



North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance
Published by EDS, fiscal agent for the North Carolina Medicaid Program*

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, September 6, 1999, in observance of Labor Day.

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

Please use the Automated Voice Response (AVR) System to verify the name and telephone number of the PCP or HMO. The telephone number for AVR is 1-800-723-4337. Please refer to the June 1999 Special Medicaid Bulletin for more information on AVR.

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

Attention: All Providers

Managed Care Hotline Discontinued

Effective August 1, 1999, the Managed Care Section is no longer accepting calls from providers requesting the name and telephone number of the Medicaid recipient's Carolina ACCESS Primary Care Provider (PCP). In addition, the Managed Care Section does not accept faxed requests to verify the name of a Medicaid recipient's PCP. The Automated Voice Response (AVR) System has been expanded to include the name and telephone number of the Carolina ACCESS PCP or Health Maintenance Organization (HMO) when a Medicaid recipient is enrolled in a Managed Care Plan through the Medicaid Program. Any PCP information being requested older than a 12 month's date of service must be obtained from the local managed care representative in your county.

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UNDER UNITED STATES FEDERAL LAW

Attention: All Providers

Update on Year 2000 Activities

EDS continues the effort to comply with year 2000 requirements. Starting in July, EDS began testing with providers who have completed the changes to submit year 2000 compliant claim formats. In September EDS will release the new NCECS software. Providers should continue to monitor bulletin articles on the status of year 2000 testing and implementation. It is important that claims using the new software or formats not be submitted before the final dates published by the ECS unit. This information will be provided in the instructions released with the software.

DMA will accept claims in their current non-Y2K compliant format until the end of the transition period for various indicated methods of submission. This capability provides a high degree of comfort and flexibility as providers make the transition to Y2K compliant formats. However, all providers are reminded that they will be required to make the conversion to Y2K claims compliance. Details applicable to the various submission forms are provided below.

NECS Submitters

The current NECS software will be replaced by a windows-like software to be renamed the North Carolina Electronic Claims Submission (NCECS) software. As an added feature this software will output a file or diskette of claims that is not only Y2K compliant, but will also be in the ANSI 837 format. The NCECS software will be distributed to providers in September 1999. NCECS providers will not require testing by EDS prior to accepting claims since the software will be internally tested by EDS and providers will simply key data enter claims into the software.

Tape Submitters

EDS sent providers specifications for the new format in February 1999. All tape submitters will need to pass testing with EDS before Y2K compliant claims will be accepted. Providers are reminded to give as much notice as possible to their vendors or data processing support staff so that these changes can be made in a timely basis.

ECS Submitters

EDS sent providers specifications for the new format in March 1999. All ECS submitters will need to pass testing with EDS before Y2K compliant claims will be accepted. Providers are reminded to give as much notice as possible to their vendors or data processing support staff so that these changes can be made in a timely basis.

Paper Submitters

There will be no changes to the various paper claim forms. As space permits on the forms providers should input a four-digit year. Where only the provider indicates a two-digit year, EDS' data entry staff will enter a four-digit year that is appropriate. For example, a 00 will be keyed as 2000; a 99 will be keyed as 1999.

ANSI 837 Submitters

Some providers not using the NCECS software will want to start submitting claims in the ANSI 837 format once EDS is capable of accepting them. The new NCECS software will provide claims in that format. EDS will use translator software to accept any ANSI 837 compliant claim. Each ANSI submitter not using NCECS software will be individually tested and then allowed to submit the ANSI format. EDS will begin accepting ANSI formats from non-NCECS submitters beginning in the 4th calendar quarter of 1999.

	Current formats	NCECS	Tape	ECS / Vendors	Paper
Providers Install		beginning Sept 1999	beginning March 1999	beginning April 1999	
EDS Accepting Claims	until transition date established by DMA	beginning Sept 1999	beginning July 1999	beginning July 1999	continuous

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

Attention: All Providers

North Carolina Electronic Claims Submission Software (NCECS)

As mentioned in several recent bulletins, Medicaid is replacing the current NECS software with newer NCECS software. The new software creates files for transmission over modem as well as on a mail-in diskette. The NECS software is DOS based; the NCECS will run in Windows 95, Windows 98 or Windows NT 4.0, which are classified as 32 bit operating systems. NCECS will not operate in a Windows 3.1 environment since it is not a year 2000 compliant system.

Minimal PC requirements for the use of NCECS include:

- Pentium series recommended; 486 machines will function
- minimum of 32 megabytes of memory
- minimum 20 megabytes of hard drive storage
- a browser such as Microsoft Internet Explorer (version 3.0 or higher) or Netscape (version 3.0 or higher)
- a modem – minimal 2400 baud rate; at least 9600 baud rate recommended

Providers must supply the browser. These are on a release diskette as part of the windows 95, 98 and NT Software, or may be downloaded and installed from one of the following addresses:

The Microsoft version is found at <http://www.microsoft.com/catalog>.

The Netscape version is available at <http://home.netscape.com/computing/download/>.

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

Attention: Hospices and Nursing Facilities

Billing for Hospice Nursing Facility Room and Board

Hospices are reminded to bill the correct nursing facility level of care when submitting a claim for the room and board charge for a Hospice nursing facility patient. The key points are:

- Hospice patients in nursing facilities must meet the same level of care requirements as other Medicaid nursing facility patients
- The level of care must be approved by EDS through the FL-2 prior approval process
- If there is a change in the level of care, the nursing facility must obtain a new FL-2 and submit it to EDS for approval
- The level of care billed by a hospice must be the same level of care approved by EDS for the date of service. Hospices use revenue code 658 for a patient at the intermediate care level and revenue code 659 for a patient at the skilled nursing level

Hospices should review their processes for exchanging level of care information with the nursing facilities and be sure that controls are in place to ensure the proper billing for nursing facility patients. Hospices are responsible for assuring that they have been properly paid.

- If a hospice finds an error in a paid claim, the erroneous payment is to be refunded to EDS. A claim for the correct level of care may be submitted after the refund is processed
- If DMA finds an erroneous payment, the error may result in recoupment of the payment as well as other actions by DMA

Please refer to Section 8 of the Medicaid Community Care Manual for information about Hospice. See Section 14 of the Manual for billing information and Section 16 for information about adjustments.

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

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 publishes a list of the lead administrative agencies and the primary contacts in the Medicaid Bulletin. The primary contacts provide information about CAP/DA in your county. If home health, personal care services, durable medical equipment, home infusion therapy, private duty nursing, or hospice are provided to CAP clients, care plans must be coordinated 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.

DMA Cap Unit, 919-857-4021

County	CAP/DA LEAD AGENCY	ADDRESS	CONTACT PERSON	TELEPHONE NUMBER
Alamance	Alamance County Department of Social Services	Burlington, NC 27217	Kaye Flack, Case Manager	336-229-3140
Alexander	Alexander County Department of Social Services	Taylorsville, NC 28681	Tim Lackey, Adult Services Supervisor	828-632-1080
Alleghany	Alleghany County Memorial Hospital	Sparta, NC 28675	Sammy Sudduth, CAP Supervisor	336-372-4464
Anson	Anson Community Hospital	Wadesboro, NC 28170	S. Kim Allen, CAP Director	704-695-3409
Ashe	Ashe Services for Aging	West Jefferson, NC 28694-0009	Wanda Roten, CAP Program Coordinator	336-246-2461
Avery	Sloop CAP/DA Avery Home Care Services	Newland, NC 28657	Carolyn Holland, Director	828-733-1062
Beaufort	Beaufort County Department of Social Services	Washington, NC 27889	Marilyn Worley, CAP Supervisor	252-975-5500
Bertie	Bertie Memorial Hospital (Uses Lead Agency Agreement)	Windsor, NC 27983	Frank Bradham, Administrator University Home Care of Cashie	252-794-2622
Bladen	Bladen County Hospital	Elizabethtown, NC 28337-0398	Margaret Kelly, CAP Director	910-862-6221
Brunswick	Brunswick County Department of Social Services	Bolivia, NC 28422	Evelyn Johnson, Adult Services Supervisor	910-253-2077
Buncombe	Buncombe County Department of Social Services	Asheville, NC 28802	Caroline Levi, Adult Services Supervisor	828-250-5768
Burke	Burke County Department of Social Services	Morganton, NC 28680	Betsy Scott, Lead SW	828-439-2107
Cabarrus	Cabarrus County Department of Social Services	Kannapolis, NC 28083	Alta McKelvin, Social Work Supervisor	704-939-1480
Caldwell	Caldwell County Department of Social Services	Lenoir, NC 28645	Keith Johnson, Adult Services Supervisor	828-757-1160
Camden	PPCC District Health Department, Albemarle Home Care	Elizabeth City, NC 27907-0189	Carol Doyen, CAP Supervisor	252-338-4066
Carteret	Carteret County Department of Social Services	Beaufort, NC 28516	Leslie Marquardt, Adult Services Supervisor	252-728-3181
Caswell	Caswell County Health Department	Yanceyville, NC 27379	Kaye Cobb, CAP Coordinator	336-694-9592
Catawba	Catawba County Department of Social Services	Newton, NC 28658	John Blevins, Lead Social Worker	828-326-4543
Chatham	Chatham County Health Department	Pittsboro, NC 27312	Rebecca Blalock, Lead SW	919-542-8220

County	CAP/DA LEAD AGENCY	ADDRESS	CONTACT PERSON	TELEPHONE NUMBER
Cherokee	Cherokee District Memorial Hospital	Andrews, NC 28901	Towanna Roberts, CAP In-Home Care Manager	828-321-4113
Chowan	Chowan Hospital Home Care	Edenton, NC 27932	Karen Fleetwood, CAP Supervisor	252-482-6322
Clay	Clay County Health Department	Hayesville, NC 28904	Amy Moody, CAP Supervisor	828-389-8052
Cleveland	Cleveland County Department of Social Services	Shelby, NC 28151-9006	Teala McSwain, Social Work Supervisor	704-487-0661 ext. 216
Columbus	Columbus County Department of Aging	Whiteville, NC 28472	Debra Helton, In-Home Service Supervisor	910-640-6602
Craven	Craven Regional Medical Center	New Bern, NC 28561	Lori Wetherington, CAP Supervisor	252-633-8906
Cumberland	Cumberland County Department of Social Services	Fayetteville, NC 28302	Joanne Graham, CAP Supervisor	910-677-2313
Currituck	Currituck County Health Department (Uses Lead Agency Agreement)	Currituck, NC 27929-0039	Carol Doyen, CAP Supervisor Albemarle Home Care	252-338-4066
Dare	Dare County Department of Social Services	Manteo, NC 27954	Theresa Edwards, CAP Supervisor	252-473-1471
Davidson	Davidson County Department of Senior Services	Thomasville, NC 27360	Melissa Swink, Head SW II	336-474-2792
Davie	Davie Hospital,	Mocksville, NC 27028	JoAnn Harmon, CAP Director	336-751-8340
Duplin	Duplin General Hospital (Uses Lead Agency Agreement)	Kenansville, NC 28349-0278	Donna Sanderson, Professional Service Director Duplin Home Care and Hospice, Inc.	910-296-0819 or 800-537-2908
Durham	Durham County Department of Social Services Adult Services Section	Durham, NC 27701-0810	Mildred Blackwell, CAP Case Manager	919-560-8644
Edgecombe	Edgecombe County Health Department	Tarboro, NC 27886	Linda Jenkins, CAP Supervisor	252-641-7518
Forsyth	Senior Services, Inc.	Winston-Salem, NC 27101	Carol Myers, Living At Home Director	336-725-0907
Franklin	Franklin County Department of Social Services	Louisburg, NC 27549	Karen Wilson, Adult Services Supervisor	919-496-5721
Gaston	Gaston County Department of Social Services	Gastonia, NC 28053-3500	Julian Karchemer, CAP Supervisor	704-862-7847
Gates	Gates Department of Social Services (Uses Lead Agency Agreement)	Gatesville, NC 27938	Karen Feetwood, CAP Supervisor Chowan Hospital Home Care	252-482-6322

County	CAP/DA LEAD AGENCY	ADDRESS	CONTACT PERSON	TELEPHONE NUMBER
Graham	Graham County Health Department	Robbinsville, NC 28771	Melodie Holder, RN, CAP Supervisor	828-479-4201
Granville	Granville Medical Center	Oxford, NC 27565	Michelle Gallahan, CAP Supervisor	919-690-3242 or 800-745-7705
Greene	Greene County Department of Social Services	Snow Hill, NC 28580	Brenda Jackson, Services Supervisor	252-747-5934
Guilford	Guilford County Health Department	Greensboro, NC 27403	Betty Parsons, CAP Supervisor	336-373-3331
Halifax	Halifax County Department of Social Services	Halifax, NC 27839	Meta Rawls, Acting CAP Supervisor	252-536-6537
Harnett	Harnett County Department of Aging	Lillington, NC 27546	Mildred Bryant, CAP Supervisor	910-893-7596
Haywood	Haywood Council on Aging	Waynesville, NC 28786	Bridgett Stamey, SW, Lead Case Manager	828-452-2370
Henderson	Margaret R. Pardee Memorial Hospital Pardee Home Care	Hendersonville, NC 28739	Lora Harris, RN, Director of CAP	828-696-4201
Hertford	Hertford Country Department of Social Services	Winton, NC 27986	Carolyn Pearce, CAP Supervisor	252-358-7900
Hoke	Hoke County Department of Social Services(Uses Lead Agency Agreement)	Raeford, NC 28376	Rhonda Pickler, Dir. Of Operations Duke & St. Joseph Hospital Home Health Agency	910-875-8198 or 800-755-8198
Hyde	Hyde County Department of Social Services	Swan Quarter, NC 27885	Tonie Marshall, CAP Case Manager	252-926-3371
Iredell	Iredell County Department of Social Services	Statesville, NC 28687	Tracie Gentry-Hill, Lead Social Worker	704-871-3459
Jackson	Harris Regional Hospital, Home Health Service Agency	Sylva, NC 28774	Pat Buckner, CAP Manager	828-586-7833
Johnston	Johnston County Department of Social Services	Smithfield, NC 27577	Betsy Olive, Adult Services Supervisor	919-989-5300
Jones	Jones Department of Social Services	Trenton, NC 28585	Mariam Williams, SW, Case Manager	252-448-7581
Lee	Lee County Department of Social Services	Sanford, NC 27330	Jim Garner, Social Work Supervisor	919-718-4690 ext. 5209
Lenior	Lenior Memorial Hospital	Kinston, NC 28501	Cheryl Jarman, Director of Home Care Services	252-522-7764

County	CAP/DA LEAD AGENCY	ADDRESS	CONTACT PERSON	TELEPHONE NUMBER
Lincoln	Lincoln County Department of Social Services	Lincolnton, NC 28093-0103	Susan McCracken, Director	704-736-8576
Macon	Macon County Department of Social Services	Franklin, NC 28734	Pat Berman, Program Manager	828-349-2117
Madison	Madison County Department of Social Services	Marshall, NC 28753	Terry Fox, Adult Services Supervisor	828-649-2711
Martin	Martin County Department of Social Services	Williamston, NC 27892	Brenda Lloyd, CAP Supervisor	252-809-6403
Mcdowell	McDowell County Department of Social Services	Marion, NC 28752	Karen Coley, SW	828-652-3355 ext. 135
Mecklenburg	Charlotte Mecklenburg Hospital Authority, County Health Department	Charlotte, NC 28211-1098	Renee Dutcher, SW Supervisor	704-336-5387
Mitchell	Mitchell County Department of Social Services	Bakersville, NC 28705-0365	Deborah Buchanan, Adult Services Supervisor	828-688-2175
Montgomery	Montgomery Department of Social Services	Troy, NC 27371	Kristie Lynthacum, CAP Supervisor	910-576-6531
Moore	Moore County Department of Social Services (Uses Lead Agency Agreement)	Carthage, NC 28320	Wanda Steele, RN, CAP Coordinator/ Private Duty Supervisor First Health Home Care	910-255-3607
Nash	Nash County Health Department, Home Health Agency	Rocky Mount, NC 27804	Sharon McKoy, SW, Case Manager	252-446-1777
New hanover	New Hanover Regional Medical Center	Wilmington, NC 28401	Virginia Barkman, Director	910-343-2458
Northampton	Northampton County Department of Social Services	Jackson, NC 27845	Paula Arrington, CAP Supervisor	252-534-1246
Onslow	Onslow County Council on Aging	Jacksonville, NC 28541-0982	Harry Burton, Lead Case Manager	910-455-2747
Orange	Orange County Department of Social Services	Hillsborough, NC 27278	Ann Gent, SW III, Supervisor	919-732-8181 ext.2882
Pamlico	Pamlico County Senior Services	Alliance, NC 28509	Ann Holton, Director	252-745-7196
Pasquotank	PPCC District Health Department Albemarle Home Care	Elizabeth City, NC 27907-1089	Carol Doyen, CAP Supervisor	252-338-4066
Pender	Senior Citizens Services of Pender County	Burgaw, NC 28425	Robin Meeks, CAP Supervisor	910-259-9119
Perquimans	PPCC District Health Department Albemarle Home Care	Elizabeth City, NC 27907-0189	Carol Doyen, CAP Supervisor	252-338-4066

County	CAP/DA LEAD AGENCY	ADDRESS	CONTACT PERSON	TELEPHONE NUMBER
Person	Person County Department of Social Services	Roxboro, NC 27573	Wendy Bass, CAP Case Manager	336-503-1106
Pitt	Pitt County Department of Social Services	Greenville, NC 27834	Sally Williamson, Adult Services Supervisor	252-413-1003
Polk	St. Luke's Hospital Community Health Connection	Columbus, NC 28722	Cindy Viehman, Office Manager	828-859-2855
Randolph	Randolph Hospital	Asheboro, NC 27204	Rosa Little, Lead Social Worker	336-625-5151 ext. 295
Richmond	Richmond Memorial Hospital, Richmond Home Health Services	Rockingham, NC 28379	Carolyn Newberry, CAP Coordinator	910-997-5800
Robeson	Southeastern Regional Medical Center	Lumberton, NC 28358	Larissa Adams, CAP Supervisor	910-618-9405
Rockingham	Rockingham County Council on Aging	Reidsville, NC 27323-1915	Bill Crawford, CAP/DA Supervisor	336-349-2343
Rowan	Rowan Hospital	Salisbury, NC 28144	Julie Gainer, Customer Relations Manager	704-638-1509
Rutherford	Rutherford Hospital, Inc., Carolina Home Care	Forest City, NC 28043	Jean Long, Director	828-245-5426
Sampson	Sampson County Department of Aging	Clinton, NC 28328	Donna Landes, Executive Director	910-592-4653
Scotland	Scotland County Health Department (Uses Lead Agency Agreement)	Laurinburg, NC 28353	Sharon Bray, CAP Supervisor Scotland County Home Health, Inc.	910-277-2484
Stanly	Stanly County Department of Social Services	Albemarle, NC 28001	Dorothy Martin, CAP Supervisor	704-986-2011
Stokes	Stokes County Department of Social Services	Danbury, NC 27016-0030	Lynn Durham, Adult Services Supervisor	336-593-2861
Surry	Surry County Health and Nutrition Center	Dobson, NC 27017	Suzanne Everhart, Program Director	336-401-8500 or 800-442-7249
Swain	Swain County Health Department	Bryson City, NC 28713	Leslie Harlach, Program Director	828-488-3792
Transylvania	Transylvania Community Hospital	Brevard, NC 28712	Scotta Roberts, RN, Manager	828-884-7843
Tyrrell	Tyrrell County Department of Social Services	Columbia, NC 27925	Harry Foard, Director	252-796-3421

County	CAP/DA LEAD AGENCY	ADDRESS	CONTACT PERSON	TELEPHONE NUMBER
Union	Union County Department of Social Services	Monroe, NC 28111-0489	Anne Briggs, RN or Jeanette Davies, RN	Anne Briggs 704-296-6161 or Jeanette Davies 704-296-6162
Vance	Vance County Department of Social Services	Henderson, NC 27536	Antoinette Pearson, Case Manager	252-492-5001
Wake	Resources for Seniors	Raleigh, NC 27609	Rita Holder, CAP Director	919-713-1552
Warren	Warren County Department of Social Services	Warrenton, NC 27589	Jeanette Bell, Case Manager	252-257-5974
Washington	Washington County Center for Human Services	Plymouth, NC 27962	Maggie Devane, CAP Supervisor	252-793-4041
Watauga	Watauga County Project on Aging	Boone, NC 28607	Angie Boitnott, In-Home Services Coordinator	828-265-8090
Wayne	Wayne Memorial Hospital	Goldsboro, NC 27533	Susan Hinson, RN, Case Manager	919-731-6341
Wilkes	Wilkes Regional Medical Center	N. Wilkesboro, NC 28659	Pam Howard, CAP Coordinator	336-903-7745
Wilson	Wilson Memorial Hospital Wilson Home Care	Wilson, NC 27893	Gail Brewer, Manager, Home Care Services	252-399-8680
Yadkin	Yadkin County Department of Social Services	Yadkinville, NC 27055	Patti Ragan, Adult Services Supervisor	336-679-4210
Yancey	Yancey County Health Department	Burnsville, NC 28714	Nancy Stiles, Director, CAP Program	828-682-7967

Attention: Durable Medical Equipment (DME) Providers

Supplies for Providing Humidification to Tracheostomies

Effective with date of service September 1, 1999, supplies for providing humidification to tracheostomies are being added to the DME Fee Schedule. Payment for these supplies will only be made when the monthly rental payments for code E0565 "compressor, air power source for equipment which is not self-contained or cylinder driven" accrue to the purchase price and the compressor becomes the property of the recipient. The codes will be added to the DME Related Supply category of the fee schedule. The codes, descriptions, rates, and limitations for these supplies are as follows:

Code	Description	Rate	Limitation
K0172	large volume nebulizer, disposable, unfilled, use with aerosol compressor	\$4.07	3 per month
K0175	corrugated tubing, disposable, used with large volume nebulizer, 100 feet	\$19.13	1 per month
K0177	water collection device, used with large volume nebulizer	\$3.56	3 per month

Providers are reminded that these supplies are covered only with patient-owned compressors. Refer to Section 6.1 "What DME Covers" in the DME Manual. In addition, please note that, as with all DME items, a Certificate of Medical Necessity and Prior Approval form must be completed; prior approval is not required for these supplies. Providers are also reminded to bill their usual and customary fees.

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

Attention: Hospital Providers

Noncovered ICD-9-CM Procedure Codes

Effective with date of service November 1, 1999, DMA has updated the list of ICD-9-CM procedure codes that will no longer be covered under Medicaid. When submitting an UB-92, list all charges with the appropriate revenue Code in Form Locator 47 (Total Charges). Noncovered amounts should be listed in Form Locator 48 (Noncovered Charges). Amounts indicated in Form Locator 48 will be deducted from the allowable payment.

If these charges are not listed correctly under Form Locator 48, then the entire claim will be denied. Medicaid still requires all procedures provided to a recipient be listed under Form Locators 80 and 81, including the noncovered procedure codes. DMA has directed EDS claims processing to recognize these codes as noncovered and process the claim accordingly.

A list of all noncovered codes is provided on page 12. The bolded codes represent the **updated** codes that will no longer be covered as of November 1, 1999.

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

Noncovered ICD-9-CM Procedure Codes

7.49	23.49	38.22	51.19	64.97	79.70	86.24	92.19	94.67	99.97
7.59	23.5	38.29	51.35	64.98	79.79	86.25	92.29	94.69	99.98
8.01	23.6	38.98	51.99	64.99	79.80	86.51	93.01	95.03	99.99
8.09	24.39	38.99	52.8	65.19	79.89	86.64	93.02	95.11	
8.37	24.7	39.49	52.80	65.39	79.9	86.69	93.09	95.12	
8.86	24.8	39.92	52.81	65.73	80.1	86.8	93.12	95.21	
8.87	24.9	39.99	52.82	65.76	81.00	86.81	93.17	95.26	
8.89	24.99	40.19	52.83	65.81	81.20	86.82	93.18	95.3	
8.9	25.99	40.40	52.84	65.89	81.47	86.83	93.19	95.31	
8.91	27.41	40.59	52.85	65.91	81.49	86.89	93.2	95.32	
8.92	27.5	40.69	52.86	65.99	81.79	86.92	93.29	95.33	
8.93	27.59	41.00	54.99	66.02	81.85	86.99	93.35	95.34	
8.99	27.69	41.38	55.29	66.19	81.96	87.37	93.36	95.35	
9.99	27.91	41.39	55.89	66.69	81.98	87.4	93.37	95.36	
10.99	28.99	41.98	55.99	66.72	81.99	87.82	93.38	95.46	
11.75	29.59	41.99	56.79	66.73	83.09	87.83	93.39	95.47	
11.79	29.99	42.09	56.99	66.79	83.29	87.85	93.53	96.05	
11.99	31.3	42.10	57.96	66.8	84.29	87.89	93.57	96.09	
14.59	31.48	42.23	57.97	66.9	84.4	87.95	93.6	96.16	
15.4	31.49	42.29	57.98	66.91	84.40	87.99	93.61	96.38	
16.02	31.79	42.39	57.99	66.93	84.41	88.33	93.62	96.39	
16.21	31.99	42.40	58.93	66.94	84.42	88.57	93.63	96.44	
16.31	32.9	42.89	58.99	66.95	84.43	88.60	93.64	96.59	
16.41	33.23	42.99	59.72	66.96	84.44	88.9	93.65	97.3	
16.42	33.29	43.19	59.99	66.97	84.45	88.90	93.66	97.31	
16.61	33.39	43.49	60.69	66.99	84.46	89.0	93.67	97.89	
16.62	33.48	43.89	60.71	68.59	84.47	89.01	93.75	98.20	
16.64	33.49	44.00	60.72	68.9	84.48	89.02	93.76	99.3	
16.69	33.50	44.03	60.79	69.59	84.9	89.03	93.77	99.32	
16.7	33.98	44.13	60.99	69.6	84.91	89.04	93.78	99.34	
16.71	33.99	44.19	61.99	69.9	84.99	89.05	93.8	99.35	
16.72	34.28	44.99	62.19	69.92	85.19	89.06	93.81	99.36	
18.01	34.29	45.19	62.7	69.99	85.24	89.07	93.82	99.38	
18.5	34.84	45.28	62.92	70.11	85.25	89.08	93.83	99.39	
18.7	34.85	45.29	62.99	70.29	85.33	89.09	93.84	99.4	
18.71	34.89	46.99	63.09	70.31	85.34	89.18	93.85	99.41	
18.79	34.99	47.09	63.53	70.9	85.35	89.33	93.89	99.48	
18.9	35.98	47.1	63.59	70.91	85.36	89.34	94.11	99.51	
20.95	35.99	47.11	63.82	70.92	85.5	89.35	94.12	99.55	
21.00	36.09	47.19	63.83	71.4	85.50	89.36	94.13	99.56	
21.09	37.26	47.99	63.89	71.8	85.51	89.37	94.19	99.57	
21.84	37.27	48.29	63.91	71.9	85.52	89.5	94.32	99.58	
21.85	37.29	48.99	63.95	73.59	85.8	89.50	94.39	99.59	
21.86	37.67	49.04	63.99	73.99	85.87	89.54	94.49	99.9	
21.87	37.94	49.74	64.19	74.4	85.89	89.59	94.59	99.91	
21.99	37.95	49.92	64.49	75.34	85.92	89.7	94.6	99.92	
23.3	37.96	49.99	64.5	75.99	85.99	89.8	94.61	99.93	
23.4	37.97	50.19	64.94	76.19	86.02	91.8	94.63	99.94	
23.41	37.98	50.99	64.95	76.99	86.07	91.9	94.64	99.95	
23.42	37.99	51.03	64.96	78.8	86.19	92.09	94.66	99.96	

Attention: Health Check Providers

Lead Poisoning Prevention**Minimum Recommendations Effective October 1, 1999**

Lead remains the top environmental health threat for our young children. Dr. Dennis McBride, State Health Director, has issued "enhanced" recommendations on lead poisoning prevention for North Carolina. As you know, all Medicaid-enrolled children are required to have a blood lead test at 12 and 24 months of age. Effective October 1, 1999 the recommended responses below replace the recommended responses that were printed in the September 1998 Bulletin and the 1999 Health Check Billing Guide.

Blood Lead Concentration	Recommended Response
<10 ug/dL	Rescreen at 24 months of age
10-19 ug/dL	Confirmation (venous) testing should be conducted within three months. If confirmed, repeat testing should be conducted every two to three months until the level is shown to be <10 ug/dL on three consecutive tests (venous or fingerstick). The family should receive education and nutrition counseling, and a detailed environmental history should be taken to identify any obvious sources of exposure. If the blood lead level is confirmed at ≥ 10 ug/dL, environmental investigation will be offered.
20-44 ug/dL	20-44 Confirmation (venous) testing should be conducted within one week. If confirmed, the child should be referred for medical evaluation and should continue to be retested every two months until the blood lead level is shown to be <10 ug/dL on three consecutive tests (venous or fingerstick). Environmental investigations are required and remediation of identified lead hazards shall occur for all children less than six years old with confirmed blood lead levels ≥ 20 ug/dL.
≥ 45 ug/dL	The child should receive a venous test for confirmation as soon as possible. If confirmed, 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 lead level ≥ 70 ug/dL is a medical emergency requiring inpatient chelation therapy.

**Angela Rey, RN, Managed Care Section
DMA, 919-857-4218**

Attention: All Providers

Modifiers Questions and Answers

The following questions were asked by providers during the Modifier workshops conducted in April and May. This is part of a continuing effort to educate providers in modifiers and Medicaid billing.

1. **Question:** What modifier should be used if a different surgeon performs re-exploration for post-op bleeding on the same day of the primary surgery?

Answer: No modifier is needed if a different physician performs the re-exploration. If performed by the same physician, then modifier 51 should be used.

2. **Question:** Can modifier 76 be used to bill four EKGs on the same day?

Answer: Modifier 76 would be entered on the 2nd, 3rd, and 4th services. Because of unit limits on the procedure, the 4th would be denied. An adjustment must be submitted with documentation to justify the additional procedure.

3. **Question:** If Medicare is primary and Medicaid is secondary, and Medicare requires a modifier that Medicaid does not recognize, will Medicaid deny the claim because an invalid modifier is used?

Answer: No. The claim should be filed to Medicare using Medicare guidelines. Crossover claims will still pay coinsurance and deductible, based on how Medicare processed the claim, and are not affected by modifiers.

4. **Question:** Is there a limit to how many multiple procedures can be done? Are all additional procedures paid at 50%? How would the same procedure be billed if performed multiple times?

Answer: Medicaid will allow up to five procedures per day without documentation, the first being the primary and the remainder having modifier 51 appended to the codes. (If more than five procedures are done on the same day, medical records will be required.) Each procedure billed with modifier 51 will be reimbursed at 50% of the allowable. If the same procedure code is billed multiple times, it should be billed the same way-- the first without the modifier and the remainder with modifier 51. (An exception is when a vaginal delivery and a sterilization is performed on the same day. Neither is billed with modifier 51 and both will be paid at 100% of the allowable. However, if a third procedure is performed, it must be billed with modifier 51 and will be reimbursed at 50% of the allowable.)

As a reminder, the provider does not append modifier 51 to 'add-on' codes and endoscopy codes, however these codes will process according to multiple pricing rules. Medicaid will determine the primary and secondary procedures for 'add-on' and endoscopy codes.

5. **Question:** How is it billed if tubes were placed in both ears and an adenoidectomy is performed at the same operative session?

Answer: The adenoidectomy is billed as the primary procedure without a modifier and the procedure code for the ear tube insertion is billed with modifier 50 (bilateral) and 51 (multiple procedure).

6. **Question:** How will hospital-based CRNAs billing be affected with modifiers?

Answer: Hospital-based CRNA charges should be billed as they were before modifier implementation. There will be no change in billing hospital-based CRNAs.

7. **Question:** Can procedures without modifiers be billed on the same HCFA-1500 claim with procedures that have modifiers?

Answer: Yes, not all services or procedures require modifiers.

8. **Question:** We see out-of-town patients when they have accidents and then they return home. If we bill with modifier 54, how does the physician in their hometown bill for follow-up care?

Answer: Modifier 54 is used to bill for surgical care only. If you do any of the post-op care, bill the procedure with modifier 55 in the second detail and enter the dates you were responsible for care in block 16 on the HCFA-1500. The hometown physician that resumes the post-op care will bill the surgical procedure code (with the date of surgery as the date of service) with modifier 55 appended. The dates that the provider will be responsible for the care will be entered in block 16 of the HCFA-1500 and in the post-op date field on ECS formats.

9. **Question:** If a patient has had the pre-op and decides not to go through with the surgery, can modifier 53 be used?

Answer: No. Modifier 53 can only be used if the physician decides to terminate the procedure after anesthesia is induced because the patient is at risk. It cannot be used for an elective cancellation. The procedure should not be billed in this case.

10. **Question:** Isn't 51 used during the same OR session only? Would 78 be used for return to OR?

Answer: No, modifier 51 is multiple procedures at the same surgical session or on the same day. Modifier 78 is return to OR during the post-op period. The post-op period begins the day following the original procedure.

11. **Question:** If the second stage of a "staged" procedure is performed on the same day as the first stage, would modifier 58 be appropriate?

Answer: No. Modifier 58 is for procedures performed during the post-op period. Modifier 51 would be appropriate for a procedure performed on the same day of service.

12. **Question:** How will procedures be reimbursed if multiple procedures are billed on the same date without modifier 51?

Answer: The first procedure listed will be paid at 100% and the subsequent procedure will be denied. The subsequent procedures can be resubmitted with modifier 51 appended. If the subsequent procedures are 'add-on' or endoscopy procedures, modifier 51 is not required. These codes will be priced according to multiple pricing rules.

13. **Question:** Medicare states that modifiers 73 and 74 apply to outpatient hospital settings. Why is Medicaid different?

Answer: Outpatient hospital settings are billed on UB-92 claim forms. Medicaid is implementing modifiers for HCFA-1500 claims only, therefore, the hospital outpatient setting is not applicable for modifiers 73 and 74 at this time.

14. **Question:** When using modifier 53, what diagnosis is required?

Answer: Modifier 53 is appended to the procedure code to designate it was discontinued. Medicaid does not require a "V" diagnosis code. However, the reason the procedure is discontinued must be documented in the patient's medical records.

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

Attention: Inpatient Psychiatric Hospital Providers

C Continued Stay Rule Change

The purpose of this article is to notify providers of acute care Psychiatric Services of a change in DMA's administrative rules for Continued Stay. Effective August 20, 1999 Criterion #5 is applicable to inpatient hospital providers. This includes those psychiatric hospital providers in former Carolina Alternatives counties and the state mental hospitals.

The Service Definition of Criterion #5 transition services (Non-Acute Inpatient Treatment):

This therapeutic residential service is targeted to children through the age of 17 who no longer meet the acute care criteria in 10 NCAC 26B .0013 but require transitional services from the immediate preceding setting in order to implement the individual discharge plan. A copy of the criteria can be found on pages 17-18.

Goal of Service:

To provide continued treatment which will ensure the safety of the patient, maintain the therapeutic gains acquired during the acute inpatient stay, avoid unnecessary decompensation or regression, and work toward a less intensive level of care.

Questions concerning the implementation procedures for Criterion #5 and forms necessary for this Transition Service can be directed to Deborah Zuver, DMH/DD/SAS Child & Family Services, at 1-919-733-0598. If there are any questions about the administration rule, please contact Carolyn Wisner, RN at Division of Medical Assistance.

DMA, Behavioral Health, 919-857-4025

CHAPTER 26-MEDICAL ASSISTANCE
SUBCHAPTER 26B-MEDICAL ASSISTANCE PROVIDED
SECTION .0100-GENERAL

.0113 NC MEDICAID CRITERIA FOR CONTINUED ACUTE STAY IN AN INPATIENT PSYCHIATRIC FACILITY

The following criteria apply to individuals under the age of 21 in a psychiatric hospital or in a psychiatric unit of a general hospital, and to individuals aged 21 through 64 receiving treatment in a psychiatric unit of a general hospital. These criteria shall be applied after the initial admission period of up to three days. To qualify for Medicaid coverage for a continuation of an acute stay in an inpatient psychiatric facility, a patient must meet each of the conditions specified in Items (1) through (4) of this Rule. To qualify for Medicaid coverage for continued post-acute stay in an inpatient psychiatric facility a patient must meet all of the conditions specified in Item (5) of this Rule.

(1) The patients has one of the following:

- (a) A current DSM-IV, Axis I diagnosis; or**
- (b) A current DSM-IV, Axis II diagnosis and current symptoms/behaviors which are characterized by all of the following:**
 - (i) Symptoms/behaviors are likely to respond positively to acute inpatient treatment; and**
 - (ii) Symptoms/behaviors are not characteristic of patient's baseline functioning; and**
 - (iii) Presenting problems are an acute exacerbation of dysfunctional behavior patterns which are recurring and resistive to change.**

(2) Symptoms are not due solely to mental retardation.

(3) The symptoms of the patient are characterized by:

- (a) At least one of the following:**
 - (i) Endangerment of self or others; or**
 - (ii) Behaviors which are grossly bizarre, disruptive, and provocative (e.g. feces smearing, disrobing, pulling out of hair); or**
 - (iii) Related to repetitive behavior disorders which present at least five times in a 24-hour period; or**
 - (iv) Directly result in an inability to maintain age appropriate roles; and**
- (b) The symptoms of the patient are characterized by a degree of intensity sufficient to require continual medical/nursing response, management, and monitoring.**

(4) The services provided in the facility can reasonably be expected to improve the patient's condition or prevent further regression so that treatment can be continued on a less intensive level of care, and proper treatment of the patient's psychiatric condition requires services on an inpatient basis under the direction of a physician.

- (5) In the event that not all of the requirements specified in Items (1) through (4) of this Rule are met, reimbursement may be provided for patients through the age of 17 for continued stay in an inpatient psychiatric facility at a post-acute level of care to be paid at the High Risk Intervention Residential High (HRI-R High) rate if the facility and program services are appropriate for the patient's treatment needs and provided that all of the following conditions are met:
- (a) The psychiatric facility has made a referral for case management and after care services to the area Mental Health, Development Disabilities, Substance Abuse (MH/DD/SA) program which serves the patient's county of eligibility.
 - (b) The area MH/DD/SA program has found that no appropriate services exist or are accessible within a clinically acceptable waiting time to treat the patient in a community setting.
 - (c) The area MH/DD/SA program has agreed that the patient has a history of sudden decompensation or significant regression and experiences weakness in his or her environmental support system which are likely to trigger decompensation or regression. This history must be documented by the patient's attending physician.
 - (d) The inpatient facility must have a contract to provide HRI-R, High with the area MH/DD/SA program which serves the patient's county of eligibility, or the area program's agent. Psychiatric hospitals or psychiatric units in general hospitals are eligible to establish contract relationships with all non-Carolina Alternatives area MH/DD/SA programs or their agents in accordance with statutory procedures as defined in G.S. 122C-142.
 - (e) The Child and Family Services Section of the Division of Mental Health, Developmental Disabilities, Substance Abuse Services shall approve the use of extended HRI-R, High, based on criteria in Sub-items (a)-(c) of this Item.
 - (f) The area MH/DD/SA program shall approve the psychiatric facility for the provisions of extended HRI-R High, receive claims from the inpatient facility, and provide reimbursement to the facility in accordance with the terms of its contract.

History Note: Authority G.S. 108A-25(b); 108A-54; 42 C.F.R. 441, Subpart D;

Eff. January 1, 1998;

Temporary Amendment Eff. August 20, 1999

Attention: All Providers

Resubmission vs. Filing Adjustments

If one of the following EOB's is received and it's validity is in question, please do not appeal by submitting an adjustment request. When adjustments are submitted for these EOB denials, they 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 07/29/99)

0002	0080	0151	0206	0294	0569	0674	0888	0972
0003	0082	0153	0207	0295	0572	0675	0889	0974
0004	0084	0154	0208	0296	0574	0676	0898	0986
0005	0085	0155	0210	0297	0575	0677	0900	0987
0007	0089	0156	0211	0298	0576	0679	0905	0988
0009	0093	0157	0213	0299	0577	0680	0908	0989
0011	0094	0158	0215	0316	0578	0681	0909	0990
0013	0095	0159	0217	0319	0579	0682	0910	0991
0014	0100	0160	0219	0325	0580	0683	0911	0992
0017	0101	0162	0220	0326	0581	0685	0912	0995
0019	0102	0163	0221	0327	0584	0688	0913	0997
0023	0103	0164	0222	0356	0585	0689	0916	0998
0024	0104	0165	0223	0363	0586	0690	0917	1001
0025	0105	0166	0226	0364	0587	0691	0918	1003
0026	0106	0167	0227	0394	0588	0698	0919	1008
0027	0108	0170	0235	0398	0589	0732	0920	1022
0029	0110	0171	0236	0424	0590	0734	0922	1023
0033	0111	0172	0237	0425	0593	0735	0925	1035
0034	0112	0174	0240	0426	0604	0749	0926	1036
0035	0113	0175	0241	0427	0607	0755	0927	1037
0036	0114	0176	0242	0428	0609	0760	0929	1038
0038	0115	0177	0244	0430	0610	0777	0931	1043
0039	0118	0179	0245	0435	0611	0797	0932	1045
0040	0120	0181	0246	0438	0612	0804	0933	1046
0042	0121	0182	0247	0439	0616	0805	0934	1047
0041	0122	0183	0249	0452	0620	0814	0936	1048
0046	0123	0185	0250	0462	0621	0817	0940	1049
0047	0126	0186	0251	0465	0622	0819	0941	1050
0049	0127	0187	0253	0505	0626	0820	0942	1057
0050	0128	0188	0255	0511	0635	0822	0943	1058
0051	0129	0189	0256	0513	0636	0823	0944	1059
0058	0131	0191	0257	0516	0641	0824	0945	1060
0062	0132	0194	0258	0523	0642	0825	0946	1061
0063	0133	0195	0270	0525	0661	0860	0947	1062
0065	0134	0196	0279	0529	0662	0863	0948	1063
0067	0135	0197	0282	0536	0663	0864	0949	1064
0068	0138	0198	0283	0537	0665	0865	0950	1078
0069	0139	0199	0284	0548	0666	0866	0952	1079
0074	0141	0200	0286	0553	0668	0867	0953	1084
0075	0143	0201	0289	0556	0669	0868	0960	1086
0076	0144	0202	0290	0557	0670	0869	0967	1087
0077	0145	0203	0291	0558	0671	0875	0968	1091
0078	0149	0204	0292	0559	0672		0969	1092
0079		0205	0293	0560	0673		0970	

1152	2024	5223	7735	7932	7970	8904	9221	9260
1154	2027	5224	7736	7933	7971	8905	9222	9261
1170	2335	5225	7737	7934	7972	8906	9223	9263
1175	2236	5226	7738	7935	7973	8907	9224	9264
1177	2237	5227	7740	7936	7974	8908	9225	9265
1178	2238	5228	7741	7937	7975	8909	9226	9266
1181	2911	5229	7788	7938	7976	9036	9227	9267
1183	2912	5230	7794	7939	7977	9054	9228	9268
1184	2913	5400	7900	7940	7978	9101	9229	9269
1186	2914	5401	7901	7941	7979	9102	9230	9272
1197	2915	5402	7904	7942	7980	9103	9231	9273
1198	2916	5403	7905	7943	7981	9104	9232	9274
1204	2917	5404	7906	7944	7982	9105	9233	9275
1232	2918	5405	7907	7945	7983	9106	9234	9291
1233	2919	5406	7908	7946	7984	9174	9235	9295
1275	2920	5407	7909	7947	7985	9175	9236	9600
1278	2921	5408	7910	7948	7986	9180	9237	9611
1307	2922	5409	7911	7949	7987	9200	9238	9614
1324	2923	5410	7912	7950	7988	9201	9239	9615
1350	2924	6703	7913	7951	7989	9202	9240	9625
1351	2925	6704	7914	7952	7990	9203	9241	9630
1355	2926	6705	7915	7953	7991	9204	9242	9631
1380	2927	6707	7916	7954	7992	9205	9243	9633
1381	2928	6708	7917	7955	7993	9206	9244	9642
1382	2929	7700	7918	7956	7994	9207	9245	9684
1400	2930	7701	7919	7957	7996	9208	9246	9801
1442	2931	7702	7920	7958	7997	9209	9247	9804
1443	2944	7703	7921	7959	7998	9210	9248	9806
1502	3001	7704	7922	7960	7999	9211	9249	9807
1506	3002	7705	7923	7961	8174	9212	9250	9919
1513	3003	7706	7924	7962	8175	9213	9251	9947
1866	5001	7707	7925	7963	8326	9214	9252	9993
1868	5002	7708	7926	7964	8327	9215	9253	
1873	5201	7709	7927	7965	8400	9216	9254	
1944	5206	7712	7928	7966	8401	9217	9256	
1949	5216	7717	7929	7967	8901	9218	9257	
1956	5221	7733	7930	7968	8902	9219	9258	
1999	5222	7734	7931	7969	8903	9220	9259	

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

Attention: Adult Care Home (ACH) Providers

Adult Care Home Seminar Schedule

Seminars for adult care home providers will be held in October and November 1999. These seminars 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, please hold attendance at two people 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 are available on page 27 of this bulletin.

Wednesday, October 13, 1999
 Ramada Inn Airport Central 1
 515 Clanton Road
 Charlotte, NC

Thursday, October 21, 1999
 Martin Community College
 Kehakee Park Road
 Williamston, NC
 Auditorium

Tuesday, October 26, 1999
 WakeMed
 MEI Conference Center
 3000 New Bern Avenue
 Raleigh, NC
 Park at East Park Medical Center

Friday, October 29, 1999
 Catawba Valley Technical College
 Highway 64-70
 Hickory, NC
 Auditorium

Wednesday, November 3, 1999
 Ramada Inn
 I-85 & 62 South
 2703 Ramada Road
 Burlington, NC

Friday, November 5, 1999
 Blue Ridge Community College
 College Drive
 Flat Rock, NC
 Auditorium

Tuesday, November 9, 1999
 Four Points Sheraton
 5032 Market Street
 Wilmington, NC

Wednesday, November 17, 1999
 Ramada Inn Plaza
 3050 University Parkway
 Winston-Salem, 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 _____

(Limit 2 per facility) (location) (date)

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

Attention: Hospital Providers

Hospital Seminars

Hospital seminars will be held in November 1999. The October Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

Attention: Home Health Agencies

Speech-Language Pathology Coverage in Home Health

Effective October 1, 1999, use the chart on the following page to decide whether to bill a Home Health speech-language pathology visit to Medicaid. The chart is an addition to the **MEDICARE-Medicaid Chart** that begins on page 5-13 in Section 5 of the Medicaid Community Care Manual. The chart describes the speech-language pathology services covered under Medicaid Home Health and provides guidance on when Medicare must be billed for a dually-eligible patient. Whenever you bill Medicaid for a dually-eligible patient, you are stating that you are billing for only those services allowed by Medicaid policy as described in this chart.

1. **If the patient is Medicaid only**, the speech-language pathology services in the chart may be billed to Medicaid if the visit meets all other Medicaid requirements.
2. **If the patient has Medicare**, follow the instructions in the "Bill First" column.
 - a. If "MEDICARE" is in the column, you must bill Medicare for the service. Medicaid may not be billed.
 - b. If "*Medicaid*" is in the column, you may bill Medicaid without billing Medicare first. For these situations, you do not have to maintain documentation that Medicare does not cover the service.

Billing Medicaid for services that should be billed to Medicare may result in recoupment of the Medicaid payments as well as other actions by DMA.

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

MEDICARE – Medicaid CHART (10/1/99 Addition)	
Speech-Language Pathology Visits	Bill First
<p>1. For a patient who has a need for speech-pathology services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. Usual situations in which the coverage applies include the following:</p> <ul style="list-style-type: none"> a. The skills of a speech-language pathologist are required for the assessment of a patient's rehabilitation needs (including the causal factors and the severity of the speech and language disorders), and rehabilitation potential. Re-evaluation would only be considered reasonable and necessary if the patient exhibited a change in functional speech or motivation, clearing of confusion or the remission of some other medical condition that previously contraindicated speech-language pathology services. Where a patient is undergoing restorative speech-language pathology services, routine re-evaluations are considered to be a part of the therapy and could not be billed as a separate visit. b. The services of a speech-language pathologist would be covered if they are needed as a result of an illness or injury and are directed towards specific speech/voice production. c. Speech-language pathology would be covered where the service can only be provided by a speech-language pathologist and where it is reasonably expected that the service will materially improve the patient's ability to independently carry out any one or combination of communicative activities of daily living in a manner that is measurably at a higher level of attainment than that prior to the initiation of the services. d. The services of a speech-language pathologist to establish a hierarchy of speech-voice-language communication tasks and cueing that directs a patient toward speech-language communication goals in the plan of care would be covered speech-language pathology services. e. The services of a speech-language pathologist to train the patient, family or other caregivers to augment the speech-language communication treatment, or to establish an effective maintenance program would be covered speech-language pathology services. f. The services of a speech-language pathologist to assist patients with aphasia in rehabilitation of speech and language skills are covered when needed by a patient. g. The services of speech-language pathologist to assist patients with voice disorders to develop proper control of the vocal and respiratory systems for correct voice production are covered when needed by a patient. 	MEDICARE
<p>2. For a patient with dysphagia who has achieved partial restoration of function, but is not expected to experience further measurable gains from active treatment; however, the patient has a significant potential for loss of functional swallowing resulting in deterioration of the patient's oral intake. Visits are needed solely to review and upgrade food consistencies. Usually, the need is expected to be met within one certification period and involve no more than six visits (two to three per month in one certification period).</p>	<i>Medicaid</i>
<p>3. For a patient with apraxia who has achieved partial restoration of function, but is not expected to experience further measurable gains from active treatment; however, the patient has a significant potential for loss of functional communication. Visits are needed solely to review and upgrade a communication home program. Usually, the need is expected to be met within one certification period and involve no more than nine visits (one per week).</p>	<i>Medicaid</i>

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Attention: Independent Practitioners (IPs)

Independent Practitioner Seminar Schedule

Seminars for independent practitioners will be held in October 1999. These seminars will focus on claim filing information, procedure codes, completing the treatment authorization and summary form (ICY 86), and clinical issues. Physical Therapists, Occupational Therapists, Respiratory Therapists, Audiologists, and Speech/Language Therapists who render services to recipients under 21 years of age would benefit from this workshop.

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.

Tuesday, October 5, 1999

Four Points Sheraton
5032 Market Street
Wilmington, NC

Friday, October 8, 1999

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Tuesday, October 12, 1999

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Monday, October 18, 1999

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

(cut and return registration form only)

Independent Practitioner 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 Services
EDS
P.O. Box 300009
Raleigh, NC 27622

Attention: Current users of NECS Software

NCECS Seminar Schedule

Seminars for NCECS providers will be held in October 1999. These seminars will introduce providers to the new software. The software functions very much like the current NECS software; however, there are some differences in how one navigates among the screens. Instruction on navigation, the creation of local files, the creation of diskettes and transmission procedures will be discussed and demonstrated. The software will be distributed to providers' offices prior to these classes. The individuals who will actually be using the software should attend these classes.

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 12:00 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.

Wednesday, October 6, 1999
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Wednesday, October 13, 1999
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Tuesday, October 19, 1999
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Park Medical Center

Thursday, October 21, 1999
Ramada Inn Airport Central 1
515 Clanton Road
Charlotte, NC

(cut and return registration form only or Fax to 919-859-9703)

NCECS 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: ECS Department
EDS
P.O. Box 300009
Raleigh, NC 27622

Directions to the IP, ACH and NCECS Seminars

The registration forms for the IP, ACH, NCECS workshops are on pages 21, 25 & 26 of this bulletin.

CHARLOTTE, NORTH CAROLINA

RAMADA INN AIRPORT CENTRAL I

Wednesday, October 13, 1999 (ACH Seminar)

Thursday, October 21, 1999 (NCECS Seminar)

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

WILLIAMSTON, NORTH CAROLINA

MARTIN COMMUNITY COLLEGE

Thursday, October 21, 1999 (ACH Seminar)

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

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER

Tuesday, October 26, 1999 (ACH Seminar)

Monday, October 18, 1999 (IP Seminar)

Tuesday, October 19, 1999 (NCECS Seminar)

Directions to the Parking Lot:

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 to the conference facility. Vehicles will be towed if not parked in appropriate parking spaces designated for the Conference Center.

Directions to Conference Center - Parking Lot:

Cross the street and ascend steps from sidewalk up to Wake County Health Department. Cross Health Department parking lot and ascend steps (blue handrail) to MEI Conference Center. Entrance doors at left.

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE

Friday, October 29, 1999 (ACH Seminar)

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.

BURLINGTON, NORTH CAROLINA

RAMADA INN

Wednesday, November 3, 1999 (ACH Seminar)

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.

FLAT ROCK, NORTH CAROLINA

BLUE RIDGE COMMUNITY COLLEGE

Friday, November 5, 1999 (ACH Seminar)

Friday, October 8, 1999 (IP Seminar)

Wednesday, October 6, 1999 (NCECS Seminar)

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.

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON

Tuesday, November 9, 1999 (ACH Seminar)

Tuesday, October 5, 1999 (IP Seminar)

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

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA

Wednesday, November 17, 1999 (ACH Seminar)

Tuesday, October 12, 1999 (IP Seminar)

Wednesday, October 13, 1999 (NCECS Seminar)

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

Checkwrite Schedule

September 8, 1999
September 14, 1999
September 21, 1999
September 30, 1999

October 12, 1999
October 19, 1999
October 28, 1999

November 9, 1999
November 16, 1999
November 24, 1999

Electronic Cut-Off Schedule *

September 3, 1999
September 10, 1999
September 17, 1999
September 24, 1999

October 8, 1999
October 15, 1999
October 22, 1999

November 5, 1999
November 12, 1999
November 19, 1999

* ***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

The logo for EDS (Electronic Data Systems) is displayed in a black square with the letters "EDS" in a white, stylized, italicized font.

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