

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 1998

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and Electronic Data Systems (EDS) will be closed on Monday, September 7, 1998, in observance of Labor Day.

EDS

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

Attention: All Providers

Year 2000 Update

North Carolina's Medicaid Management Information System (MMIS) is now internally Year 2000 compliant. Providers should be aware that certain claim data elements will be expanded to accommodate century information. Providers should communicate with their programmers and/or vendors regarding required changes. For specific claim types and formatting changes, please refer to the March 1998 special bulletin entitled Year 2000 Changes.

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

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

EDS

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

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

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Attention: All Providers**Voice Inquiry System**

The Voice Inquiry System is an automated system. It allows North Carolina Medicaid providers and staff to obtain information **from 8:00 a.m. - 9:00 p.m. Eastern Standard Time, Monday - Friday**. Providers with a touch-tone phone can inquire about the following by dialing **1-800-723-4337**:

- Checkwrite Information
- Current Claim Status
- Drug Coverage Information
- Procedure Code Pricing
- Prior Approval Information
- Recipient Eligibility Verification

EDS Provider Service Analysts are available 8:00 a.m. - 4:30 p.m. Monday - Friday to discuss concerns that cannot be addressed by the Voice Inquiry System.

The caller should gather the following information before contacting the Voice Inquiry System. By having all the necessary information, calls will be expedited:

For:	Enter transaction code:	Gather this information prior to contacting the Voice Inquiry System:
Claim Status	1 followed by the pound sign (#)	Provider Number, Medicaid ID Number, "From" Date of Service, Total Billed Amount
Checkwrite	2 followed by the pound sign (#)	Provider Number
Drug Coverage	3 followed by the pound sign (#)	Provider Number, Drug Code, Date of Service
Procedure Code Pricing	4 followed by the pound sign (#)	Provider Number, Procedure Code, Type of Treatment Code
Prior Approval	5 followed by the pound sign (#)	Provider Number, Procedure Code, Type of Treatment Code
Recipient Eligibility	6 followed by the pound sign (#)	Provider Number, Medicaid ID Number or Social Security Number and Date of Birth, "From" Date of Service
Pre-Admission Certification	7 followed by the pound sign (#)	Please call 1-800-722-6762 or 919-851-2955

Alphabetic Data Table

Use this table when an alphabetic character must be entered. The table shows key combinations used for each letter of the alphabet. Press the asterisk (*) key before the numeric codes, and then the pound sign (#) - (for example: *23# would be entered for the letter C).

A-*21	E-*32	I-*43	M-*61	Q-*01	U-*82	Y-*93
B-*22	F-*33	J-*51	N-*62	R-*72	V-*83	Z-*02
C-*23	G-*41	K-*52	O-*63	S-*73	W-*91	
D-*31	H-*42	L-*53	P-*71	T-*81	X-*92	

EDS

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

Attention: Dental Providers**Rate Changes**

Effective with date of service June 1, 1998, reimbursement rates were changed for the following dental procedure codes:

Dental Code	Description	New Medicaid Allowable
00120	Periodic oral evaluation	\$22.00
00140	Limited oral evaluation	\$30.00
00150	Comprehensive oral evaluation	\$30.00
00220	Intraoral-periapical first film	\$11.00
00230	Intraoral-periapical each additional	\$8.00
00272	Bitewings two films	\$13.00
00330	Panoramic film	\$32.00
01201	Topical application fluoride including prophylaxis	\$32.00
01351	Sealant per tooth	\$25.00
01510	Space maintainer fixed unilateral	\$90.00
01515	Space maintainer fixed bilateral	\$135.00
02110	Amalgam 1 surface primary	\$22.00
02120	Amalgam 2 surfaces primary	\$34.00
02130	Amalgam 3 surfaces primary	\$44.00
02140	Amalgam 1 surface permanent	\$45.00
02150	Amalgam 2 surfaces permanent	\$63.00
02160	Amalgam 3 surfaces permanent	\$80.00
02330	Resin 1 surface anterior	\$45.00
02331	Resin 2 surfaces anterior	\$65.00
02332	Resin 3 surfaces anterior	\$80.00
02335	Resin 4+ surfaces	\$90.00
02380	Resin 1 surface post. primary	\$25.00

Dental Code	Description	New Medicaid Allowable
02381	Resin 2 surfaces post. primary	\$35.00
02385	Resin 1 surface post. permanent	\$45.00
02386	Resin 2 surfaces post. permanent	\$90.00
02930	Prefab ss crown primary	\$90.00
02931	Prefab ss crown perm	\$135.00
02933	Prefab ss crown w/resin	\$100.00
03220	Therapeutic pulpotomy	\$65.00
03310	Anterior root canal	\$180.00
03330	Molar root canal	\$315.00
07110	Single tooth extraction	\$44.00
07120	Extraction each additional tooth	\$44.00
07270	Tooth reimplantation or stabilization	\$117.00
09230	Analgesia (nitrous oxide)	\$20.00
09420	Hospital call	\$67.00
00470	Diagnostic Casts	\$30.00
03351	Apex/recalcification initial visit	\$100.00
03352	Apex/ recalcification interim visit	\$80.00
03353	Apex/ recalcification. final visit	\$150.00

New fee schedules are available. Refer to the May 1998 Medicaid Bulletin for instructions on how to order fee schedules.

EDS

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

Attention: HCFA-1500 Billers**Medicare/Medicaid Paper Claim Billing Reminder**

Paper Medicare/Medicaid claims must be billed accurately to assure correct payment. Block 29 (Amount Paid) on paper HCFA-1500 claims should be completed only for other insurance payments. DO NOT enter either the amount paid by Medicare or the difference of the Total Charge (item 28) less the expected Medicaid reimbursement (sometimes shown in item 30, Balance Due) in this field. Medicaid reimbursement for a paper crossover claim is calculated using the coinsurance and/or deductible information from the attached Medicare voucher. Any amount entered by the provider in Block 29 on the claim will be considered a third party insurance payment and will be deducted from the coinsurance/deductible due.

EDS

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

Attention: All Providers**Explanation of Benefits (EOBs) That Do Not Require Adjustment Processing**

Claims denied for any of the EOBs listed below cannot be adjusted. If you believe the denial is in error, resubmit the claim with corrections as a new day claim. If an adjustment is submitted for one of these EOBs, it will be denied with EOB 998 "claim does not require adjustment processing, resubmit claim with corrections as a new day claim" or EOB 9600 "Adjustment denied – claim has been resubmitted. The EOB this claim previously denied for does not require adjusting. In the future, correct/resubmit claim in lieu of sending an adjustment request."(Last Revision Date - 06/25/98)

0002	0093	0165	0237	0435	0622	0860	0967	1142	2918	9200	9249
0003	0094	0166	0240	0438	0626	0863	0968	1152	2919	9201	9250
0004	0095	0167	0241	0439	0635	0864	0969	1154	2920	9202	9251
0005	0100	0170	0242	0452	0636	0865	0970	1170	2921	9203	9252
0007	0101	0171	0244	0462	0641	0866	0972	1175	2922	9204	9253
0009	0102	0172	0245	0465	0642	0867	0974	1177	2923	9205	9254
0011	0103	0174	0246	0505	0661	0868	0986	1178	2924	9206	9256
0013	0104	0175	0247	0511	0662	0869	0987	1181	2925	9207	9257
0014	0105	0176	0249	0513	0663	0875	0988	1183	2926	9208	9258
0017	0106	0177	0250	0516	0665	0888	0989	1184	2927	9209	9259
0019	0108	0179	0251	0523	0666	0889	0990	1186	2928	9210	9260
0023	0110	0181	0253	0525	0668	0898	0991	1197	2929	9211	9261
0024	0111	0182	0255	0529	0669	0900	0992	1198	2930	9212	9263
0025	0112	0183	0256	0536	0670	0905	0995	1275	2931	9213	9264
0026	0113	0185	0257	0537	0671	0908	0997	1278	2944	9214	9265
0027	0114	0186	0258	0548	0672	0909	0998	1307	3001	9215	9266
0029	0115	0187	0270	0553	0673	0910	1001	1324	3002	9216	9267
0033	0118	0188	0279	0556	0674	0911	1003	1350	5001	9217	9268
0034	0120	0189	0282	0557	0675	0912	1008	1351	5002	9218	9269
0035	0121	0191	0283	0558	0676	0913	1022	1355	6703	9219	9272
0036	0123	0194	0284	0559	0677	0916	1023	1380	6704	9220	9273
0038	0126	0195	0286	0560	0679	0917	1035	1381	6705	9221	9274
0039	0127	0196	0289	0569	0680	0918	1036	1382	6707	9222	9275
0040	0128	0197	0290	0572	0681	0919	1037	1400	6708	9223	9291
0041	0129	0198	0291	0574	0683	0920	1038	1442	8174	9224	9295
0046	0131	0199	0292	0575	0685	0922	1043	1443	8175	9225	9600
0047	0132	0200	0293	0576	0688	0925	1045	1502	8326	9226	9611
0049	0133	0201	0294	0577	0689	0926	1046	1506	8327	9227	9614
0050	0134	0202	0295	0578	0690	0927	1047	1513	8400	9228	9615
0051	0135	0203	0296	0579	0691	0929	1048	1866	8401	9229	9625
0057	0138	0204	0297	0580	0698	0931	1049	1868	8901	9230	9630
0058	0139	0205	0298	0581	0698	0932	1050	1873	8902	9231	9631
0062	0141	0206	0299	0584	0732	0933	1057	1944	8903	9232	9633
0063	0143	0207	0316	0585	0734	0934	1058	1949	8904	9233	9642
0065	0144	0208	0319	0586	0735	0936	1059	1956	8905	9234	9684
0067	0145	0210	0325	0587	0755	0940	1060	1999	8906	9235	9801
0068	0149	0211	0326	0588	0760	0941	1061	2024	8907	9236	9804
0069	0151	0213	0327	0589	0777	0942	1062	2027	8908	9237	9806
0074	0153	0215	0356	0590	0797	0943	1063	2236	8909	9238	9807
0075	0154	0217	0363	0593	0804	0944	1064	2237	9036	9239	9919
0076	0155	0219	0364	0604	0805	0945	1078	2238	9101	9240	9947
0077	0156	0220	0394	0607	0814	0946	1079	2335	9102	9241	9993
0078	0157	0221	0398	0609	0817	0947	1084	2911	9103	9242	
0079	0158	0222	0424	0610	0819	0948	1086	2912	9104	9243	
0080	0159	0223	0425	0611	0820	0949	1087	2913	9105	9244	
0082	0160	0226	0426	0612	0822	0950	1091	2914	9106	9245	
0084	0162	0227	0427	0616	0823	0952	1092	2915	9174	9246	
0085	0163	0235	0428	0620	0824	0953	1140	2916	9175	9247	
0089	0164	0236	0430	0621	0825	0960	1141	2917	9180	9248	

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

Attention: Hospital Providers

Billing Outpatient Procedures

This article is in response to questions asked by providers about billing when both outpatient services and inpatient services are required to meet the medical needs of a patient. Following is the Medicaid Policy for these situations.

- When a patient has an outpatient procedure performed and is not admitted as an inpatient, the facility bills the Medicaid program for all services rendered on an outpatient claim.
- When a patient is an inpatient and has an outpatient procedure performed at the same facility, the outpatient procedure is included on the inpatient bill. The DRG payment is considered payment in full for all procedures and services rendered during the inpatient stay.
- When a procedure is performed for an outpatient and the patient is subsequently admitted to the same facility as an inpatient for routine aftercare, the outpatient procedure is included on the inpatient bill. The principal diagnosis would be either a V code indicating the patient was admitted for observation or the diagnosis code that reflects the condition that occasioned the admission (ex. nausea, vomiting, pain control, etc). List the primary procedure on the inpatient claim. The DRG payment is considered payment in full for all procedures and services rendered. **Do not** submit an outpatient bill.
- When a patient has a medically necessary outpatient procedure, that is not offered by the admitting facility and the first seven characters of the unique provider number are different from the admitting facility, both facilities will be reimbursed for the services they rendered. The outpatient facility bills the Medicaid program for the procedure and services performed. The inpatient hospital bills for the aftercare services and **does not include the procedure performed** in the outpatient facility. List the code which reflects the condition that occasioned the admission (ex. nausea, vomiting, pain control, etc) or a V code indicating the patient was admitted for observation.

The sale or exchange of supplies, equipment, drugs or other commodities between hospitals cannot be billed as an outpatient service.

For additional discussion of outpatient billing, refer to the (DRG) Special Bulletin October 1995 and the 1997 Hospital Manual CPT 8, pp - 8-25.

EDS

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

Attention: All Physicians

Injectable Drugs Given in Physician's Office

The FDA approved injectable drugs covered by Medicaid when administered in a physician's office is periodically printed in the Medicaid Bulletin. The last complete list was published in June 1997. Any drugs approved after the printing of the last complete list are published in future bulletins with an effective date of coverage. The bulletin also instructs the providers to add the drug codes to the injectable drug list.

Please note that the bulletin articles are an addendum to the Complete List. If the drug is not on the list, it is not covered by Medicaid at that time.

Medicaid does not recognize Medicare's generic drug code J3490. If the drug does not have a specific HCPC - J code, the Division of Medical Assistance assigns a state created code to that drug with an effective date of coverage. Retroactive coverage is not feasible due to budgetary and system limitations.

If the drug is not covered by this Medicaid policy, the patient must take your prescription to a pharmacy and receive the drug through the Pharmacy Program and return to the physician's office for the administration of the drug. Drugs obtained in this manner should not be billed by the physician.

To request coverage of an FDA approved drug; call DMA Medical Policy (919) 857-4020 or write to:

Division of Medical Assistance
Attention: Medical Policy
1985 Umstead Drive
P. O. Box 29529
Raleigh, NC 27626-0529

EDS

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

Attention: Optical Providers

Optical Seminars

Optical seminars will be held in October 1998. 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. List topics and issues below and return to:

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

If you would like to be contacted regarding this seminar, please list your name and phone number below:

Name _____ Phone Number _____

Attention: Hospice Providers

Hospice Seminars

Hospice seminars will be held in October 1998. 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. List topics and issues below and return to:

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

If you would like to be contacted regarding this seminar, please list your name and phone number below:

Name _____ Phone Number _____

Attention: Nursing Facility Providers

Nursing Facility Seminars

Seminars for nursing facility providers will be held in September 1998. These seminars will focus on nursing facility guidelines and policies, prior approval, claim form completion, and claim resolution. Prior approval and FL2 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 end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration.

Preregistration is strongly recommended.

Directions are available on page 11 of this bulletin.

Tuesday, September 1, 1998

Ramada Inn Airport Central 1
515 Clanton Road
Charlotte, NC

Wednesday, September 2, 1998

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Thursday, September 3, 1998

Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Tuesday, September 8, 1998

Comfort Suites
215 Wintergreen Drive
Lumberton, NC
A/B Meeting Room

Thursday, September 10, 1998

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Tuesday, September 15, 1998

WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Thursday, September 17, 1998

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Friday, September 18, 1998

Howard Johnson Plaza
5032 Market Street
Wilmington, NC

(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

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Attention: Adult Care Home Providers

Adult Care Home (ACH) Seminars

Seminars for adult care home providers will be held during September 1998. This seminar will focus on coverage and limitations, assessment and care planning, Medicaid service documentation requirements, prior approval for Enhanced ACH/PC payments, correct claims filing, how to track claims, and EDS services. Credit for four CEUs will be given at the conclusion of the seminar.

Due to limited seating, only two people can register per facility. All adult care home providers are encouraged to send appropriate administrative, supervisory, or clerical personnel. **Preregistration is strongly recommended.**

Note: Providers are requested to bring the March 1998 North Carolina Adult Care Home Services manual to the seminar. The manual will be the main source of reference throughout the seminar. Additional manuals will be available for purchase at \$6.00/each.

Providers are encouraged to arrive at the seminar site by 8:45 a.m. to complete registration. The seminars will begin promptly at 9:00 a.m. and end at approximately 1:00 p.m. There is no charge for this training.

Directions to the seminar sites are on page 11.

Thursday, September 3, 1998

WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Tuesday, September 8, 1998

Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Wednesday, September 9, 1998

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Thursday, September 10, 1998

Ramada Inn Airport Central 1
515 Clanton Road
Charlotte, NC

Friday, September 11, 1998

Howard Johnson Plaza
5032 Market Street
Wilmington, NC

Tuesday, September 22, 1998

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Wednesday, September 23, 1998

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Thursday, September 24, 1998

Ramada Inn
I-85 & 62 South
2703 Ramada Road
Burlington, NC

(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

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Attention: All Providers

Directions to the Nursing Facility and Adult Care Home Seminars

The registration forms for the workshops are on pages 7 and 9 of this bulletin.

Ramada Inn Airport Central, Charlotte

Tuesday, September 1, 1998 - Nursing Facility
Thursday, September 10, 1998 - 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.

Blue Ridge Community College, Flat Rock

Wednesday, September 2, 1998 - Nursing Facility
Wednesday, September 9, 1998 - 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.

Catawba Valley Technical College, Hickory

Thursday, September 3, 1998 - Nursing Facility
Tuesday, September 8, 1998 - 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.

Comfort Suites, Lumberton

Tuesday, September 8, 1998 - 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.

Martin Community College, Williamston

Thursday, September 10, 1998 - Nursing Facility
Wednesday, September 23, 1998 - Adult Care Home

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

WakeMed MEI Conference Center, Raleigh

Tuesday, September 15, 1998 - Nursing Facility
Thursday, September 3, 1998 - Adult Care Home

Take the I440 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.

Ramada Inn Plaza, Winston-Salem

Thursday, September 17, 1998 - Nursing Facility
Tuesday, September 22, 1998 - Adult Care Home

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

Howard Johnson Plaza, Wilmington

Friday, September 18, 1998 - Nursing Facility
Friday, September 11, 1998 - Adult Care Home

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

Ramada Inn, Burlington

Thursday, September 24, 1998 - Adult Care Home

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

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

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Checkwrite Schedule

August 4, 1998	September 9, 1998	October 6, 1998
August 11, 1998	September 15, 1998	October 13, 1998
August 18, 1998	September 24, 1998	October 22, 1998
August 27, 1998		

Electronic Cut-Off Schedule *

July 31, 1998	September 4, 1998	October 2, 1998
August 7, 1998	September 11, 1998	October 9, 1998
August 14, 1998	September 18, 1998	October 16, 1998
August 21, 1998		

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

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

James R. Clayton
Executive Director
EDS



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