

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

Forms

As a result of requests from providers, frequently used forms will be printed in the General Bulletin on a periodic basis. This month find forms for Health Insurance Information Referral (DMA-2057), Electronic Funds Transfer, Provider Certification for Signature on File, and Pharmacy Adjustment Request. These forms are printed on white paper in the center of this bulletin and may be duplicated for your convenience. Please watch future bulletins for other forms.

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

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

Attention: All Providers

Endoscopy CPT Base Codes and Their Related Procedures

This article is being reprinted because the opening paragraph was inadvertently deleted from the original article printed in the July Medicaid Bulletin.

The following table represents a current and updated list of base and related endoscopy codes as designated in the Resource Based Relative Value System (RBRVS). The effective date of two new groups “31 and 32” is 01/01/2000. Groups “28 and 29” have been end-dated effective 04/01/2000. This list replaces the list published in the May 1999 Medicaid Bulletin.

Scopy Base and Related Code Group

Group	Base code	Related Codes	Comments
1	29815	29819-29823, 29825-29826	
2	29830	29834-29838	
3	29840	29843-29847	
4	29860	29861-29863	
5	29870	29871, 29874-29877, 29879-29887	
6	31505	31510-31513	
7	31525	31527-31530, 31535, 31540, 31560, 31570	
8	31526	31531, 31536, 31541, 31561, 31571	
9	31622	31625, 31625-31631, 31635, 31640-31641, 31645	
10	43200	43202, 43204-43205, 43215-43217, 43219-43220, 43226-43228	
11	43235	43239, 43241, 43243-43247, 43249-43251, 43255, 43258-43259	
12	43260	43261-43265, 43267-43269, 43271-43272	
13	44360	44361, 44363-44366, 44369, 44372-44373	
14	44376	44377-44378	
15	44388	44389-44394	
16	45300	45303, 45305, 45307-45309, 45315, 45317, 45320-45321	
17	45330	45331-45334, 45337-45339	
18	45378	45379-45380, 45382-45385	
19	46600	46604, 46606, 46608, 46610-46612, 46614-46615	
20	47552	47553-47556	
21	50551	50555, 50557, 50559, 50561	
22	50570	50572, 50574-50576, 50578, 50580	
23	50951	50953, 50955, 50957, 50959, 50961	

Group	Base code	Related Codes	Comments
24	50970	50974, 50976	
25	52000	52250, 52260, 52265, 52270, 52275-52277, 52281, 52283, 52285, 52290, 52300, 52305, 52310, 52315, 52317-52318, 52282	
26	52005	52320, 52325, 52327, 52330, 52332, 52334	
27	52335	52336-52339	
28	56300	56301-56309, 56311, 56343-56344, 56314	End-dated 04/01/00 due to 2000 CPT updates
29	56350	56351-56356	End-dated 04/01/00 due to 2000 CPT updates
30	57452	57454, 57460	
31	49320	38570, 49321-49323, 58550, 58551, 58660-58662, 58670, 58671	Effective 01/01/00, new family of codes for 2000 based on RBRVS
32	58555	58558-58563	Effective 01/01/00, new family of codes for 2000 based on RBRVS

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

Attention: All Providers

Denied Managed Care Claims

EDS is now assisting providers with all denied claims issues including problems related to Carolina ACCESS (CA). The local Managed Care Representative (MCR) will no longer receive CA denied claims information. If assistance is needed in attaining help from EDS, your MCR is available to facilitate a meeting between your practice and the appropriate staff at EDS. Providers can request assistance directly from EDS by calling 1-800-688-6696.

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

Attention: Durable Medical Equipment (DME), Home Health Providers

Coverage of Diabetic Supplies

This article is being republished because "Home Health Providers" was erroneously omitted from the attention line in the July Medicaid Bulletin.

This article is being published subsequent to inquiries from Medicaid recipients about Medicaid coverage and access of diabetic supplies.

Both DME and Home Health providers may furnish the following diabetic supplies to Medicaid recipients:

CODE	DESCRIPTION
A4253	Blood glucose test strips for use with monitor
A4258	Spring-powered device for lancet
A4259	Lancets
W4651	Blood glucose test strips (visual strips)
W4667	Insulin syringe with needle, 1 cc or smaller
W4675	Urine test strips for combination ketones and glucose
W4676	Urine test strips or tablets for ketones
W4677	Urine test strips or tablets for glucose

In addition, DME providers may furnish the following diabetic supplies to Medicaid recipients:

CODE	DESCRIPTION
W4018	Dial-a-dose insulin delivery device
W4063	Needle for use with dial-a-dose system

DME providers should refer to Section 6 of the *North Carolina Medicaid Durable Medical Equipment Manual*, March 1, 1999 Reprint and to the September 1998 *Medicaid Bulletin* article, "Coverage of Diabetic Equipment and Supplies" for complete instructions for providing diabetic supplies.

Home health providers should refer to Section 5.1.6 of the *North Carolina Medicaid Community Care Manual*, October 1999 Revision for complete instructions for providing medical supplies.

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

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

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**Division of Medical Assistance
Health Insurance Information Referral Form**

Recipient Name: _____

Recipient ID No: _____ Date of Birth: _____

Health Ins. Co. Name (1) _____ Policy/Cert No. _____

(2) _____ Policy/Cert No. _____

Reason For Referral

1. _____ Patient not covered by above policy(s)

2. _____ Service not covered by above policy(s)

3. _____ Insurance company denied by _____ letter or _____ telephone (please provide name and number of contact person and reason for denial):

4. _____ New policy not indicated on Medicaid ID card. Indicate type coverage:
_____ Major Medical _____ Hosp/Surgical _____ Basic Hospital
_____ Dental _____ Cancer _____ Accident
_____ Indemnity _____ Nursing Home

5. _____ Insurance company paid patient \$ _____ Date _____ and patient has not paid provider.

If items 1 through 3 are checked, attach original claim and submit to: The Division of Medical Assistance, Third Party Recovery Section, 1985 Umstead Drive, 2508 Mail Service Center, Raleigh, North Carolina 27699-2508. The Third Party Recovery (TPR) Section will verify the information and will either override or reject the claims within 10 working days after receipt.

Item 4 should be used if the patient requests filing with an insurance company that is not indicated on the Medicaid ID card. The TPR Section will enter this information into the TPR database.

Submitted: _____ Provider Number: _____

By: _____ Date Submitted: _____

Telephone Number: _____

**Electronic Funds Transfer (EFT)
Authorization Agreement for Automatic Deposits (EFT)**

Electronic Data Systems currently offers Electronic Funds Transfer (EFT) as an alternative to paper check issuance. This service will enable you to receive your Medicaid payments through automatic deposit at your bank while you continue to receive your Remittance and Status Report (RA) at your current mailing address. This process will guarantee payment in a timely manner and prevent your check from being lost through the mail.

To ensure timely and accurate enrollment in the EFT program, please fill out the form on this page, attach a deposit slip or voided check and return them by mail to:

EDS- Financial Unit, 4905 Waters Edge, Raleigh, NC, 27606

or

Fax: 919-859-9703, Attention : Finance-EFT

We will run a trial test between our bank and yours. This test will be done on the first checkwrite you are paid after we receive this form. Thereafter, your payments will go directly to your bank account. Your RA will continue to come through the mail. On the last page of your RA in the top left corner it will state "EFT number" rather than "Check number" when the process has begun. Contact Provider Services at 1- 1-800-688-6696 with any questions regarding EFT.

Thank you for your cooperation in making this a smooth transition to Electronic Funds Transfer, and for helping us to make the Medicaid payment process more efficient for the Medicaid provider community.

We hereby certify this checking or savings account is under our direct control and access; therefore, we authorize Electronic Data Systems to initiate credit entries to our checking or savings account indicated below and the depository name below, hereafter called DEPOSITORY, to credit the same account number.

DEPOSITORY NAME _____
 BRANCH _____
 CITY _____ STATE _____ ZIP CODE _____
 BANK TRANSIT/ABA NO. _____
 ACCOUNT NO. _____


This authority is to remain in full force and effect until EDS has received written notification from us of its termination in such time and in such a manner as to afford EDS a reasonable opportunity to act on it.

PROVIDER NAME(S) _____
 BILLING PROVIDER NUMBER _____
 DATE _____ SIGNED _____

Please list a name and telephone number of someone to contact with questions EDS may have on initiating this automatic deposit.

CONTACT _____ TELEPHONE NUMBER _____

**USE A SEPARATE FORM FOR EACH PROVIDER NUMBER.
 ✍ A DEPOSIT SLIP OR VOIDED CHECK MUST BE ATTACHED FOR EACH BANK ACCOUNT IN ORDER FOR US TO PROCESS YOUR EFT.**

DEPOSIT TICKET	JOHN B. SMITH 123 East Main St. Anytown, USA 12345	CASH				 22/1040/465 <small>This document is subject to the provisions of the uniform commercial code and the Uniform Electronic Transactions Act. It is a legal instrument. It is not a check. It is not a withdrawal. It is not a check.</small>
	DATE _____ 19 _____					
	FIRST UNITED BANK OF ANYTOWN ROUTING AND TRANSIT NO. 123456789					
		TOTAL				
		LESS CASH RECEIVED				

BE SURE EACH ITEM IS ENDORSED

**NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE
PROVIDER CERTIFICATION
FOR
SIGNATURE ON FILE**

By signature below, I understand and agree that non-electronic Medicaid claims may be submitted without signature and this certification is binding upon me for my actions as a Medicaid provider, my employees, or agents who provide services to Medicaid recipients under my direction or who file claims under my provider name and identification number.

I certify that all claims made for Medicaid payment shall be true, accurate, and complete and that services billed to the Medicaid Program shall be personally furnished by me, my employees, or persons with whom I have contracted to render services, under my personal direction.

I understand that payment of claims will be from federal, state and local tax funds and any false claims, statements, or documents or concealment of a material fact may be prosecuted under applicable Federal and State laws and I may be fined or imprisoned as provided by law.

I have read and agree to abide by all provisions within the NC Medicaid provider participation agreement and/or on the back of the claim form.

SIGNATURE:

Print or Type Business Name of Provider

Signature of Provider

Date

Group provider number to which this certification applies: _____

Attending provider number to which this certification applies: _____

Return completed form to: EDS
Provider Enrollment
P.O. Box 300009
Raleigh, NC 27622

PHARMACY ADJUSTMENT REQUEST

MAIL TO:

EDS CORPORATION
POST OFFICE BOX 300009
RALEIGH, NORTH CAROLINA 27622

RECIPIENT MEDICAID NUMBER									

ATTN: ADJUSTMENT UNIT

PHARMACY NAME AND PROVIDER NUMBER

RECIPIENT NAME		
LAST	FIRST	MIDDLE

PLEASE PRINT OR TYPE (BLACK OR DARK BLUE ONLY) LIST INFORMATION AS GIVEN ON RA

0	Rx NUMBER		N D C																		QUANTITY	BILLED AMOUNT
	DATE FILLED MO DAY YR	CLAIM NUMBER														DENIAL EOB	INSPAID					
ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT)																		PAID AMOUNT				

1	Rx NUMBER	DRUGNAME-STRENGTH-DOSAGE-MFG	N D C																			QUANTITY	BILLED AMOUNT
	DATE FILLED MO DAY YR	CLAIM NUMBER														DENIAL EOB	INSPAID						
ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT)																		PAID AMOUNT					

2	Rx NUMBER	DRUGNAME-STRENGTH-DOSAGE-MFG	N D C																			QUANTITY	BILLED AMOUNT
	DATE FILLED MO DAY YR	CLAIM NUMBER														DENIAL EOB	INSPAID						
ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT)																		PAID AMOUNT					

3	Rx NUMBER	DRUGNAME-STRENGTH-DOSAGE-MFG	N D C																			QUANTITY	BILLED AMOUNT
	DATE FILLED MO DAY YR	CLAIM NUMBER														DENIAL EOB	INSPAID						
ADJUSTMENT REASON (BRIEFLY DESCRIBE REASON FOR ADJUSTMENT)																		PAID AMOUNT					

"This is to certify that the foregoing information is true, accurate, and complete. I understand that payment will be from Federal and State funds, and that any false claims, statements, or documents, or concealment, of a material fact, may be prosecuted under applicable Federal or State laws."

X _____
CLAIMANT SIGNATURE DATE

IMPORTANT: THIS FORM WILL BE RETURNED IF THE REQUIRED INFORMATION AND DOCUMENTATION FOR PROCESSING IS NOT PRESENT.

Attention: All Providers

Modifier 25 and Minor Procedures

Modifier 25 appended to an Evaluation and Management (E/M) procedure code denotes the E/M visit as a significant and separately identifiable service performed by the same physician on the same day as a minor procedure.

A minor procedure is a procedure or service with 0 to 10 days follow up and includes not only operative procedures but also procedures or services such as 59025 (fetal non-stress test) and 93000 (Electrocardiogram).

Following are examples of billing modifier 25 appropriately.

Example #1:

The provider has a scheduled appointment to perform a fetal non-stress test. At the same appointment the recipient complains of an earache and sore throat. The provider will append modifier 25 to the E/M visit for the earache and sore throat indicating a service was performed that was significant and separately identifiable from the fetal non-stress test.

Example #2:

The provider has a scheduled appointment to perform an Electrocardiogram. At the same appointment the recipient complains of a red and painful toe. The provider will append modifier 25 to the E/M visit for the toe indicating a service was performed that was significant and separately identifiable from the Electrocardiogram.

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

Attention: All Mental Health/Substance Abuse Providers

Incident to Policy for Licensed Clinical Social Workers and Clinical Nurse Specialists

Effective August 1, 2000, the Division of Medical Assistance (DMA) has expanded the "incident to service" policy to include Licensed Clinical Social Workers (LCSW) and Clinical Nurse Specialists (CNS) who are masters level registered nurses with psychiatric certification in providing mental health/substance abuse services. The LCSW and CNS must be an employee of the supervising physician, physician group practice, or of the legal entity that employs the physician who provides direct personal supervision. Please refer to the July 1997 North Carolina Medicaid Bulletin article concerning the incident to service policy.

Billing guidelines:

- ? LCSWs can bill the following codes: 90801, 90802, 90804, 90806, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828, 90845, 90846, 90847, 90849, 90853, 90857.
- ? CNSs can bill the following codes: 90801, 90802, 90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828, 90846, 90849, 90853, 90857.
- ? The attending physician's provider number is used when filing claims.
- ? The prior approval process will follow the new preventive/early intervention mental health guidelines, which allows for 26 unmanaged visits.

Please note that this article is not directly related to DMA's plan to allow the direct enrollment of LCSWs, CNSs, and psychologists. Information related to direct enrollment will follow in a later issue of the Medicaid Bulletin.

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

Attention: Mental Health Providers

Individual Visits

EDS is offering individual provider visits for Mental Health 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 visit request form only)

.....
Mental Health 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: Family Practice Providers

Individual Visits

EDS is offering individual provider visits for Family Practice 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 visit request form only)

.....
Family Practice 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: Independent Practitioners

Independent Practitioner Seminars

Independent Practitioner seminars are scheduled for October, 2000. The September Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

Attention: Nursing Facility Providers

Nursing Facility Seminar Schedule

Seminars for nursing facility providers are scheduled for September, 2000. These seminars will focus on nursing facility guidelines and policies, prior approval, FL2 completion, UB-92 instructions, and denial resolution.

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. **Due to limited seating, preregistration is required. Providers not registered are welcome to attend if reserved space is adequate to accommodate.**

Note: Providers should bring their June 2000 issue of the Nursing Facility manual to the workshop for reference. Additional manuals will be available for purchase at \$6.00. If you plan to purchase a manual at the workshop please bring a three-ring binder.

Directions to the sites are available on page 19 of this bulletin.

Wednesday, September 6, 2000

Four Points Sheraton
5032 Market Street
Wilmington, NC

Tuesday, September 12, 2000

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Thursday, September 14, 2000

Ramada Inn
3050 University Parkway
Winston-Salem, NC

Tuesday, September 19, 2000

Holiday Inn Conference Center
530 Jake Alexander Blvd., S.
Salisbury, NC

Thursday, September 28, 2000

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

(cut and return registration form only)

Nursing Facility Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Fax Number: _____ Date Mailed: _____

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

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

Directions to the Nursing Facility Seminars

The registration form for the Nursing Facility seminars is on page 18 of this bulletin.

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON

I-40 East into Wilmington to Highway 17 - just off I-40. Turn left onto Market Street. The Four Points Sheraton is located approximately ½ mile on the left.

FLAT ROCK, NORTH CAROLINA

BLUE RIDGE COMMUNITY COLLEGE

I-40 to Asheville. Head East on I-26 to Exit 22. Turn right and take the next right. At the large Blue Ridge Community College sign turn left. The college is located on the right. Pass the main entrance to the college and turn right into the college entrance past the pond. The parking lot is on the left. Auditorium entrance is located to the right of the main entrance to the Patton Building.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA

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

SALISBURY, NORTH CAROLINA

HOLIDAY INN CONFERENCE CENTER

Traveling South on I-85:

Take Exit 75 and turn right on Jake Alexander Blvd.

Traveling North on I-85: Take Exit 75 and turn left on Jake Alexander Blvd. Travel approximately ½ mile. The Holiday Inn is located on the right.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER

Directions to the Parking Lot:

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

Directions to the Conference Center from Parking Lot:

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

Checkwrite Schedule

August 8, 2000	September 6, 2000	October 10, 2000
August 15, 2000	September 12, 2000	October 17, 2000
August 24, 2000	September 19, 2000	October 26, 2000
	September 28, 2000	

Electronic Cut-Off Schedule

August 4, 2000	September 1, 2000	October 6, 2000
August 11, 2000	September 8, 2000	October 13, 2000
August 18, 2000	September 15, 2000	October 20, 2000
	September 22, 2000	

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

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

John W. Tsikerdanos
Executive Director
EDS



P.O. Box 300001
Raleigh, North Carolina 27622

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