 Process for Medicaid Utilization Review. For questions regarding this change please contact Steve Suttles, MSW at the number provided below.

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

Attention: All Providers

Teleconsults

Section 4206 of the BBA (Balanced Budget Act of 1997) provides for coverage and payment for teleconsults. The payment is shared between the consulting and referring practitioner. The payment amount must not exceed the current fee schedule of the consulting physician. **Payment for telephone line charges and facility fees associated with teleconsults are prohibited.**

Referring Practitioner and Consulting physician providers must be enrolled as a NC Medicaid Providers.
 Teleconsultations are only covered within NC borders at this time.
 All services are subject to the same Edits and Audits as any other consult.

Effective, with the date of service August 1, 1999, services covered will include initial, follow-up or confirming consults in hospitals and outpatient facilities. The patient must be present and the telecommunications must permit real time interactive audio and video communication with the consulting practitioner. The teleconsult involves the participation of the referring practitioner as appropriate to the medical needs of the recipient.

The consulting practitioner at the HUB site, i.e., the medical center or facility from which the consultant performs the consult, will receive 75 percent of the fee schedule amount for the consult code. The referring practitioner at the SPOKE site, i.e., the facility in which the patient exam is performed, will receive 25 percent of the applicable fee.

Teleconsults will be billed with modifiers to identify which portion of the teleconsult visit is billed;

- Consulting practitioner at the HUB site will use modifier GT
- Referring practitioner at the SPOKE site will use modifier YS

Billing information for the HCFA 1500 form:

Enter the applicable CPT code and append the code with the appropriate modifier on the claim.

CPT codes

99251-----99255 Initial Inpatient Consultation
 99261-----99263 Follow-up Inpatient Consultation
 99271-----99275 Confirmatory Consultation
 99211-----99215 Established Out-patient visit
 99221-----99223 Initial In-patient care
 99231-----99233 Subsequent hospital care

Modifiers

GT-HUB portion of teleconsult
 YS-SPOKE portion of teleconsult

24.	A		B	D	E	F	G	H
	DATE(S) OF SERVICE		Place of Service	Procedures, Services, or Supplies <i>CPT/HCPCS/Modifier</i>	Diagnosis Code	Charges	Days/Units	EPSDT Family Plan
	FROM MM/DD/YY	TO MM/DD/YY						
	08011999	08011999	1	99253 GT		87.22	1	
	08011999	08011999	1	31505 GT		32.80	1	

Services, provided by the practitioners employed by the hospital participating in the Spoke site teleconsult visit, can be billed on the UB-92 claim form by the hospital.

Only the SPOKE portion of a teleconsult visit can be billed on the UB-92.

- RC 780 and the CPT code will be entered onto the UB-92 claim form
- E & M codes (see list above) will be entered in field locator 44 on the UB-92 claim form
- Modifiers are not required on the UB-92 when billing services.

Refer to the billing example below:

42. REV. CD	43. DESCRIPTION	44. HCPCS/RATES	45. SERV. DATE	46. SERV. UNITS	47. TOTAL CHARGES
780	Inpatient Consult	99253	08-01-99	1	87.22
780	Laryngoscopy	31505	08-01-99	1	32.80

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

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Attention: Teleconsulting Providers

Individual Visits

EDS is offering individual provider visits for teleconsulting 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)

.....
Teleconsulting 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: Laboratory Providers

Individual Visits

EDS is offering individual provider visits for laboratory 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)

.....
Laboratory 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: Home Infusion Therapy (HIT) Providers

Individual Visits

EDS is offering individual provider visits for home infusion therapy (HIT) 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.

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

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

Attention: Personal Care Providers (excluding Adult Care Home Providers)

Personal Care Seminar Schedule

Seminars for Personal Care Services (PCS) providers will be held in August 1999. Provider numbers for PCS provider's range from 6600000-6601000. **Note:** This workshop is **NOT** for Adult Care Home Personal Care Services (ACH-PC). Each PCS provider is encouraged to send appropriate administrative, clinical, and clerical personnel. An overview of the criteria for PCS coverage, service limitation, and assessment process, including completion of the DMA-3000 PCS Physician Authorization and Plan of Care, will be discussed. In addition, procedures for filing PCS claims, common billing errors, and follow-up procedures will be reviewed.

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

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

Directions are available on page 35 of this bulletin.

Tuesday, August 3, 1999

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

Friday, August 6, 1999

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Tuesday, August 10, 1999

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Wednesday, August 25, 1999

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

(cut and return registration form only)

PCS Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

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

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

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

Directions to the Personal Care Services Seminars

The Registration form for the Personal Care Services workshop is on page 34 of this bulletin.

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON
(Previously known as the Howard Johnson Plaza)
Tuesday, August 3, 1999

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

FLAT ROCK, NORTH CAROLINA

BLUE RIDGE COMMUNITY COLLEGE
Friday, August 6, 1999

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.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA
Tuesday, August 10, 1999

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

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER
Wednesday, August 25, 1999

Directions to the Parking Lot:

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk to the conference facility. Vehicles will be towed if not parked in appropriate parking spaces designated for the Conference Center.

Directions to the Conference Center from Parking Lot:

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

Checkwrite Schedule

July 7, 1999
July 13, 1999
July 22, 1999

August 10, 1999
August 17, 1999
August 26, 1999

September 8, 1999
September 14, 1999
September 21, 1999
September 30, 1999

Electronic Cut-Off Schedule *

July 2, 1999
July 9, 1999
July 16, 1999

August 6, 1999
August 13, 1999
August 20, 1999

September 3, 1999
September 10, 1999
September 17, 1999
September 24, 1999

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

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

James R. Clayton
Executive Director
EDS



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P.O. Box 30968
Raleigh, North Carolina 27622