



August 2007 Medicaid Bulletin

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Providers are responsible for informing their billing agency of information in this bulletin CPT codes, descriptors and other data only are copyright 2006 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.



National Provider Identifier

Attention: All Providers

Keeping Address/Contact Information Current with DMA

If an address or phone number changes, providers are required to notify the Division of Medical Assistance (DMA) using the provider change form. This form is located on the DMA Website at: www.ncdhhs.gov/dma/formsprov.html. Although this has always been a requirement, this information will become even more critical upon NPI implementation. Once NPI is implemented, address information will become a critical component of claims processing. Failure to update address information, including zip +4, may negatively impact the ability to map the NPI to the appropriate Medicaid provider number. Providers are now required to file claims using the zip+4 in the address fields. The zip+4 on the claim must match the zip+4 in DMA's provider file in order for the NPI to map properly to the Medicaid provider number.

NC Medicaid staff may need to contact providers using the phone number in the DMA's provider file. Providers are encouraged to verify that their address (physical and accounting, if applicable) and phone numbers (including area code) are up to date by contacting EDS Provider Services at 1-866-688-6696 or 919-851-8888.

NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly!

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

Attention: All Providers**B**asic Medicaid Seminars

Basic Medicaid seminars are being held during the month of October 2007. Seminars are intended to educate providers on the basics of Medicaid billing.

The seminar sites and dates will be announced in the September 2007 General Bulletin, <http://www.ncdhhs.gov/dma/prov.htm>. Pre-registration will be required. Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

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

Attention: All Providers**C**linical Coverage Policies

The following new or revised clinical coverage policies are now available on the Division of Medical Assistance Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>:

- A-2, [Over-the-Counter Medications](#) (July 26, 2007)
- 1C-2, [Medically Necessary Routine Foot Care](#)
- 3A, [Home Health Services](#)
- 3D, [Hospice Services](#)
- 3H-1, [Home Infusion Therapy](#)
- 8A, [Enhanced Mental Health and Substance Abuse Services](#) (June 11, 2007)
- 9, [Outpatient Pharmacy Program](#)
- 10C, [Local Education Agencies \(LEAs\)](#) (July 1, 2007)

The following policies have been revised to reflect the name change from Division of Facility Services to Division of Health Service Regulation:

- 3C, [Personal Care Services](#)
- 3H-2, [Home Tocolytic Infusion Therapy](#)
- 3J, [Personal Care Services–Plus](#)
- 5A, [Durable Medical Equipment](#)
- 8B, [Inpatient Behavioral Health Services](#)
- 8D-2, [Residential Treatment Services](#)
- 8E, [Intermediate Care Facility for Persons with Mental Retardation](#)

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

Clinical Policy and Programs

DMA, 919-855-4260

Attention: All Providers

National Drug Code (NDC) Seminars Canceled for September 2007

Seminars on National Drug Code (NDC) Medicaid billing guidelines are canceled for September 2007. The rescheduled training sessions will be posted in future Medicaid bulletins.

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

Attention: All Providers

New EOB, 9991 (Old CMS 1500)

Effective July 1, 2007, the 12/90 version of the CMS-1500 has been replaced with the 08/05 version.

Providers who submit the old (12/90) CMS-1500 will receive denial EOB 9991 on their remittance advice. EOB 9991 states, "Claim denied due to submission on old CMS-1500 format after 7/1/2007 deadline. Resubmit on new CMS-1500 format. Refer to New Claim Form Instructions Special Bulletin June 2007."

Providers who receive EOB 9991 will need to resubmit their claims on the new (08/05) CMS-1500.

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

Attention: All Providers

Provider Responsibilities for Claim Submissions

All providers who submit claims (on paper or electronically) to Medicaid, either directly or through a billing agent, are responsible for ensuring that the services they are billing for have been provided in accordance with state and federal rules and regulations and Medicaid clinical coverage policies. The provider is responsible for obtaining any required prior approvals and referral authorizations prior to rendering the service. All providers must verify that any employee or contracted staff under their supervision meets the required qualifications for the service that is being rendered and billed to Medicaid. Medical record documentation must support the necessity for the services and must be maintained in accordance with all federal and state rules and regulations and Medicaid clinical coverage policies.

Your signature on the claim form certifies that:

- The service is medically indicated and supported by the required medical record documentation, including treatment plans, person-centered plans, assessments, etc.
- Where applicable, prior approvals and referral authorizations have been obtained.
- The service was provided within the scope of the Medicaid participation application or agreement signed by the provider.
- The service was rendered by you or by an employee or contracted staff under your supervision who meet the qualifications for the provision of the service.
- The provision of the service complies with state and federal rules and regulations and Medicaid clinical coverage policy.

For additional information on medical record documentation, service requirements, provider qualifications, and conditions of participation, refer to the provider information page on DMA's Website at <http://www.ncdhhs.gov/dma/prov.htm>.

Clinical Policy and Programs
DMA, 919-855-4260

Attention: All Providers**Registration for Early Periodic Screening and Diagnostic Testing (EPSDT) Seminars**

Early Periodic Screening and Diagnostic Testing (EPSDT) seminars will begin in September 2007. Registration information, a list of dates, and site locations for the seminars are listed below.

Seminars will begin at 9:00 a.m. and will end at 12:00 noon. Providers are encouraged to arrive by 8:45 a.m. to complete registration. Lunch will not be provided at the seminars. **Because meeting room temperatures vary, dressing in layers is strongly advised.**

Pre-registration is required. Unregistered providers are welcome to attend if space is available. Providers may register for the seminars by completing and submitting the registration form online at <http://www.ncdhhs.gov/dma/prov.htm>, under "Seminar Information." Please indicate on the registration form which session you plan to attend.

The EPSDT information (training slides) presented during the seminar will be available on the DMA Web site (<http://www.ncdhhs.gov/dma/EPSDTprovider.htm>) by August 15. Please review, print, and bring the slides to the seminar.

<p>Asheville Tuesday, September 18 Crowne Plaza One Resort Drive Asheville, NC</p>	<p>Salisbury Wednesday, September 19 Holiday Inn Conference Center 530 Jake Alexander Blvd. South Salisbury, NC</p>
<p>Fayetteville Tuesday, September 25 Prince Charles Clarion Hotel 450 Hay St. Fayetteville, NC</p>	<p>Raleigh Thursday, October 4 Jane S. McKimmon Center 1101 Gorman St. Raleigh, NC</p>
<p>Greenville Wednesday, September 26 Hilton Greenville 207 SW Greenville Blvd. Greenville, NC</p>	

Directions to the EPSDT Seminars

Crowne Plaza – Asheville

Traveling East on I-40: Take Exit 46 (left exit) for I-240 East. Continue on I-240 and stay the left lane. Take Exit 3A. Circle around right and exit onto Patton Avenue. Turn right at the second light into Regent Business Park (between Denny's and Pizza Hut). Turn right; the entrance is on the left around a curve approximately 1000 yards. Follow Resort Drive to the main entrance of the resort on the left.

Traveling West on I-40: Take Exit 53 to I-240 West. Pass downtown Asheville. As you cross the French Broad River Bridge, stay in the right lane and take Exit 3B - Westgate and Resort Drive (formerly Holiday Inn Drive). Pass the Westgate Shopping Center on your right. After passing Mr. Transmission, you will see our entrance sign. Turn right onto Resort Drive and proceed to the main entrance.

Hilton – Greenville

Traveling East: take US-64 East to US-264 East. Follow 264 East to Greenville. Turn right on Allen Rd. once you enter Greenville. Go approximately 2 miles and Allen Rd. turns into Greenville Blvd./Alternate 264. Follow Greenville Blvd. for 2-1/2 miles; the Hilton Greenville is located on the right.

Traveling South: Take US-64 to US-13 S/NC-11 S. Continue to follow NC-11 S. Turn left onto Greenville Blvd. The hotel is on the left.

Traveling North: Take NC-11 North to Greenville. Turn right onto Greenville Blvd. Hotel is approximately one mile ahead on the right.

Jane S. McKimmon Center - Raleigh

Traveling East on I-40: Take exit 295 and turn left onto Gorman Street. Travel approximately 2.5 miles. The McKimmon Center is located on the right on the corner of Gorman Street and Western Boulevard.

Traveling West on I-40: Take exit 295 and turn right into Gorman Street. Travel approximately 2.5 miles. The McKimmon Center is located on the right on the corner of Gorman Street and Western Boulevard.

Holiday Inn Conference Center – Salisbury

Traveling South on I-85: Take exit 75. Turn right onto Jake Alexander Boulevard. Travel approximately half a mile. The Holiday Inn is located on the right.

Traveling North on I-85: Take exit 75. Turn left onto Jake Alexander Boulevard. Travel approximately half a mile. The Holiday Inn is located on the right.

Prince Charles Clarion Hotel – Fayetteville

From the Fayetteville Regional Airport, the approximate distance to the hotel is 7 miles.

Traveling on I-95: Follow I-95-Business North. Turn right onto NC-87 North. Continue on US-401-Business North. Take Exit 104B/Hay Street toward downtown. Turn right on Hay Street. The hotel is located on the left.

**Early Periodic Screening and Diagnostic Testing (EPSDT)
September 2007 Seminar Registration Form**
(No Fee)

Provider Name _____

Medicaid Provider Number _____ NPI Number _____

Mailing Address _____

City, Zip Code _____ County _____

Contact Person _____ E-mail _____

Telephone Number(_____) _____ Fax Number _____

_____ # of persons attending the seminar at _____ on _____
(location) (date)

**Please fax completed form to 919-851-4014 or
Please mail completed form to
EDS Provider Services
P.O. Box 300009
Raleigh NC 27622**

Attention: Durable Medical Equipment Providers

Prior Approval for Pediatric Mobility Devices

Until further notice, Children's Special Health Services (CSHS) will continue reviewing requests for prior approval for pediatric mobility devices on behalf of DMA. Providers should continue to submit their prior approval requests to CSHS utilizing the same procedures established in Clinical Coverage Policy 5A, Durable Medical Equipment, accessible from DMA's Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>. Refer to **Attachment B, How a Recipient Obtains Durable Medical Equipment and Supplies**, for detailed instructions.

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

Attention: Durable Medical Equipment and Orthotic and Prosthetic Device Providers

Change in Prior Approval Process for Non-Listed Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies for Recipients under 21 Years of Age

Effective with date of request August 1, 2007, providers must submit prior approval requests for items that are not listed on the durable medical equipment or orthotic and prosthetic fee schedules when these items are medically necessary for Medicaid recipients under 21 years of age. Providers should submit the requests to the Assistant Director for Clinical Policy and Programs, Division of Medical Assistance (DMA). Please use the Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age, which can be found on DMA's Web site at www.ncdhhs.gov/dma/formsprov.html in the Prior Approval section.

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

Attention: Personal Care Service (PCS) and Personal Care Service Plus (PCS Plus) Providers**P**rovider Training Sessions

The Carolina Centers for Medical Excellence (CCME; www.thecarolinascenter.org) announces continued provider training for Personal Care Services (PCS) as approved by the Division of Medical Assistance (DMA).

The 3rd calendar quarter training sessions of 2007 (PCS Provider Training Session V) will be conducted in September 2007. The training is recommended for registered nurses, agency administrators, and agency owners who have a working knowledge of the PCS program and applicable DMA policies.

Specific dates and locations will be posted soon on CCME's registration site: http://www.thecarolinascenter.org/mrnc_web/mrnc/medicaid.aspx?ID=Registration. Pre-registration, either online or by fax, is required. Space is limited to 150 participants at each session.

To register **online**, visit the registration site and complete the registration process. You will be issued a computer-generated number to confirm your registration. To register by **fax**, please complete the form following this announcement and fax it to the attention of Jennifer Manning at 919-380-9457. A member of the PCS team will contact you with a registration number. If you need to **cancel** at any time, please contact Jennifer Manning (voice 919-380-9860, x2018; e-mail jmanning@thecarolinascenter.org) to allow others to attend those sessions that fill up early.

Because meeting room temperatures vary, dressing in layers is strongly advised. Sign-in will start at 8:00 a.m. at each location. The presentations will begin at 9:00 a.m. and continue until 1:30 p.m. There will be one or two 15-minute breaks, but only coffee, hot tea, and water will be provided, so please plan ahead for the late lunch hour. This schedule allows us to offer 4.25 Continuing Nursing Education (CNE) contract hours to all nurses at no cost to the participants.

Jennifer Manning, CCME, 919-380-9860, ex 2018



The Carolinas Center *for* Medical Excellence

**CCME PCS Provider Training Session V
September 2007
Registration Form**

Location requested: _____ Location Date: _____

First Name: _____

Last Name: _____

Credentials: _____

Position: _____

Organization: _____

Facility: _____

Address: _____

City: _____, NC Zip: _____

County: _____

UPIN/Provider #: _____

Phone #: _____ Ext: _____

Fax #: _____

Email: _____

Referred by/How did you hear about this event?

May we send you e-mail updates on new information, features, and tools on the
CCME web site?

please check: Yes No

**Please fax completed form to the attention of
Jennifer Manning at 919-380-9457**

Attention: Physicians and Nurse Practitioners

Cytarabine Liposome (DepoCyt, HCPCS Procedure Code J9098) - Billing Guidelines

Effective with date of service January 1, 2007, the N.C. Medicaid Physician's Drug Program covers DepoCyt when billed with HCPCS procedure code J9098. DepoCyt is a sustained-release formulation of the active ingredient cytarabine, an antimetabolite that acts through inhibition of DNA synthesis and is cell cycle-specific for the S phase of cell division. The liposomal formulation allows for gradual release, resulting in prolonged exposure. DepoCyt, which is for intrathecal administration only, is indicated for the treatment of lymphomatous meningitis.

For Medicaid Billing:

- Providers must bill J9098 for DepoCyt.
- Providers must indicate the number of units given in block 24G on the CMS-1500 claim form.
- Providers must bill their usual and customary charge.

For Medicaid billing, one unit of coverage is 10 mg. The maximum reimbursement rate for one unit is \$394.20.

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

Attention: Physicians**Attending Provider Addresses**

In preparation for NPI implementation, DMA began initiating mailings to providers of record, based on information contained in our Medicaid database. From our first NPI mailing, DMA received returned correspondence for more than 2,000 providers. The majority of these providers were individual attending physicians.

The returned correspondence indicated that the address was unknown or the mail was undeliverable to the address currently on the database. Many group practices have current addresses on file, but the addresses of the attending physicians must be updated and must contain the required NPI information.

To update a provider address, please submit the Provider Change Form, located at <http://www.ncdhhs.gov/dma/Forms/changeprovstatus.pdf>, and enclose that with the required NPI information. If the NPI information is currently on file, only the provider change form is needed to update the address. Since updating the Medicaid database is essential for successful NPI testing and claims processing, providers identified as having undeliverable or unknown addresses will be suspended for a bad address starting November 1, 2007. Once the provider number is suspended, any claims submitted including that provider number will suspend.

Once the address is corrected, any suspended claims will be released for processing. For group providers, remember that claims submitted using suspended attending provider numbers will also suspend, so please verify that all address information is correct in the Medicaid database.

To verify the address of a physician listed in the Medicaid provider database, please contact EDS Provider Services at 1-800-688-6696. Remember, EDS can not update the address or the NPI; EDS can only verify the address or NPI listed on the database. If the address is incorrect, please complete a provider change form using the link above. Address changes typically require 6-8 weeks to process.

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

Proposed Clinical Coverage Policies

In accordance with Session Law 2005-276, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's Web site at <http://www.ncdhhs.gov/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the Web site. Providers without Internet access can submit written comments to the address listed below.

Loretta Bohn
Division of Medical Assistance
Clinical Policy Section
2501 Mail Service Center
Raleigh NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

2007 Checkwrite Schedule

Month	Electronic Cut-Off Date	Checkwrite Date
August	08/02/07	08/07/07
	08/09/07	08/14/07
	08/16/07	08/23/07
September	08/30/07	09/05/07
	09/06/07	09/11/07
	09/13/07	09/18/07
	09/20/07	09/27/07
October	10/04/07	10/09/07
	10/11/07	10/16/07
	10/18/07	10/23/07
	10/25/07	10/31/07
November	11/01/07	11/06/07
	11/08/07	11/14/07
	11/15/07	11/21/07
December	11/29/07	12/04/07
	12/06/07	12/11/07
	12/13/07	12/20/07

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.

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



Mark T. Benton, Director
Division of Medical Assistance
Department of Health and Human Services



Cheryll Collier
Executive Director
EDS
