

North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

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

Number 8

August 1997

Attention: All Providers

Holiday observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, September 1, 1997, in observance of Labor Day.

Attention: All Providers

Division Deputy Director appointed

DMA Director, Paul R. Perruzzi, recently announced the appointment of Daphne Lyon as Deputy Director of the Division of Medical Assistance. Ms. Lyon has been with DMA since it was created in 1978, and prior to that time worked with the Medicaid program when it was a part of the Division of Social Services. Most recently, Ms. Lyon served as Assistant Director for Administration and Regulatory Affairs where she was responsible for managed care programs, information services, state and federal regulatory compliance, and the agency's appeal process. Ms. Lyon's extensive experience in Medicaid makes her a valuable asset to the agency.

Attention: All Providers

Color of recipient Medicaid ID cards

The state Medicaid Eligibility Unit recently received a new shipment of Medicaid ID card stock which is used to produce computer-generated ID cards. The ink is a slightly darker blue than the card stock used in the past. These cards are valid and do not indicate any change or limitation in Medicaid coverage.

Andy Wilson

DMA, 919-733-7160

Attention: Hospital Providers

Reminder: Short stays - less than 24 hours

Short inpatient hospital stays that are less than 24 hours will not be reimbursed if submitted as inpatient claims or at a DRG rate. These stays must be submitted as outpatient claims. The claims processing system will count the total hours documented on the claim.

Note: If the stay is billed on an inpatient claim and is less than 24 hours, the claim will be denied.

EDS

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

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

Index	Page Number
Billing disposable diapers (Home Health Agencies, Private Duty Nursing Providers, and CAP Case Managers)-----	2
Billing Home Health services for Medicare/Medicaid dually eligible patients (Home Health Agencies) -----	3
Bulletin article index (All Providers)-----	14
Certification for signature on file Form (All Providers)-----	5
CLIA claim editing (Independent Laboratories)-----	2
Color of recipient Medicaid ID cards (All Providers)-----	1
Coverage of needles for use with dial-a-dose insulin delivery device (DME Providers) -----	2
Directions to seminars (Nursing Facilities and Adult Care Homes)-----	13
Discontinued EDS software support (All Electronic Billers)-----	7
Division Deputy Director appointed (All Providers)-----	1
Holiday observance (All Providers)-----	1
Injectable drug administration fee (Physicians)-----	2
Medicare vouchers for paper crossover claims (All Providers)-----	2
New schedule for issuance of Social Security monthly benefit checks (Nursing Facility Providers and Adult Care Homes)-----	4
Provider certification for signature on file (All Providers)-----	4
Reminder: Short stays - less than 24 hours (Hospital Providers)-----	1
Seminars (Private Duty Nursing Providers)-----	3
Seminar schedule (Adult Care Homes)-----	12
Seminar schedule (Nursing Facility Providers)-----	11
Utilization of hormone replacement therapy for prevention of osteoporosis: A focused view (All Providers)-----	9

Attention: DME Providers**Coverage of needle for use with dial-a-dose insulin delivery device**

Effective with dates of service beginning August 1, 1997, code W4063, "needle for use with dial-a-dose insulin delivery device (e.g., B-D Pen, Novolin Prefilled Syringe, NovoPen)" will be covered. This item will be placed in the DME Related Supplies category of the DME Fee Schedule. The maximum reimbursement rate is \$0.21 per unit. Prior approval is not required. The monthly limit has been established at 200 units per month.

*Melody B. Yeargan, P.T., Medical Policy
DMA, 919-733-9434*

Attention: All Providers**Medicare vouchers for paper crossover claims**

EDS is receiving an increasing number of single crossover claims that are accompanied by multiple Medicare vouchers or multiple claims attached to one Medicare voucher.

When submitting a paper Medicare crossover claim, the correct corresponding Medicare EOMB (voucher) must accompany each claim (the voucher and claim must have same date(s) of service, recipient name, provider name, billed amount, etc.). Each claim should be submitted with only one voucher and each voucher should only have one claim attached. The provider is responsible for filing claims correctly and failure to do so will cause the crossover claims to deny.

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

Attention: Home Health Agencies, Private Duty Nursing Providers, and CAP Case Managers**Billing for disposable diapers**

Effective with dates of service September 1, 1997, disposable diapers should be billed individually using HCPCS Code W4638. Disposable diapers may no longer be billed by a package of 10. Claims for W4619, Diapers (all sizes), 10 per package, will be denied.

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

Attention: Independent Laboratories**CLIA claim editing**

The Health Care Financing Administration (HCFA) requires nonphysician laboratories to have the appropriate CLIA (Clinical Laboratory Improvement Amendment) certification. Medicaid payment is dependent upon having a laboratory certificate authorizing the kind of laboratory service rendered. Effective August 1, 1997, payment will only be made for laboratory services authorized by providers' CLIA certificate.

Laboratory claims paid March 1, 1997 and after, will be reprocessed to assure providers were appropriately CLIA certified on the date of service. Claims paid to inappropriately certified providers will be recouped.

Medicare implemented these CLIA requirements January 3, 1997.

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

Attention: Physicians**Injectable drug administration fee**

Effective with dates of service August 1, 1997, Medicaid will pay an administrative fee for injectable drugs in a physician's office only under the following conditions:

- The injection is the sole purpose for the visit to the physician's office
- The recipient is age 21 or over. (Recipients under age 21 are governed by the Health Check policies)
- The injectable drug administration is not given in conjunction with chemotherapy agents
- The fee will not be paid in addition to an office visit (CPT codes 99201-99215)

The code is Q0124 "Injectable drug administration" should be billed on the HCFA-1500 claim form in addition to the drug.

The fee is \$2.30 per injection.

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

Attention: Home Health Agencies

Billing Home Health services for Medicare/Medicaid dually eligible patients

Home health agencies are to bill Medicare for home health services whenever Medicare coverage is available. Instructions for deciding whether to bill Medicare or Medicaid for a dually-eligible patient are in Section 5.10.1 of the Medicaid Community Care Manual. The MEDICARE-Medicaid CHART that begins on page 5-11 of the manual provides guidance about which payer should be billed; however, your professional judgment of what should be billed to Medicare supersedes this chart.

Note: If you intend to bill Medicaid for a Medicare-covered patient, your documentation must clearly support your decision. It must show that the care is not covered by Medicare and is covered by Medicaid.

Program Integrity reviews have identified several situations in which providers need to be alert to the possibility of billing Medicare. Some examples include:

1. A "chronic but stable" patient who is being seen perhaps twice a month has an exacerbation of a chronic condition and requires hospitalization. Post hospital, the patient has several medication changes and requires an increased frequency of skilled nursing visits to monitor condition and assess the response to the new medications. Until the patient stabilizes, all services should be billed to Medicare.
2. The patient is seen one time per month for what is considered a "CAP assessment visit." The patient has a foley catheter which is changed at this visit. The foley catheter change qualifies this as a Medicare visit, yet some providers erroneously assume that it is a Medicaid visit because the RN is also providing assessment information to the CAP case manager.
3. Some providers consider that a patient who is "stable" - that is, one with no recent exacerbations and no recent medication changes - becomes a "maintenance" patient whose care is to be billed to Medicaid regardless of the care being performed. Providers need to consider not only the patient's status, but also the type of skilled service needed. When the visits are to perform Medicare covered services, such as changing foley catheters, replacing gastrostomy tubes or performing covered venipunctures, the visits are to be billed to Medicare.

Remember, billing Medicaid for services that should be billed to Medicare may result in recoupment of the Medicaid payments as well as other actions by the Division of Medical Assistance.

EDS

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

Attention: Private Duty Nursing (PDN) Providers

Seminars

Private Duty Nursing (PDN) seminars will be held in October 1997. The September Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars and mail to:

Private Duty Nursing (PDN) Provider Representative
 EDS
 P.O. Box 300009
 Raleigh, NC 27622

**Attention: Nursing Facility Administrators
 Adult Care Home Administrators**

New schedule for issuance of Social Security monthly benefit checks

The Social Security Administration has announced that effective with the June 1997 checks, all persons who applied and were approved for Social Security benefits beginning in May 1997 received their monthly benefit checks on a staggered schedule. Social Security benefits delivered by mail or by direct deposit into bank accounts will be delivered on the second, third, or fourth Wednesday of each month, depending on the beneficiary's birthdate. Individuals currently receiving their benefits on the third day of the month will not be affected by the new schedule. It also does not affect SSI beneficiaries who receive their benefits on the first day of the month.

This schedule change does not affect Medicaid eligibility. The patient monthly liability (PML) is based on income received for that month and will be entered into the state's eligibility system and then transmitted to EDS. The facility should work with the Medicaid recipient and/or his representative to collect the liability, since the benefit amount will not be received until later in the month. County staff have been directed to explain to long-term care recipients and their representatives that the liability is effective the first of the month, and if a recipient is discharged or dies before or after the benefit for that month is received, the liability for that month is still owed to the facility.

The payment cycle for new Social Security beneficiaries beginning in June 1997 is as follows:

Birth Date	Payment Date
1st - 10th	Second Wednesday
11th - 20th	Third Wednesday
21st - 31st	Fourth Wednesday

Medicaid Eligibility Unit
DMA, 919-733-7160

Attention: All Providers

Provider certification for signature on file form

EDS is receiving numerous claims that are denying due to EOB 1350 "Provider Signature not on file. Sign claim and resubmit or complete 'Provider certification for signature on file' form and return to EDS." This denial means that EDS received paper claims that were not signed. A provider has the following options to resolve this denial:

1. Provider may sign each claim and refile to EDS.
2. A "Provider Certification for signature on file" form may be completed and sent to EDS two weeks prior to filing claims without a signature (a copy of this form is included in this bulletin).

The certification must carry the provider's original signature. Stamped signatures will not be accepted. For group physician/practitioner practices or clinics, each attending provider should sign a certification. For groups such as Home Health, hospitals, facilities (including Adult Care), etc., that do not require an attending provider number on the claim, the certification should be signed by an individual who has authority to sign contracts on behalf of the provider.

Mail completed certifications at least two weeks in advance of submitting claims without a signature to:

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

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

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 Relations
P.O. Box 300009
Raleigh, NC 27622
1-800-688-6696 or 919-851-8888

Note: You must complete a form for each provider number

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Attention: All Electronic Billers


Discontinued EDS software support


Effective August 1, 1997, the EDS Electronic Claims Submission Unit Helpdesk will no longer support the EDS-supplied MicroECS software. This software was created in 1988 and has become outdated. Currently, ECS analysts can provide only minimal technical support when problems occur with this software. This software is identifiable by a black-and-white main screen with seven menu options, dated 1988.

In its place, providers have the option to use Vendor-supplied software or EDS' NECS software. Providers submitting claims via EDS-supplied software should be using NECS version 3.0 or higher. The NECS software is more user-friendly than MicroECS, having such features as retention of backup files and the ability to resubmit claims. We encourage all providers currently using MicroECS to contact EDS to obtain a vendor list or a copy of the NECS software.

Discontinued EDS electronic formats

Effective January 1, 1998, in order to keep our system up to date with current formats, EDS will require the following electronic formats for direct data transmissions and diskette submissions:

 Pharmacy electronic formats beginning with a header record of 1RD (this format is replacing header record beginning with 1HD).

 Dental electronic formats beginning with a header record of 1RK (this format is replacing header record beginning with 1HK).

Claims received in these older formats will not be processed as of January 1, 1998.

If you use software provided by a vendor, inform them of the requirements to use the current formats by January 1, 1998. They may also contact the ECS, Electronic Claims Submission, unit at EDS to obtain these specifications.

If you are using the old EDS software, MicroECS, you will be affected. Remember this software is identifiable by a black-and-white main screen with seven menu options, dated 1988. We encourage all providers currently using MicroECS to contact EDS to obtain a vendor list or a copy of the NECS software.

Contact the EDS ECS unit if you have questions.

ECS Unit, EDS

1-800-688-6696 or 919-851-8888, menu option #1

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Attention: All Providers**Utilization of hormone replacement therapy for prevention of osteoporosis: A focused review**

Based on national statistics and the results of reports showing the utilization of unopposed estrogen products and estrogen/progesterone combination products in women ages 51 and older, the Drug Utilization Review Board decided to conduct a focused study of the prevention efforts, diagnosis, and treatment of osteoporosis in the North Carolina Medicaid population. The following are the national statistics and the results of the reports from Medicaid paid claims data:

- Osteoporosis affects more than 35 million Americans of which 4 out of 5 (80%) are women
- Because women now live longer, their years after menopause may account for approximately 1/3 of their total lives
- At age 50, it is estimated that a woman has a nearly 40% chance of developing an osteoporotic fracture during her remaining lifetime. This incidence is approximately twice that of the annual incidence of heart attack, 4.4 times more common than stroke, and approximately 5.5 times more common than breast cancer
- The human and socioeconomic burden of osteoporosis is largely caused by the complications associated with hip and vertebral fractures
- The annual cost of hip fracture alone is estimated to be in the range of \$8-10 billion in the U.S.
- There is an excess mortality of up to 20% in patients with hip fracture within one year of the event
- Fewer than 30% of the people who suffer hip fractures are able to recover fully and resume normal functioning

Using six months of Medicaid paid claims data, the reports revealed the following information:

- | | |
|---|-----------------|
| • The number of females >50 with any paid claim | 110,281 |
| • The number of females >50 without a paid claim for estrogen | 108,044 (97.7%) |
| • The number of females >50 with a paid claim for estrogen | 2,237 (2.03%) |

We selected a sample of the female recipients without a paid claim for estrogen and produced profiles for review.

The goals of the review were (1) to identify at-risk recipients for osteoporosis who are candidates for hormone replacement therapy, using the assumption that postmenopausal status is the major risk factor for developing this disease; and (2) to identify those recipients who have hormone replacement therapy prescribed for them but are not compliant with that therapy.

Compliance with estrogen therapy is an issue. In a field study of 2,500 postmenopausal women between the ages of 45 and 55, it was found that 50% of women discontinued their hormone replacement therapy within the first year of use. An additional 20% of women never had their prescription filled, leaving 30% of the original 2,500 women who were given a prescription for hormone replacement therapy remaining on their treatment regimen after one year. It has been found that patients who understand why therapy is prescribed and how to manage side effects are the most compliant. In women, however, a period of accelerated bone loss usually follows menopause, averaging 2% per year for the next 5 to 10 years. For many women, osteoporosis is asymptomatic until a fracture occurs.

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R

Estrogen unequivocally reduces fracture risk associated with osteoporosis. Estrogen inhibits bone resorption, prevents bone loss, and even increases bone in postmenopausal women. Progestins are added to estrogen therapy to offset the increase in endometrial hyperplasia and the risk of endometrial cancer that is associated with unopposed estrogen use in women with intact uteri. In women who have had hysterectomies, a progestin does not need to be included in the regimen.

This report did not include the use of Calcitonin or Alendronate, nor did it include the use of calcium and Vitamin D since Medicaid does not reimburse for over-the-counter preparations. Patients taking Calcitonin or Alendronate were deselected upon review of their profiles, as were patients with contraindicated medical conditions and drug therapy.

Please remember that the purpose of this information is educational. We are interested in your assessment of our study and review process. We appreciate your assistance in helping make the Drug Utilization Review Program work more effectively.

References for this article will be provided upon request.

Linda T. Cross, R. Ph.
DUR Coordinator, 919-733-3590

Attention: Nursing Facility Providers

Seminar schedule

Seminars for nursing facility providers will be held in September 1997. These seminars will focus on nursing facility guidelines and policies, prior approval, billing, claim form completion, follow-up, and program updates. Prior approval and FL-2 preparation will be presented during the first half of the seminar and billing related issues will be discussed during the second half.

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 will end at approximately 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Preregistration is strongly recommended.**

Directions are available on page 13 of this bulletin.

Tuesday, September 9, 1997
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Friday, September 12, 1997
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Monday, September 15, 1997
Wake Medical Center
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
(Park at WakeField Shopping Ctr)

Tuesday, September 16, 1997
Holiday Inn-Hanes Mall
2008 Hawthorne Road
Winston-Salem, NC

Thursday, September 18, 1997
Ramada Inn Airport Central
515 Clanton Road
Charlotte, NC

Tuesday, September 23, 1997
Comfort Suites
215 Wintergreen Drive
Lumberton, NC
A/B Meeting Room

Thursday, September 25, 1997
Holiday Inn
4903 Market Street
Wilmington, NC
Entourage Room

Tuesday, September 30, 1997
Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

(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 _____ Date _____

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

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

Attention: Adult Care Home Providers

Seminar schedule

Seminars for adult care home providers will be held during September and October 1997. Representatives from the Division of Medical Assistance (DMA); Electronic Data Systems (EDS); the Division of Social Services; and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) will discuss: Coverage and limitations, assessment and care planning, services for residents with mental illness, developmental disabilities, and substance use disorders, Medicaid Program Integrity audits, Medicaid service documentation requirements, prior approval for Enhanced ACH/PC payments, correct claims filing, following up on claims, and EDS' services.

All adult care home providers are encouraged to send appropriate administrative, supervisory, and clerical personnel. **Due to limited seating, only two people can be registered per facility.** Preregistration is required. To reserve your seat for this training, please select the most convenient seminar site and return the completed pre-registration form below to EDS by August 13, 1997.

Providers are encouraged to arrive at the seminar site by 9:00 a.m. to complete registration. The seminars will begin promptly at 9:30 a.m. and end at approximately 3:30 p.m. Lunch will be "on your own." There is no charge for this training.

Wednesday, September 3, 1997
 Robeson Community College
 5160 Fayetteville Road
 Lumberton, NC
Auditorium

Thursday, September 4, 1997
 Holiday Inn
 4903 Market Street
 Wilmington, NC
Entourage Room

Monday, September 8, 1997
 Ramada Inn Airport Central
 515 Clanton Road
 Charlotte, NC

Wednesday, September 10, 1997
 Blue Ridge Community College
 College Drive
 Flat Rock, NC
Auditorium

Thursday, September 11, 1997
 Holiday Inn - Hanes Mall
 2008 Hawthorne Road
 Winston-Salem, NC

Monday, September 22, 1997
 Ramada Inn
 2703 Ramada Road
 Burlington, NC
Carolina Room

Tuesday, September 23, 1997
 Catawba Valley Technical College
 Highway 64-70
 Hickory, NC
Auditorium

Wednesday, September 24, 1997
 Wake Medical Center
 MEI Conference Center
 3000 New Bern Avenue
 Raleigh, NC
(Park at WakeField Shopping Ctr)

Monday, September 29, 1997
 Martin Community College
 Kehakee Park Road
 Williamston, NC
Auditorium

Monday, October 6, 1997
 Craven Community College
 800 College Court
 New Bern, NC
Auditorium

(cut and return registration form only)
Adult Care Home Provider Seminar Registration Form
 (No Fee)

Provider Name _____ Provider Number _____
 Address _____ Contact Person _____
 City, Zip Code _____ County _____
 Telephone Number _____ Date _____
 _____ persons will attend the seminar at _____ on _____
 (location) (date)

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

Directions to the Nursing Facility and Adult Care Home Seminars

Registration form for Nursing facility seminar is on page 11 of this bulletin and registration form for Adult Care Home seminar is on page 12 of this bulletin.

Blue Ridge Community College, Flat Rock **Tuesday, September 9 - Nursing Facility** **Wednesday, September 10 - Adult Care Home**

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.

Martin Community College, Williamston **Friday, September 12 - Nursing Facility** **Monday, September 29 - Adult Care Home**

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

Wake Medical Meir Conference Center, Raleigh **Monday, September 15 - Nursing Facility** **Wednesday, September 24 - Adult Care Home**

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. At Wakefield Shopping Center, turn left and park in the shopping center parking lot. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom.

Holiday Inn - Hanes Mall, Winston-Salem **Tuesday, September 16 - Nursing Facility** **Thursday, September 11 - Adult Care Home**

I-40 West to exit 190. Turn right onto Hanes Mall Boulevard (Hanes Mall Blvd ends at Silas Creek Parkway). Turn left onto Silas Creek Parkway and travel approximately ¼ mile, turn right onto Hawthorne Road; Hotel is on the left.

I-40 East to exit to 189. Turn right onto Stratford Road and travel approximately ¼ mile, turn left onto Hanes Mall Boulevard, (Hanes Mall Blvd. ends at Silas Creek Parkway). Turn left onto Silas Creek Parkway. At the 2nd stop light, turn right onto Hawthorne Road; Hotel is on the left.

Ramada Inn Airport Central, Charlotte **Thursday, September 18 - Nursing Facility** **Monday, September 8 - Adult Care Home**

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

Comfort Suites, Lumberton **Tuesday, September 23 - Nursing Facility**

I-95 to exit 22 and go North on US 301. Take a left onto Wintergreen Drive, and you will pass the Holiday Inn and the Hampton Inn. Comfort Inn Suites is located behind them. Signs will be posted with room locations.

Holiday Inn, Wilmington **Thursday, September 25 - Nursing Facility** **Thursday, September 4 - Adult Care Home**

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

Catawba Valley Technical College, Hickory **Tuesday, September 30 - Nursing Facility** **Tuesday, September 23 - Adult Care Home**

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 1.5 miles on the right.

Ramada Inn, Burlington **Monday, September 22 - Adult Care Home**

I-40 to Exit 143. At the first stoplight take a left on Ramada Road. The Ramada Inn is located at the top of the hill.

Robeson Community College, Lumberton **Wednesday, September 3, 1997 - Adult Care Home**

Highway 70 to New Bern and take the Glenburnie Exit. College is located on the right. Once you have entered the College Facility, take the 1st right and follow road all the way to the back. The Auditorium is the last building (Building E).

Craven Community College, New Bern **Monday, October 6 - Adult Care Home**

Highway 70 to New Bern and take the Glenburnie Exit. College is located on the right. Once you have entered the College Facility, take the 1st right and follow road all the way to the back. The Auditorium is the last building (Building E).

Attention: All Providers

Bulletin article index from January 1997 to August 1997

The following list contains the titles of bulletin articles by provider type that have appeared in the previous Medicaid Provider Bulletins from January 1997 to August 1997.

All Providers

1997 CPT Updates, pg. 3, 2/97
 1997 Medicaid Fair, pg. 1, 1/97; pg. 1, 3/97; pg. 2, 4/97
 Area reserved for EDS use on the HCFA-1500 claim form, pg. 9, 6/97
 Billing Medicare/Medicaid Crossovers, pg. 6, 3/97
 Carolina ACCESS Override Policy, pg. 2, 5/97
 Certification for signature on file Form, pg. 5, 8/97
 Color of recipient Medicaid ID cards, pg. 1, 8/97
 Confirmation letters for pre-registered attendees, pg. 1, 5/97
 Definitions for type of treatment (TOT) codes, pg. 4, 7/97
 Division Deputy Director, pg. 1, 8/97
 Division Director appointed, pg. 1, 5/97
 EDS post office boxes, pg. 5, 6/97
 Fee schedules, reimbursement plans, and Medicaid bulletin subscriptions, pg. 7, 6/97
 Holiday observance, pg. 1, 1/97, 2/97, 3/97, 4/97, 5/97, 6/97, 8/97
 Medicaid Eligibility information, pg. 3, 4/97
 Medicaid income limits, pg. 4, 5/97
 Medicaid phone numbers, pg. 7, 1/97
 Medicare vouchers for paper crossovers, pg. 2, 6/97; pg. 2, 8/97
 Notice and billing procedures when Medicaid recipients have been in an accident, pg. 4, 7/97
 Paper submissions, pg. 2, 6/97
 Special W-9 form, pg. 11, 7/97
 Supplemental Security Income Medicaid recipients with incorrect Medicare indicators, pg. 2, 1/97
 Tax identification information, pg. 10, 7/97
 Time limit override requests, pg. 2, 2/97
 Type of service for radiation treatment management codes, pg. 2, 4/97
 Utilization of hormone replacement therapy for prevention of osteoporosis: A focused view, pg. 9, 8/97
 Voice Inquiry System, pg. 3, 7/97

Adult Care Home

New schedule for issuance of Social Security monthly benefit checks, pg. 4, 8/97

Ambulance

Additional HCPC code for Advanced Life Support, pg. 3, 5/97
 Ambulance policy clarification-transport following seizures, pg. 1, 4/97
 Billing reminder for ambulance services, pg. 1, 4/97
 Billing when two vehicles respond, pg. 2, 7/97

Ambulatory Surgery Center

Billing fifth digit diagnosis codes with non-therapeutic abortions, pg. 1, 7/97
 Facility rate increase for dental services, pg. 2, 5/97
 New and deleted Ambulatory Surgical Center procedure codes, pg. 2, 3/97

CAP Providers

Billing disposable diapers, pg. 2, 8/97
 Changes in diabetic supply codes and maximum reimbursement rate, pg. 5, 6/97
 Changes in services, ownership, address, tax ID number, pg. 4, 6/97
 Coverage of non-sterile gloves, pg. 4, 2/97
 Rate increase, pg. 2, 5/97

CAP/AIDS

Rate increase for Personal Emergency Response System, pg. 3, 1/97

CAP/DA

Documenting Aide visits, pg. 2, 1/97
 Rate increase for Personal Emergency Response System, pg. 3, 1/97

CAP-MR/DD

Rate increase for Personal Emergency Response System, pg. 3, 1/97

Carolina ACCESS

Carolina ACCESS Override Policy, pg. 2, 5/97

Chiropractor

CPT codes - New billing instructions, pg. 2, 3/97

CRNA Providers

Individuals visits, pg. 7, 2/97

Dental Providers

Antibiotic or sedative through intramuscular injection, pg. 3, 6/97
 Attending provider number - Correction of October 1996 Medicaid Bulletin, pg. 1, 2/97
 Facility rate increase for dental services, pg. 2, 5/97
 Incision and drainage of abscess in conjunction with same site surgical extraction, pg. 2, 3/97
 Increase in reimbursement rates, pg. 3, 2/97
 Individual visits, pg. 8, 3/97
 New reimbursement method and fee increase for general anesthesia and intravenous sedation, pg. 3, 3/97
 Radiographic film size for occlusal examination, pg. 2, 7/97

Dialysis Providers

Billing for parental drugs and related administration supplies, pg. 2, 5/97
 Diagnosis coding for laboratory services, pg. 2, 2/97

Epogen injections - billing reminder, pg. 4, 1/97
 Urokinase - Additional Drug Coverage -, pg. 1, 2/97

Durable Medical Equipment

Billing for replacement sling/seat for rental patient lift, pg. 2, 4/97
 Billing for supplies related to rental DME, pg. 4, 4/97
 Changes in diabetic supply codes, pg. 5, 6/97
 Coverage of needles for use with dial-a-dose insulin delivery device, pg. 2, 8/97
 Coverage of non-sterile gloves, pg. 3, 2/97
 Coverage of therapeutic ventilator, pg. 1, 1/97
 Invoices requirements changed, pg. 3, 5/97
 Overutilization of diabetic supplies, pg. 1, 6/97
 Rate changes, pg. 8, 4/97
 Rental Rate for insulin pump, pg. 2, 2/97

Electronic Claim Submission (ECS) Providers

Discontinued electronic formats, pg. 2, 7/97; pg. 7, 8/97

Eligibility

Billing Medicare/Medicaid Crossovers, pg. 6, 3/97
 Medicaid Eligibility information, pg. 3, 4/97
 Supplemental Security Income Medicaid recipients with incorrect Medicare indicators, pg. 2, 1/97

Eye Care Providers

Individual visits, pg. 6, 2/97

Head Start

Rate increase, pg. 5, 3/97

Hearing Aid

Individual visits, pg. 11, 4/97

Health Check

Increase in reimbursement rates, pg. 2, 2/97

Home Health Services

Billing disposable diapers, pg. 2, 8/97
 Billing home health services for Medicare/Medicaid dually eligible patients, pg. 3, 8/97
 Changes in diabetic supply codes and maximum reimbursement rate, pg. 6, 6/97
 Coverage of non-sterile gloves, pg. 4, 2/97

Home Infusion Therapy Provider

Billing HIT and PDN for the same patient, pg. 1, 5/97
 Individual visits, pg. 11, 6/97

Hospital Providers

Billing fifth digit diagnosis codes with non-therapeutic abortions, pg. 1, 7/97
 Billing reminder for ambulance services, pg. 1, 4/97
 Diagnosis coding for laboratory services, pg. 2, 2/97
 Incident to service policy, pg. 1, 7/97
 Prior Authorization for Child and Adolescent Admissions, pg. 3, 1/97

Reminder: Short stays - less than 24 hours, pg. 1, 8/97

Independent Practitioners

Rate increase, pg. 5, 3/97

ICF/MR Facilities

Individual visits, pg. 7, 3/97

Laboratories

Changes in reimbursement rates, pg. 3, 2/97
 CLIA claim editing , pg. 2, 8/97
 Diagnosis coding for laboratory services, pg. 2, 2/97

Medicare/Medicaid Crossover Claims

Billing Medicare/Medicaid crossovers, pg. 6, 3/97
 Medicare vouchers for paper crossovers, pg. 2, 6/97; pg. 2, 8/97
 Supplemental Security Income Medicaid recipients with incorrect Medicare indicators, pg. 2, 1/97

Nursing Home Providers

New schedule for issuance of Social Security monthly benefit checks, pg. 4, 8/97

Personal Care Service Providers

Documenting aide visits, pg. 2, 1/97

Physicians

Billing fifth digit diagnosis codes with non-therapeutic abortions, pg. 1, 7/97
 Chemotherapy administration guidelines, pg. 10, 6/97
 Coverage of Extracorporeal Membrane Oxygenation, pg. 4, 1/97
 Diagnosis coding for laboratory services, pg. 2, 2/97
 Doxil: Dosage correction, pg. 1, 1/97
 Incident to service policy, pg. 1, 7/97
 Increase in reimbursement rates, pg. 3, 2/97
 Injectable drug administration fee, pg. 2, 8/7
 Principles of medical record documentation, pg. 3, 1/97
 Prior Approval for CPT code 90862, pg. 5, 2/97
 Prior Approval for outpatient psychiatric Services, pg. 5, 2/97
 Therapeutic IV infusion, pg. 3, 6/97
 Updated drug list, pg. 13, 6/97

Radiologists

Billing radiation treatment delivery -bulletin correction, pg. 1, 6/97

Third Party Recovery

Third Party Recovery "Accident" information report, pg. 7, 7/97
 Third Party Recovery chart, pg. 6, 7/97

Visual aid Dispensers

Prior approval request forms for lenses and frames, pg. 5, 6/97

Checkwrite Schedule

August 5, 1997	September 9, 1997	October 7, 1997
August 12, 1997	September 16, 1997	October 14, 1997
August 19, 1997	September 25, 1997	October 23, 1997
August 28, 1997		

Electronic Cut-Off Schedule *

August 1, 1997	September 5, 1997	October 3, 1997
August 8, 1997	September 12, 1997	October 10, 1997
August 15, 1997	September 19, 1997	October 17, 1997
August 22, 1997		

* *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 Human Resources

James R. Clayton
Executive Director
EDS



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