

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 9

September 1998

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and 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" formats 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**CAP/DA Lead Administrative Agencies**

The Community Alternatives Program for Disabled Adults (CAP/DA) provides a variety of home and community services as an alternative to nursing facility care. The program serves disabled adults and elderly recipients. Each county has designated a lead administrative agency to oversee the day-to-day operation of the program at the local level.

Each year DMA prints in the Medicaid Bulletin a list of the lead administrative agencies and the primary contacts. The primary contacts provide information about CAP/DA in your county. Also, if you provide home health, personal care services, durable medical equipment, home infusion therapy, private duty nursing, or hospice to CAP clients, you must coordinate care plans with the local CAP case manager.

Some county lead administrative agencies have arranged for another agency to provide case management through a "Lead Administrative Agency Agreement". For those counties, the list shows the lead administrative agency first, followed by the case management contact.

*CAP Unit
DMA, 919-857-4021*

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Alamance	Dept. of Social Services, Burlington, NC 27217 Kay Flack, Case Manager	336-229-3140
Alexander	Dept. of Social Services, Taylorsville, NC 28681 Tim Lackey, Adult Services Supervisor	828-632-1080
Alleghany	County Memorial Hospital, Sparta, NC 28675 Sammy Sudduth, CAP Supervisor	336-372-4464
Anson	Anson County Hospital, Wadesboro, NC 28170 S. Kim Allen, CAP Director	704-694-5131
Ashe	Services for Aging, County Council on Aging, West Jefferson, NC 28694-0009 Wanda Roten, CAP Program Coordinator	336-246-2461
Avery	Comprehensive Health Care Sloop Memorial Hospital, Newland, NC 28657 Carolyn Holland, Home Care Services	828-733-1062
Beaufort	Dept. of Social Services, Washington, NC 27889 Marilyn Worley, Supervisor	252-975-5500
Bertie	Bertie Memorial Hospital, Windsor, NC 27983 Lead Agency Agreement with: University Home Care of Cashie Windsor, NC 27983 Jan Sitterson, CEO	252-794-2622
Bladen	Bladen County Hospital, Elizabethtown, NC 28337-0398 Margaret Kelly, CAP Director	910-862-6221
Brunswick	Dept. of Social Services, Bolivia, NC 28422 Evelyn Johnson, Adult Services Supervisor	910-253-2077

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Buncombe	Dept. of Social Services, Asheville, NC 28802 Caroline Levi, Adult Services Supervisor	828-255-5393
Burke	Burke Co. Dept. of Social Services Morganton, NC 28680 Betsy Scott, Lead Case Manager	828-439-2107
Cabarrus	Dept. of Social Services, Kannapolis, NC 28083 Alta McKelvin, CAP Supervisor	704-939-1980
Caldwell	Caldwell Co. Dept. of Social Services, Lenoir, NC 28645 Keith Johnson, Adult Services Supervisor	828-757-1160
Camden	PPCC District Health Dept., Albemarle Home Care Elizabeth City, NC 27907-0189 Carol Doyen, RN Coordinator of Special Programs	252-338-4359
Carteret	Dept. of Social Services, Beaufort, NC 28516 Leslie Marquardt, Adult Services Supervisor	252-728-3181
Caswell	Caswell Co. Health Department, Yanceyville, NC 27379 Kay Cobb, RN Supervisor	336-694-9592
Catawba	Dept. of Social Services, Newton, NC 28658 John Blevins, Lead Case Manager	828-326-4543
Chatham	Chatham Co. Health Dept., Pittsboro, NC 27312 Rebecca Blalock, SW Case Manager	919-542-8220
Cherokee	Cherokee District Memorial Hospital, Andrews, NC 28901 Towanna Roberts, BSN	828-321-1253
Chowan	Chowan Home Care Agency, Edenton, NC 27932 Karen Fleetwood, Director	252-482-6322
Clay	Clay County Health Dept., Hayesville, NC 28904 Tanya Long, RN Case Manager	828-389-8052
Cleveland	Dept. of Social Services, Shelby, NC 28151-9006 Teala McSwain, Adult Services Supervisor	704-487-0661
Columbus	Columbus Co. Dept. of Aging, Whiteville, NC 28472 Debra Helton, Human Services Coordinator	910-640-6602
Craven	Craven Regional Medical Center, New Bern, NC 28561 Lorri Wetherington, CAP Manager	252-633-8906
Cumberland	Dept. of Social Services, Fayetteville, NC 28302-2429 Joanne Graham, SW Supervisor II	910-677-2313
Currituck	Currituck Co. Health Department, Currituck, NC 27929-0039 John B. Sledge, Jr., Health Director Lead Agency Agreement With: PPCC District Health Dept., Albemarle Home Care Elizabeth City, NC 27907-0189 Carol Doyen, RN Coordinator of Special Programs	252-232-2271 252-338-4359

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Dare	Dept. of Social Services, Manteo, NC 27954 Theresa Edwards, Services Supervisor	252-473-5858
Davidson	Davidson Co. Dept. of Senior Services, Lexington, NC 27292 Melissa Swink, SW Lead Case Manager	336-474-2792
Davie	Davie County Hospital, Mocksville, NC 27028 JoAnn Harmon, CAP Director	336-751-8340
Duplin	Duplin General Hospital, Kenansville, NC 28349-0278 Janie Malpass Lead Agency Agreement with: Duplin Home Care and Hospice, Inc. Kenansville, NC 28349 Donna Sanderson, Case Manager	910-296-0941 910-296-0819 or 800-537-2908
Durham	Dept. of Social Services - Adult Services Section Durham, NC 27701-0810 Helen B. Thomas, SW Supervisor II	919-560-8659
Edgecombe	Edgecombe Home Care and Hospice, Tarboro, NC 27886 Linda Jenkins, Special Programs Director	252-641-7518
Forsyth	Senior Services of Forsyth, Winston-Salem, NC 27101 Carol Myers, Nurse Case Manager	336-725-0907
Franklin	Dept. of Social Services, Louisburg, NC 27549-9904 Karen Wilson, Adult Services Supervisor	919-496-5721
Gaston	Dept. of Social Services, Gastonia, NC 28053-3500 BJ Hart, CAP Supervisor	704-866-3831
Gates	Dept. of Social Services, Gatesville, NC 27938 Given Lasiter, Director Lead Agency Agreement with: Chowan Home Care Agency, Edenton, NC 27932 Karen Fleetwood, Director	252-357-0075 252-482-6322
Graham	District Health Department, Robbinsville, NC 28771 Amy Collins, RN CAP Supervisor	828-479-4201
Granville	Granville Medical Center, Granville Home Care, Oxford, NC 27565 Randi Whitt, Case Manager	919-690-3242 or 800-745-7705
Greene	Dept. of Social Services, Snow Hill, NC 28580 Brenda Jackson, SW Supervisor	252-747-5934
Guilford	Guilford Co. Dept. of Public Health, Greensboro, NC 27401 Betty Parsons, Supervisor	336-373-3331
Halifax	Dept. of Social Services, Halifax, NC 27839 Emily D. Hale, Program Manager	252-536-6537

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Harnett	Dept. of Aging, Lillington, NC 27546 Mildred Bryant, CAP Supervisor	910-893-7596
Haywood	Council on Aging, Waynesville, NC 28786 Bridgett Stamey, SW Lead Case Manager	828-452-2370
Henderson	Margaret R. Pardee Memorial Hospital, Hendersonville, NC 28739 Frank Aaron, Administrator Program Housed at: Pardee Home Care, Hendersonville, NC 28739 Lora Harris, RN CAP Manager	828-692-0778
Hertford	Dept. of Social Services, Ahoskie, NC 27910 Carolyn Pearce, Adult Services Supervisor	252-332-1634
Hoke	Dept. of Social Services, Raeford, NC 28376 Louevelyn Locklear, Medicaid Supervisor Lead Agency Agreement With: St. Joseph Home Health Care and Hospice, Raeford, NC 28376 Rhonda Pickler, Director of Operations	910-875-8725 910-875-8198 or 800-755-8198
Hyde	Dept. of Social Services, Swan Quarter, NC 27885 Tonie Marshall, Adult Services Case Manager,	252-926-3371
Iredell	Iredell Co. Dept. of Social Services, Statesville, NC 28687 Tracie Gentry-Hill, Lead Case Manager	704-871-3459
Jackson	Harris Regional Hospital, Home Health Service Agency Sylva, NC 28779-2795 Jean Sprinkle, RN Home Health Director Program Housed at: Harris Regional Hospital, Home Health, Sylva, NC 28774 Pat Buckner, CAP Manager	828-586-7000 828-586-7410
Johnston	Dept. of Social Services, Smithfield, NC 27577 Betsy Olive, Adult Services Supervisor	919-989-5300
Jones	Dept. of Social Services, Trenton, NC 28585 Mariam Williams, SW Case Manager	252-448-7581
Lee	Lee Co. Dept. of Social Services, Sanford, NC 27330 Jim Garner, Social Work Supervisor	919-774-4955
Lenoir	Lenoir Memorial Hospital, Kinston, NC 28501 Cheryl Jarman, Clinical Supervisor of Home Care,	252-522-7171
Lincoln	Dept. of Social Services, Lincolnton, NC 28093-0103 Zaye Robinette, Supervisor	704-736-8609
Macon	Dept. of Social Services, Franklin, NC 28734 Pat Berman, Case Manager	828-349-2130
Madison	Dept. of Social Services, Marshall, NC 28753 Terry Fox, Adult Services Supervisor	828-649-2711

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Martin	Dept. of Social Services, Williamston, NC 27892 Brenda Lloyd, Adult Services Supervisor	252-809-6403
Mcdowell	McDowell Co. Dept. of Social Services, Marion, NC 28752 Karen Coley, SW Case Manager	828-652-3355
Mecklenburg	Charlotte Mecklenburg Hospital Authority, Co. Health Department Charlotte, NC 28211-1098 Renee Dutcher, SW Supervisor	704-336-4700
Mitchell	Dept. of Social Services, Bakersville, NC 28705-0365 Deborah Buchanan, Supervisor	828-688-2175
Montgomery	Dept. of Social Services, Troy, NC 27371 Kristie Lythacum, CAP Supervisor	910-576-6531
Moore	Moore Co. Dept. of Social Services, Carthage, NC 28320 Laura Cockman, Adult Services Supervisor Lead Agency Agreement With: Interim Healthcare, Pinehurst, NC 28374 Trudy Burke, Branch Manager	910-947-2436 Ext. 3550 910-295-2211
Nash	County Health Dept., Home Health Agency, Rocky Mount, NC 27804 Sharon McKoy, SW Case Manager	252-446-1777
New Hanover	New Hanover Reg. Medical Center, Wilmington, NC 28401 Virginia Barkman, Director, Ambulatory Care	910-343-2458
Northampton	Dept. of Social Services, Jackson, NC 27845 Paula Arrington, Adult Services Supervisor	252-534-1246
Onslow	County Council on Aging, Jacksonville, NC 28540 Harry Burton, CAP Supervisor	910-938-5541
Orange	Dept. of Social Services, Hillsborough, NC 27278 Ann Gent, SW II Supervisor	919-732-8181 ext. 2882
Pamlico	Pamlico Co. Senior Services, Alliance, NC 28509 Ann Holton, Director	252-745-7196
Pasquotank	PPCC District Health Dept., Albemarle Home Care Elizabeth City, NC 27907-1089 Carol Doyen, RN Coordinator of Special Programs	252-338-4359
Pender	Senior Citizens Services of Pender County, Inc., Burgaw, NC 28425 Robin Meeks, CAP Coordinator	910-259-9119
Perquimans	PPCC District Health Dept., Albemarle Home Care Elizabeth City, NC 27907-0189 Carol Doyen, RN Coordinator of Special Programs	252-338-4359
Person	Dept. of Social Services, Roxboro, NC 27573 Sandy Dunevant, Case Manager	336-599-8361

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Pitt	Dept. of Social Services, Greenville, NC 27834 Sally Williamson, Adult Services Supervisor	252-413-1003
Polk	St. Luke's Hospital, Columbus, NC 28722 Sandra Williams, VP of Patient Care Services Program Housed at: Community Health Connection, Lynn, NC 28750	828-894-3311
Randolph	Randolph Hospital Inc, Asheboro, NC 27204 Helen Milleson, SW Lead Case Manager	336-625-5151 ext. 214
Richmond	Richmond Memorial Hospital, Home Health Agency Rockingham, NC 28379 Bea Hill, Director Program Housed at: Community Alternatives Program Richmond Home Health Services, Rockingham, NC 28379 Carolyn Newberry, CAP Coordinator	910-417-3701 910-997-5800 (HHA)
Robeson	Southeastern Regional Medical Center, Lumberton, NC 28358 Larissa Adams, CAP Coordinator	910-618-9405
Rockingham	Council on Aging, Reidsville, NC 27323-1915 Bill Crawford, Director Clinical Services	336-349-2343
Rowan	Rowan Hospital, Salisbury, NC 28144 Julie Gainer, Customer Relations Manager	704-638-1512
Rutherford	Rutherford Hospital, Inc., Carolina Home Care Forest City, NC 28043 Jean Long, Director	828-245-5426
Sampson	County Dept. of Aging and In-Home Services, Clinton, NC 28328 Donna Landes, Director	910-592-4653
Scotland	County Health Department, Laurinburg, NC 28352 Lead Agency Agreements With: Scotland Home Health Inc., Laurinburg, NC 28353 Sharon Bray, CAP Supervisor	910-610-1547
Stanly	Dept. of Social Services, Albemarle, NC 28001 Dorothy Martin, CAP Supervisor	704-982-6100
Stokes	Dept. of Social Services, Danbury, NC 27016-0030 Lynn Durham, Adult Services Supervisor	336-593-2861
Surry	Surry County Health and Nutrition Dobson, NC 27017 Suzanne Everhart, Program Director	336-401-8500 or 800-442-7249
Swain	District Health Department, Bryson City, NC 28713 Leslie Harlach, Program Director	828-488-3792
Transylvania	Transylvania Community Hospital, Brevard, NC 28712 Scotta Roberts, Manager	828-884-7843

<u>County</u>	<u>Address</u>	<u>Phone Number</u>
Tyrrell	Dept. of Social Services, Columbia, NC 27925 Harry Foard, Director	252-796-3421
Union	Dept. of Social Services, Monroe, NC 28111-0489 Sandra Fisher, RN CAP Supervisor	704-289-0961
Vance	Dept. of Social Services, Henderson, NC 27535 Toni Peace, Case Manager	252-492-5001
Wake	Resources for Seniors, Raleigh, NC 27609 Rita Holder, CAP Director	919-713-1552
Warren	Dept. of Social Services, Warrenton, NC 27589 Jeanette Bell, Case Manager	252-257-5974
Washington	Washington Co. Center for Human Services, Plymouth, NC 27962 Maggie Devane, Adult Services Supervisor	252-793-4041
Watauga	County Project on Aging, Boone, NC 28607 Rocky Nelson, Director	828-265-8090
Wayne	Wayne Memorial Hospital, Goldsboro, NC 27533-8001 Holly Artis, Case Manager	919-731-6158
Wilkes	Regional Medical Center, N. Wilkesboro, NC 28659 Pam Howard, CAP Coordinator	336-903-7745
Wilson	Wilson Home Care, Inc., Wilson, NC 27893 Gail Brewer, Manager, Home Care Services	252-399-8680
Yadkin	Dept. of Social Services, Yadkinville, NC 27055 Patti Ragan, Supervisor	336-679-4210
Yancey	County Health Department, Burnsville, NC 28714 Sheila Kardulis, CAP Coordinator	828-682-7967

Attention: Durable Medical Equipment (DME) Providers

Corrections to the DME Fee Schedule Effective August 1, 1998

Please make the following corrections to the DME Fee Schedule which was sent to providers in July. The effective date is August 1, 1998.

Code	Description	Rental Rate	New Rate	Used Rate	1998 DME Fee Schedule Page
E0776	IV Pole	\$23.62	\$93.30	\$29.15	2
E0781	Infusion Pump	\$24.30			5
E0431	Portable Gas Oxygen System	\$38.48			6

Providers are reminded to bill their usual and customary rates.

Debbie Barnes, Financial Operations
DMA, 919-857-4165

Attention: Hospitals and Physicians**Pathology Billing**

Physician pathology services have both a technical, Type of Treatment (TOT) "T", and professional, Type of Treatment (TOT) "04", component. When any of the following CPT codes are performed in a hospital setting, the physician must bill only for the professional component by using TOT "04" in block 24 C of the HCFA-1500 claim form. Effective with date of processing November 1, 1998, the hospital will receive reimbursement for only the technical component.

When one of these physician pathology services is performed in an independent laboratory, the complete procedure must be billed either by billing the professional (TOT "04") plus the technical (TOT "T") components in block 24 of the HCFA-1500 claim form, or by billing the complete procedure as TOT "05" in block 24 C.

Physician Pathology CPT Codes :

88104 - 88125

88160 - 88182

88300 - 88319

88323

88331 - 88365

When Tissue Culture codes, 88230-88239, and Chromosome Analysis codes, 88245-88289, are performed, the physician must bill for the complete procedure using TOT "05" in block 24 C of the HCFA 1500 claim form to receive correct reimbursement. Because there is no technical component on these codes, only the physician will receive reimbursement.

These changes do not apply to billing pap smear codes, 88141-88158. Policies on billing pap smears can be found in Medicaid Bulletins, February, 1998, page two, and May, 1998, page two.

EDS**1-800-688-6696 or 919-851-8888****Attention: Durable Medical Equipment (DME) Providers****Requirements for Changes in Oxygen**

This information is being published to clarify and expand the procedures published in the Durable Medical Equipment Manual on page 6-11 concerning changes in oxygen and oxygen equipment prior approval.

DME providers must follow the required prior approval procedures when there is a change in the provider of oxygen and oxygen equipment or in the provider location. DME providers must also follow the same procedures when the physician orders a change in the type of oxygen equipment required by the patient, such as a change from gaseous oxygen to liquid oxygen. Those procedures are as follows:

1. The new provider asks the old provider for a copy of the current Certificate of Medical Necessity and Prior Approval (CMN/PA) form. (This step will not be necessary if the only change is in the type of equipment).
2. The old provider corrects the "TO" date on the form to the last date that it is responsible for services or that the previous equipment will be used.
3. The old provider sends a copy of the current/corrected CMN/PA to the new provider. (This step will not be necessary if the only change is in the type of treatment).
4. The new provider obtains a new CMN/PA form signed by the physician and forwards it to EDS with a copy of the old CMN/PA and a copy a current arterial blood gas (ABG) study or oximetry.
 - a) If a patient has a temporary approval number, the ABG study or oximetry must be within 30 days of the change in suppliers or equipment. The new prior approval will also be a temporary number.
 - b) If the patient has a permanent approval, the ABG study or oximetry must be within the six months before the change in suppliers or equipment. The new prior approval will also be a permanent number.

**Melody Yeargan, P.T., Medical Policy
DMA, 919-857-4021**

Attention: Durable Medical Equipment (DME) Providers

Coverage of Pressure Reducing Support Surfaces

Effective with date of service August 1, 1998, Group 1, 2, and 3 pressure reducing support surfaces are covered. The covered codes and criteria for establishing medical necessity are listed below. The codes, descriptions, and maximum reimbursement rates are included in the DME Fee Schedule effective August 1, 1998. The codes in Group 1 do not require prior approval but documentation must be completed and maintained according to Section 5.7 of the DME Manual. Note that codes A4640, E0180, E0181, E0184, E0186, and E0196 in Group 1 were previously covered. All codes in Groups 2 and 3 require prior approval.

The staging of pressure ulcers used in this policy is as follows:

Stage I	nonblanchable erythema of intact skin
Stage II	partial thickness skin loss involving epidermis and/or dermis
Stage III	full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia
Stage IV	full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures

Group 1 Pressure Reducing Support Surfaces

A4640	Replacement pad for use with medical necessary alternating pressure pad owned by patient
E0180	Pressure pad, alternating with pump
E0181	Pressure pad, alternating with pump, heavy duty
E0182	Pump for alternating pressure pad
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width

A Group 1 mattress overlay or mattress will be covered if the patient meets:

- a) criterion 1, or
- b) criteria 2 OR 3 AND at least one of criteria 4-7.

Criteria

1. Completely immobile - i.e., patient cannot make changes in body position without assistance.
2. Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
3. Any stage pressure ulcer on the trunk or pelvis.
4. Impaired nutritional status.
5. Fecal or urinary incontinence.
6. Altered sensory perception.
7. Compromised circulatory status.

Note: A foam overlay or mattress which does not have a waterproof cover is not considered durable and will be denied as noncovered.

Two items in Group 1, codes A4640 and E0199, are in the Inexpensive or Routinely Purchased category of the fee schedule and can only be purchased. Any other item in Group 1 must be rented if the physician documents that the anticipated need for the item is six months or less. The item may be rented or purchased if the physician documents that the anticipated need exceeds six months.

Group 2 Pressure Reducing Support Surfaces

E0193	Powered air flotation bed (low air loss therapy)
E0277	Powered pressure-reducing air mattress (either alternating pressure mattress or low air loss mattress)
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress

A Group 2 support surface will be covered if the patient meets:

- a) criterion 1 AND 2 AND 3, OR
- b) criterion 4, OR
- c) criterion 5 AND 6.

Criteria

1. Multiple stage II pressure ulcers located on the trunk or pelvis.
2. Patient has been on comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate Group 1 support surface.
3. The ulcers have worsened or remained the same over the past month.
4. Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.

5. Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days).
6. The patient has been on a Group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days).

The comprehensive ulcer treatment described in #2 above should generally include:

- Education of the patient and caregiver on the prevention and/or management of pressure ulcers
- Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer)
- Appropriate turning and positioning
- Appropriate wound care (for stage II, III, or IV ulcer)
- Appropriate management of moisture/incontinence
- Nutritional assessment and intervention consistent with the overall plan of care

Continued use of Group 2 support surface is covered until the ulcer is healed OR, if healing does not continue, there is documentation in the medical record to show that: (1) other aspects of the care plan are being modified to promote healing, OR (2) the use of Group 2 support surface is medically necessary for wound management.

Initial prior approval for codes in Group 2 will be given for a maximum of 3 months. Renewals will also be given for a maximum of 3 months. All items will be rented and will only become the property of the recipient if the monthly rental payments "cap" to the purchase price.

Group 3 Pressure Reducing Support Surfaces

E0194 Air-fluidized bed

An air-fluidized bed will be covered only if ALL of the following criteria are met:

1. The patient has a stage III (full thickness tissue loss) or stage IV (deep tissue destruction) pressure sore.
2. The patient is bedridden or chair bound as a result of severely limited mobility.
3. In the absence of an air-fluidized bed, the patient would require institutionalization.
4. The air-fluidized bed is ordered in writing by the patient's attending physician based upon a comprehensive assessment and evaluation of the patient after conservative treatment has been tried without success.

Treatment should generally include:

- a) Education of the patients caregiver on the prevention and/or management of pressure ulcers.
- b) Assessment by a physician, nurse, or other licensed healthcare practitioner at least weekly.
- c) Appropriate turning and positioning
- d) Use of a Group 2 support surface, if appropriate
- e) Appropriate wound care
- f) Appropriate management of moisture/incontinence

g) Nutritional assessment and intervention consistent with the overall plan of care.

The patient must generally have been on the conservative treatment program for at least one month prior to use of the air fluidized bed with worsening or no improvement of the ulcer. The evaluation generally must be performed within a week prior to initiation of therapy with the air-fluidized bed.

5. A trained adult caregiver is available to assist the patient with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system and its problems such as leakage.
6. A physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis.
7. All other alternative equipment has been considered and ruled out.

An air-fluidized bed will be denied as not medically necessary under any of the following circumstances:

1. The patient has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens secretions);
2. The patient requires treatment with wet soaks or moist wound dressings that are not protected with an impervious covering such as plastic wrap or other occlusive material;
3. The caregiver is unwilling or unable to provide the type of care required by the patient on an air-fluidized bed;
4. Structural support is inadequate to support the weight of the air-fluidized bed system (it generally weighs 1600 pounds or more);
5. Electrical system is insufficient for the anticipated increase in energy consumption; OR
6. Other known contraindications exist.

Initial prior approval for an air-fluidized bed will be given for a maximum of one month. Renewals will also be given for a maximum of one month. The air-fluidized bed will only be reimbursable as a rental item. Continued use of an air-fluidized bed is covered until the ulcer is healed OR, if healing does not continue, there is documentation to show that (1) other aspects of the care plan are being modified to promote healing, OR (2) the use of the bed is medically necessary for wound management.

***Melody Yeargan, P.T., Medical Policy
DMA, 919-857-4021***

Attention: Durable Medical Equipment (DME) Providers

Coverage of Diabetic Equipment and Supplies

Effective with date of service September 1, 1998, blood glucose monitors and diabetic supplies will be covered for patients with non-insulin dependent diabetes mellitus (NIDDM) as well as for patients with insulin dependent diabetes mellitus (IDDM) and gestational diabetes. Prior approval will no longer be required for blood glucose monitors (HCPCS code E0607) for patients with IDDM or gestational diabetes nor for patients with NIDDM. Prior approval for diabetic supplies is not required for patients with any of these diagnoses. The lifetime expectancy for the blood glucose monitor remains 2 years. Limitations remain as follows:

Code	Description	Limitation
A4253	blood glucose test strips for use with monitor	200 per month
A4258	spring-powered device for lancet	2 per year
A4259	lancets	200 per month
W4018	dial-a-dose insulin delivery device	1 per 3 years
W4063	needle for use with dial-a-dose system	200 per month
W4651	blood glucose test strips (visual strips)	50 per month
W4667	insulin syringe with needle, 1cc or smaller	200 per month
W4675	urine test strips for combination ketones and glucose	100 per month
W4676	urine test strips or tablets for ketones	100 per month
W4677	urine test strips or tablets for glucose	100 per month

The prescribing physician must document on the Certificate of Medical Necessity and Prior Approval form that the patient has a diagnosis of IDDM, NIDDM, or gestational diabetes and the ICD-9 code for one of these diagnoses must be on the HCFA-1500 claim form when billing for the monitor or the diabetic supplies. Providers are reminded that documentation of medical necessity must be maintained in their records as outlined in the DME Manual in section 5.7.

Melody Yeargan, P.T., Medical Policy
DMA, 919-857-4021

Attention: Health Check Providers

Changes in Health Check Policy

Laboratory procedures appropriate for age and target population group are recommended according to current standards of care to be performed according to the following guidelines. Medical reasons for not performing a given procedure must be documented in the patients chart.

The following Health Check Policy changes are effective October 1998:

- Hemoglobin or hematocrit: As recommended by the American Academy of Pediatrics (AAP), hemoglobin and hematocrit should be measured once during infancy (Between 1 and 9 months) for all children and once during adolescence for menstruating teenagers. An annual hemoglobin/hematocrit screening for adolescent females (ages 11 to 21 years) should be done if any of the following risk factors are present: moderate to heavy menses, chronic weight loss, nutritional deficit, or athletic activity. For hemoglobin/hematocrit guidelines for children in the Women, Infants, and Children's (WIC) Program, please call your local WIC program.
- Urinalysis: According to AAP guidelines, urinalysis should be performed once at 5 years of age. Also, dipstick leukocyte esterase testing to screen for sexually transmitted diseases should be performed at least once between 11 and 21 years of age, preferably at age 14, or more often as clinically indicated.
- Tuberculin testing: Based on recommendations from AAP and other major authorities, only children at increased risk of exposure to tuberculosis should be tested and only PPD, (Purified Protein Derivative) by Mantoux method should be used. Routine tuberculin skin testing of children with no risk factors residing in low prevalence areas is not indicated.

Children with the following risk factors should be tested:

1. Close contacts to a case of TB disease
 2. Children with clinical or radiographic symptoms suggestive of TB
 3. Children immigrating within the past 5 years from high-prevalence countries (e.g., Asia, Africa, Latin America, or the Pacific Islands)
 4. Children who are HIV infected (annually)
 5. Children with continuous exposure to high-risk adults (e.g., HIV infected persons; homeless; injected drug users; migrant farm workers) (every 2-3 years)
 6. Children living in locally identified high prevalence areas as determined by local health department TB control programs (baseline)
- Lead Screening: The Health Care Finance Administration (HCFA) has officially announced its new policy for lead screening for Medicaid children. All Medicaid-enrolled children are required to have a blood lead test at 12 and 24 months of age. Children between 36-72 months must be tested if they have not previously been tested. Providers can always do a lead screen if they feel there's a reason to do so. This new policy is simpler for health care providers, since it drops the prior requirements for verbal risk assessments and different screening schedules for high and low risk Medicaid children.

Medical follow-up does not begin until the blood level is greater than or equal to 10 ug.dl. Capillary blood lead samples are adequate for the initial screening test. Venous blood lead samples should be collected for confirmation of all elevated blood lead results.

Blood Lead	Recommended Response
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Concentration	
<10 ug/dl	No individual follow-up is required
10-14 ug/dl	The child should receive venous diagnostic testing within three months. If confirmed, the family should receive lead education counseling.
15-19ug/dl	The child should receive a venous diagnostic test within three months. If confirmed, repeat testing should be conducted every 3-4 months until the blood lead level is confirmed to be < 15ug/dl. The family should receive education and nutritional counseling, and a detailed environmental history should be taken to identify any obvious sources of exposure. Home investigations should be conducted by the local health department for children less than six years of age who have persistent elevated blood lead levels in the 15 to 19 microgram per deciliter range.
20-44ug/dl	The child should receive venous diagnostic testing within one week. If confirmed, the child should be referred for medical evaluation and should continue to be retested every 3-4 months until the blood level is confirmed to be < 15ug/dl. Environmental investigations shall be conducted by the local health department and abatement of identified lead hazards shall occur for all children less than 6 years old with confirmed blood levels \geq 20ug/dl.
\geq 45ug/dl	The child must receive urgent medical and environmental follow-up. Chelation therapy should be administered to children with blood lead levels in this range. Symptomatic lead poisoning or a venous blood level \geq 70 ug/dl is a medical emergency requiring inpatient chelation therapy.

Use of State Laboratory of Public Health for Blood Lead Screening

Laboratory Services of the Department of Health and Human Services will analyze blood lead specimens for all children less than 6 years of age at no charge. Providers requesting analyses of specimens from children outside this age group will need to contact the State Laboratory of Public Health at (919) 733-3937.

The Medicaid program encourages all providers to utilize the State Laboratory of Public Health for this service because it will:

- Contribute to the creation of a central database on blood lead screening
- Help assess the extent of North Carolina's lead problem
- Be less expensive for the Medicaid program
- Facilitate Medicaid reporting of blood lead screening on Medicaid recipients

Note: If you have any questions about using the State Laboratory of Public Health for lead screening or would like to order a Lead Screening Kit free of charge, please call, 919-733-3937.

EDS

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

Attention: Ventilator Providers

Skilled Nursing Facility Ventilator Prior Approvals

Long term care facilities who provide skilled ventilator services must enter their provider number on the prior approval request. To request medical review for ventilator services, an FL2 form, along with medical records or a ventilator addendum, must be submitted. Do not forget to include a PASARR number (which is obtained from First Mental Health), a current physician signature and date, and the provider number of the facility that is or will be rendering ventilator services.

To be approved for ventilator services, the recipient MUST be dependent upon the ventilator at least 16 hours per day, be in stable condition without infections or

extreme changes in ventilator settings and/or duration (i.e., increase in respiratory rate of five breaths per minute, increase in FIO₂ of 25 % or more, and/or increase in tidal volume of 200 milliliters or more).

A new prior approval number is required whenever a ventilator recipient changes long term care facilities. If the recipient is in the hospital and placement has yet to be determined, the hospital's provider number must be entered on the authorization request. Once the recipient transfers to a long term care facility, the facility must notify the EDS Prior Approval Unit of the transfer to prevent denial of payment for ventilator services.

EDS

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

Attention: All Providers

NC Health Choice -- Children's Health Insurance Program

On October 1, 1998, a new program will be initiated in North Carolina. NC Health Choice is designed to provide health insurance coverage to children of working families that make too much money to qualify for Medicaid and too little to afford health insurance. Administered by the NC Division of Medical Assistance, the program will provide health care benefits through the NC Teachers and State Employees Comprehensive Major Medical Plan.

NC Health Choice has been made possible through Title XXI of the Social Security Act. Passed by Congress and signed into law in August of 1997, Title XXI offers North Carolina the opportunity to provide \$108 million of health care to the children of the state, \$80 million of which are federal funds. The NC General Assembly met in a six-week special session Spring 1998 to develop this State's plan. The plan was approved by the Health Care Financing Administration in July.

As envisioned by the NC General Assembly, NC Health Choice will combine the virtues of both the Medicaid Program and the State Employees plan. Through NC Health Choice, children will be afforded the same comprehensive coverage currently available to the children of state employees and teachers, plus coverage for vision, hearing and preventive dental care. Special needs coverage, including behavioral health, will be at the same level as that provided through Medicaid.

Eligibility will be continuous for one year. To be eligible, a child must be uninsured and a member of a family with income below 200% of the federal poverty level, yet above Medicaid limits. The State estimates that 71,000 children in North Carolina are eligible for this program by virtue of their family income and insurance status.

The enrollment process for a child will begin with a two-page application form that can be mailed in to the local social services office. The same mail-in form will be used for determining Medicaid eligibility.

A child in a family above 150% of the federal poverty level will be required to pay a small copay to the health care provider for non-preventive services. Copays are \$5.00 per outpatient visit (non-preventive); \$6.00 for prescription drugs; and \$20 for non-emergency emergency room use. As part of the application process, families making above 150% of the federal poverty level will be asked to pay an annual enrollment fee of \$50 for one child or \$100 for two or more children.

Other than the small copay, health providers must accept as full reimbursement the amount of money paid per claim.

Claims will be paid at 80% of usual and customary charges by Blue Cross & Blue Shield. Providers who are participating in the State Employees health program will submit claims for NC Health Choice the same way they would for the State Employees program. All claims must be submitted by providers.

Individual NC Health Choice cards will be provided for each child who is enrolled in the program. Each card will indicate whether or not a copay is due.

Health Care providers are strongly encouraged to participate in NC Health Choice. In addition, providers are encouraged to assist in local efforts to identify and enroll eligible children. Local coalitions are forming in each county to coordinate outreach efforts for both Medicaid and NC Health Choice. To get involved, please contact your local health and social services departments.

To prepare health care providers for the new program, there will be seven workshops held across the state during the month of September. The dates and places are as follows. (All workshops are scheduled from 3:00 p.m. to 5:00 p.m.):

Fayetteville State University	September 2, 1998	College, Sylva	
Continuing Education Building		Auditorium	
UNC-Wilmington	September 9, 1998	East Carolina University Center	September 24, 1998
Wagner Hall at the Medlin Suite		Willis Building	
Blue Cross/Blue Shield, Durham	September 10, 1998	Central Piedmont Community	September 30, 1998
Auditorium of the Service Center		College, Charlotte	
UNC-Greensboro	September 18, 1998	Bryant Building, Room 113	
Claxton Room, Elliott Center			
Southwestern Community	September 23, 1998		

Blue Cross/Blue Shield of North Carolina anticipates establishing a toll-free number to answer provider questions. That number will be published in the October edition of the Provider Bulletin.

*June Milby, DMA Policy Analyst, Director's Office (General Questions)
DMA, 919-857-4262*

*Tom Vitaglione, Chief, Children's Services
Division of Women and Children's Health 919-715-7808 (special needs)
Charlotte Craver, Value Options (919) 941-5324 (behavioral health)
Sandra Dodson, NC Blue Cross/ Blue Shield 919-765-2291 (provider services)*

Attention: Physicians

New Limitations for CPT Codes 93650, 93651 and Newly Covered Code 93652

Effective with date of service September 1, 1998, we will be adopting Medicare's policy for the following CPT codes:

- 93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
- 93651 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
- 93652 (code covered effective with date of service September 1, 1998) - Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia

To conform with Medicare policy, the above three CPT codes will be covered only if one of the following conditions exists:

1. Atrioventricular (AV) node re-entrant paroxysmal supraventricular tachycardia (PSVT).
2. PSVT due to concealed (i.e., retrograde only) accessory pathway.
3. Wolff-Parkinson-White (W-P-W) syndrome with PSVT, rapid ventricular response to atrial fibrillation or flutter, or syncope.
4. Ectopic atrial tachycardia.
5. Idiopathic ventricular tachycardia originating from the right ventricular outflow tract or from the left interventricular septum.
6. Stable monomorphic ventricular tachycardia due to ischemic heart disease.
7. Bundle branch re-entrant ventricular tachycardia.
8. Stable atrial flutter.
9. Uncontrolled ventricular response to atrial tachyarrhythmias (ablation or modification of AV node)

A radiofrequency catheter ablation procedure will only be covered for the above conditions. This procedure is not intended to treat slow heart rhythms.

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

Attention: Laboratory Providers (including, Independent Laboratories, Physician Laboratories, Hospital Laboratories, Pathologists)

Laboratory Seminars

Laboratory seminars will be held in November 1998. The October 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:

Laboratory 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: Hospital Providers

Hospital Seminars

Hospital seminars will be held in November 1998. The October 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:

Hospital 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: Psychiatrists
Psychiatric Hospitals
General Hospitals with Psychiatric Units listed below
Area Mental Health Centers
Departments of Social Services**

New Psychiatric Review Procedures and Seminars

The North Carolina Medicaid Program has awarded a new contract for utilization review of acute inpatient psychiatric/substance abuse hospital care to First Mental Health (FMH) of Nashville, Tennessee. This contract affects all admissions to Psychiatric facilities for the Medicaid applicants/recipients under age 21, as well as admissions to the general hospitals listed below for applicants/recipients under age 65. It will encompass all elective and emergency admission reviews, concurrent continued stay reviews and post discharge reviews. This contract is effective on October 1, 1998.

Many of you are familiar with the current preadmission and post discharge review process in place for the under 21 age group but the inclusion of the expanded age group and concurrent review will be new to everyone. Anyone who may be involved in psychiatric care is encouraged to attend one of the seminars planned for the last two weeks in September. They are open to the facility staff, individual providers, area mental health center employees and employees of county departments of social services.

There is no fee for the workshops but we ask that you reserve a seat. This may be accomplished by completing and mailing the printed form on page 22 or by telephoning Derrick Tibbs at FMH at 1-800-598-6462 ext. 3236. FMH must receive reservation by September 16, 1998 to ensure seating. Attendees are encouraged to arrive 15 minutes prior to meeting time to complete registration.

Psychiatric Facilities

Broughton Hospital	CPC Cedar Springs Hospital
Brynn Marr Hospital	Cumberland Hospital
Charter Asheville Behavioral Health	Dorothea Dix Hospital
Charter Greensboro Behavioral Health	Holly Hill Mental Health
Charter Northridge Behavioral Health	John Umstead Hospital
Charter Pines Behavioral Health	Julian Keith Psychiatric Facility
Charter Winston-Salem Behavioral Health	Wake County Alcoholism Treatment
Cherry Hospital	Wilmington Treatment Center

General Hospitals

Alamance Regional	North Carolina Baptist
Carolinas Medical Center	Nash General
Craven Regional	New Hanover Regional
Duke University Medical Center	Park Ridge
Duplin General	Pitt County Memorial
Durham Regional	Rowan Memorial
Elliott White Springs	Scotland County Memorial
First Health Moore Regional	Southeastern Regional Medical Center
Frye Regional	St. Joseph's
Gaston Memorial	Transylvania Community
Halifax Memorial	UNC Hospital
High Point Memorial	Wayne Memorial
Kings Mountain	

Registration form and dates for these workshops is on the following page

Monday, September 21, 1998
Grove Park Inn
290 Macon Avenue
Asheville, NC
Phone - 828-252-2711
Meeting Time: 9:30 a.m. - 12:30 p.m.

Tuesday, September 22, 1998
Days Inn
1607 Fairgrove Church Road
Hickory, NC
Phone - 828-465-1100
Meeting Time: 9:30 a.m. - 12:30 p.m.

Wednesday, September 23, 1998
Holiday Inn - Woodlawn
212 Woodlawn Road
Charlotte, NC
Phone - 704-525-8350
Meeting Time: 9:30 a.m. - 12:30 p.m.

Thursday, September 24, 1998
Embassy Suites
204 Centre Drive
Greensboro, NC
Phone - 336-668-4535
Meeting Time: 9:00 a.m. - 12:00 p.m.

Friday, September 25, 1998
Hilton Inn North
3415 Wake Forest Road
Raleigh, NC
Phone - 919-872-2323
Meeting Time: 9:30 a.m. - 12:30 p.m.

Monday, September 28, 1998
Ramada Inn
203 West Granville Boulevard
Greenville, NC
Phone - 919-355-8300
Meeting Time: 9:30 a.m. - 12:30 p.m.

Tuesday, September 29, 1998
Mariott Courtyard
151 Van Campen Road
Wilmington, NC
Phone - 910-395-8224
Meeting Time: 9:30 a.m. - 12:30 p.m.

Wednesday, September 30, 1998
Mariott Courtyard
4192 Sycamore Dairy Road
Fayetteville, NC
Phone - 336-487-5557
Meeting Time: 9:30 a.m. - 12:30 p.m.

Inpatient Psychiatric Care Seminar

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

_____ persons will be attending the seminar at _____ on _____
(location) (date)

Return to: First Mental Health
501 Great Circle Road, Suite 300
Nashville, TN 37228
Attention: Derrick Tibbs

Attention: Optical Providers

Optical Seminars

Seminars for Optical providers will be held in October 1998. Medicaid billing supervisors, office managers, and billing personnel are encouraged to attend. These seminars will focus on Medicaid guidelines for optical providers, upcoming changes due to new contractor lab, billing instructions, claim form completion, and follow-up as well as focusing on the most common denials experienced.

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 27 of this bulletin.

Thursday, October 1, 1998

WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Tuesday, October 6, 1998

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Wednesday, October 7, 1998

Ramada Inn Airport Central 1
515 Clanton Road
Charlotte, NC

Tuesday, October 13, 1998

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Thursday, October 15, 1998

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Thursday, October 22, 1998

Howard Johnson Plaza
5032 Market Street
Wilmington, NC

(cut and return registration form only)

Optical 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: Hospice Providers

Hospice Seminars

Seminars for Hospice providers will be held in October 1998. The Medicaid hospice benefit, coordination of hospice care with other services, as well as procedures for new hospice billing guidelines and correcting common billing errors will be discussed.

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.

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

Directions are available on page 27 of this bulletin.

Tuesday, October 6, 1998
Howard Johnson Plaza
5032 Market Street
Wilmington, NC

Thursday, October 8, 1998
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Wednesday, October 14, 1998
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Tuesday, October 20, 1998
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

(cut and return registration form only)

Hospice 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 Hospice/Optical Seminars

Registration forms for these workshops are on pages 23 and 25 of this bulletin.

WakeMed MEI Conference Center, Raleigh

Thursday, October 1, 1998 - Optical

Tuesday, October 20, 1998 - Hospice

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk from the conference facility.

Blue Ridge Community College, Flat Rock

Tuesday, October 6, 1998 - Optical

Thursday, October 8, 1998 - Hospice

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.

Ramada Inn Airport Central, Charlotte

Wednesday, October 7, 1998 - Optical

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

Ramada Inn Plaza, Winston-Salem

Tuesday, October 13, 1998 - Optical

Wednesday, October 14, 1998 - Hospice

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.

Martin Community College, Williamston

Thursday, October 15, 1998 - Optical

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

Howard Johnson Plaza, Wilmington

Tuesday, October 6, 1998 - Hospice

Thursday, October 22, 1998 - Optical

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.

Checkwrite Schedule

September 9, 1998	October 6, 1998	November 3, 1998
September 15, 1998	October 13, 1998	November 10, 1998
September 24, 1998	October 22, 1998	November 17, 1998
		November 25, 1998

Electronic Cut-Off Schedule *

September 4, 1998	October 2, 1998	October 30, 1998
September 11, 1998	October 9, 1998	November 6, 1998
September 18, 1998	October 16, 1998	November 13, 1998
		November 20, 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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