



# North Carolina Medicaid Bulletin

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

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## Attention: All Providers

# Renovation of the MMIS System – Identification Tracking Measurement Enhancement (ITME) Project

The Division of Medical Assistance (DMA) is upgrading and enhancing the Medicaid Management Information System (MMIS). The goals of the renovation, as noted in the April, 2000 Bulletin, are:

- more efficient claims processing
- improved flexibility to administer special programs and experiment with new methods for program oversight
- begin use of web-based technologies

The enhancements will include minimal changes to the Remittance and Status Advice (RA), submission of adjustment requests, prior approval, and voice response and eligibility verification systems.

Changes to the following parts are detailed in the Provider Impact section of this article.

### **Part I - Remittance and Status Advice**

### **Part II - Adjustment Requests – NEW FORM**

### **Part III - Prior Approval (PA)**

### **Part IV - Automated Voice Response (AVR) System and Eligibility Verification System (EVS)**

### **Implementation Schedule**

The system changes will be implemented with an effective date of December 1, 2000. The RA will reflect the changes noted in Part I beginning December 1, 2000. Part II reflects the new NC Medicaid adjustment form. Use of this form is required as of December 1, 2000. Part III provides new instructions for submitting services that have been prior approved. Part IV addresses changes to the AVR System and EVS resulting from this enhancement.

### **Provider Impact**

#### **Part I: Remittance and Status Advice (RA) - See Example 1**

RA modifications/format changes will be kept to only those that are necessary in conjunction with the ITME project. Overall, the RA will look very similar to the current format. Please note the format changes on the RA sample following this article (Example 1).

#### Addition of Financial Payer Code

A financial payer code follows the claim internal control number (ICN) in the first line of the claim data reflected on the RA. This financial payer code denotes the entity responsible for payment of the claims listed on the RA. Upon implementation, NC Medicaid will be the only financially responsible payer; therefore, the North Carolina Medicaid payer code of NCXIX (five characters) will be reflected.

Addition of Population Group Payer Code

The RA reflects the population payer code for each claim detail. The population payer code is printed at the beginning of each claim detail line on the RA. The population payer code denotes the special program/population group from which a recipient is receiving Medicaid benefits. Examples of population payer codes are as follows:

Code	Name	Description
CA-I	Carolina ACCESS	All recipients enrolled in Medicaid's Carolina ACCESS program
CA-II	ACCESS II	All recipients enrolled in Medicaid's ACCESS II program
CAB	ACCESS III – Cabarrus County	All recipients enrolled in Medicaid's ACCESS III program for Cabarrus County
PITT	ACCESS III – Pitt County	All recipients enrolled in Medicaid's ACCESS III program for Pitt County
HMOM	Health Management Organization (HMO)	All recipients enrolled in Medicaid's HMO program
NCXIX	Medicaid	All recipients not enrolled in any of the above noted population payer programs. Any recipient not identified with Carolina ACCESS, ACCESS II, ACCESS III, or HMO will be assigned the NCXIX population payer code to identify them with the Medicaid fee-for-service program.

Other population payers may be designated by DMA in the future.

Addition of new totals following the current claim total line

An additional line is added following each claim total line of the paid and denied claim sections of the RA for the following claim types: Medical (J), Dental (K), Home Health, Hospice and Personal Care (Q), Medical Vendor (P), Outpatient (M), and Professional Crossover (O). This additional line reflects original claim billed amount, original claim detail count, and total number of financial payers. Upon implementation in December 2000, NC Medicaid will be the only financial payer; these new totals will reflect the submitted claim totals.

These additional totals do not appear for claim types Drug (D), Inpatient (S), Nursing Home (T), and Medicare crossover (W) since they are not processed at the claim detail level and will not have multiple financial payers assigned, based on current NC Medicaid billing policy.

Addition of a new summary page at end of RA

For each Medicaid population payer identified on the paper RA, a new summary page showing total payments by population payer is provided at the end of the RA. This provides population payer detail information for tracking and informational purposes.

New specifications for Tape RA

Updated specifications have been mailed to all Tape RA Providers. If you are currently receiving a Tape RA and have not received the updated specifications, or have questions regarding the changes, please contact Glenda Raynor, Manager of EDS Electronic Commerce Services, at 919-851-8888 extension 5-3099.

**Part II: Adjustment Requests – NEW FORM (Example 2)**

The North Carolina Medicaid program will begin using a new RA format in December, 2000. This new format affects the way adjustment request forms are completed by the provider and processed by EDS. The appropriate “financial payer” information found on the new RA will be required on all adjustment request forms after December 1, 2000. DMA and EDS have implemented a new adjustment request form to help with these changes. One of the predominant changes is in the “claim number” field. This area is now identified with twenty boxes, each box for one number of the referenced claim number. Until December 1, 2000, there will be five empty boxes at the end of the claim number. After the December 1, 2000 implementation of the MMIS enhancements, these spaces will be used for the financial payer code information. Providers may begin using this new adjustment request form now if it facilitates implementing these changes. (Refer to example of claim field below.) Please contact EDS Provider Services with questions about the new format and processing of an adjustment request.

Claim # field on Adjustment form from RA prior to December 1, 2000:

Claim #: 

#	#	#	#	#	#	#	#	#	#	#	#	#	#	#					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Claim # field on Adjustment form from RA after December 1, 2000:

Claim #: 

#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	N	C	X	I	X
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**Part III: Prior Approval (PA)**

Effective December 1, 2000, entering the prior approval number on the claim form by the provider to receive payment for services rendered will no longer be required. This holds true for all prior approved Medicaid services, regardless of the entity giving the prior approval.

Prior approval requirements and the criteria for approval of services have not changed. Those services that previously required prior approval before the implementation of the enhanced MMIS will continue to require prior approval. If a service was approved prior to December 1, 2000 but was not provided or billed until after December 1, 2000, the original prior approval is still valid. The MMIS will verify that prior approval was obtained before claims payment can occur. If the services being submitted on the claim form require prior approval, and approval has not been obtained, that claim will be denied. The only change is that the input of the prior approval number is no longer required on the claim form by the provider as of December 1, 2000.

**Part IV: Automated Voice Response (AVR) System and Eligibility Verification System (EVS)**

These systems will be enhanced with new messages that will explain under which special Medicaid program or programs a recipient is enrolled as a participant. Additional information regarding these system enhancements will be provided in subsequent bulletin articles.

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

EXAMPLE 1

**NORTH CAROLINA MEDICAID  
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
ANYWHERE NC 22222

280767  
PAGE 1

PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		1		
NAME	SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES				
RECIPIENT ID	FROM	TO														
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY										
<b>PAID CLAIMS MEDICAL</b>																
JONES MARY 98888888A	D CO=81 RCC=			CLAIM NUMBER=101999165181580NCXIX												
NCXIX	06011999	06011999	1 3	99244	OUTPT. CONSULT, SEVERE- PHY 25	23000	11029	11971	00	11971	00	11971	534			
NCXIX	06011999	06011999	1 3	93526	COMB RT HEART CATHETERIZATI 26	130000	00	130000	00	130000	00	130000	99			
NCXIX	06011999	06011999	1 3	93543	INJECTION FOR HEART X-RAY	25100	22328	2772	00	2772	00	2772	98			
NCXIX	06011999	06011999	1 3	93545	INJECTION FOR HEART X-RAY	42500	39585	2915	00	2915	00	2915	98			
NCXIX	06011999	06011999	1 5	93555	IMAGING SUPERVISION, INTERP 26	26000	22581	3419	00	3419	00	3419	98			
NCXIX	06011999	06011999	1 5	93556	IMAGING SUPERVISION, INTERP 26	36500	32438	4062	00	4062	00	4062	98			
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	283100	127961	155139	00	155139
ORIGINAL BILLED AMOUNT=			2831.00			ORIGINAL DETAIL COUNT=		6	TOTAL FINANCIAL PAYERS=		1					
MOORE JOE 99977777A	D CO=77 RCC=			CLAIM NUMBER=101999170192650NCXIX												
NCXIX	05311999	05311999	4 3	84520	UREA NITROGEN; QUANTITATIVE	2000	1061	939	00	939	00	939	2955			
NCXIX	05311999	05311999	1 3	82565	CREATININE; BLOOD	2300	2300	00	00	00	00	00	2954			
NCXIX	05311999	05311999	1 3	84132	POTASSIUM SERUM	2000	2000	00	00	00	00	00	2954			
NCXIX	05311999	05311999	1 3	85014	BLOOD COUNT; OTHER THAN SPU	1400	1073	327	00	327	00	327	98			
NCXIX	05311999	05311999	1 3	85018	HEMOGLOBIN	1800	1473	327	00	327	00	327	98			
NCXIX	06011999	06011999	1 3	93010	ELECTROCARDIOGRAM REPORT	3500	2491	1009	00	1009	00	1009	534			
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	13000	10398	2602	00	2602
ORIGINAL BILLED AMOUNT=			130.00			ORIGINAL DETAIL COUNT=		6	TOTAL FINANCIAL PAYERS=		1					
2	CLAIMS		15	MEDICAL	*****		138359	157741	00	157741	00	157741				
****-->	TOTAL PAID CLAIMS			2 CLAIMS		296100	138359	157741	00	157741	00	157741				

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NAME	SERVICE DATES	DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-						
RECIPIENT ID	FROM	TO	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION						
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS		CHARGES		CODES						
<b>ADJUSTED CLAIMS</b>																	
<b>PROFESSIONAL ADJUSTMENT</b>																	
BARNES LARRY D CO=43 RCC= CLAIM NUMBER=901999183001888NCXIX **ADJ**DEBIT TO 101998100300888NCXIX																	
977788888A								PAID 12231998	ATTN PROV=		8926						
NCXIX	08131998	08141998	2 3 99232 HOSP VISIT, MODERATE. PHYS	18200	8096	10104	8083	2021	00	2021	8926						
86 ADJUSTMENT OF CLAIM NCXIX 101998100300888 MED REC=00009033333																	
21 DUPLICATE OF CLAIM NCXIX 101999046666666 PAID 03011999																	
NCXIX	08171998	08171998	1 3 99231 HOSP VISIT, STABLE. PHYS T	5900	2474	3426	2741	685	00	685	8926						
86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																	
NCXIX	18181998	08181998	1 3 99232 HOSP VISIT, MODERATE. PHYS	9100	4048	5052	4042	1010	00	1010	8926						
86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																	
NCXIX	08191998	08191998	1 3 99238 HOSPITAL DISCHARGE DAY MANA	10200	4227	5973	4778	1195	00	1195	8926						
86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																	
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00				43400	18845	24555	19644	4911	00	4911							
1	CLAIMS		5	PROFESSIONAL ADJUSTMENT		43400	18845	19644	00	4911							
****--> TOTAL ADJUSTED CLAIMS				1	CLAIMS	43400	18845	19644	00	4911							

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NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES
<b>DENIED CLAIMS MEDICAL</b>												
JONES JERRY D CO=77				CLAIM NUMBER=901999197050025NCXIX								
97777777A				MED REC= 00006100000						ATTN PROV= 8910000		
NCXIX	11091998	11091998	1 3	86316 TUMOR ANTIGEN IMMUNOASSAY	8200	5324	2876	00	00	00	00	21
21 DUPLICATE OF CLAIM NCXIX 10199904777777 PAID 0531999												
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 8200 5324 2876 00 0 00 0												
ORIGINAL BILLED AMOUNT= 82.00 ORIGINAL DETAIL COUNT= 1 TOTAL FINANCIAL PAYERS= 1												
PERRY JOHNNY A CO=48				CLAIM NUMBER=901999172168421NCXIX								
94444444B				MED REC= 10455555						ATTN PROV= 7924000		
NCXIX	06081999	06081999	1 3	99213 OV ESTAB. PT, MODERATE. PHYS	6200	6200	00	00	00	00	00	270
NCXIX	06081999	06081999	1 3	82962 BLOOD GLUCOSE BY MONITORING D Q4	1300	1300	00	00	00	00	00	270
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 7500 7500 00 00 00 00 00												
ORIGINAL BILLED AMOUNT= 75.00 ORIGINAL DETAIL COUNT= 2 TOTAL FINANCIAL PAYERS= 1												
2 CLAIMS 3 MEDICAL ***** 15700 12824 2876 00 00 00												
****--> TOTAL DENIED CLAIMS 2 CLAIMS 15700 12824 2876 00 00 00												

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NAME		SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES		
RECIPIENT ID		FROM TO													
POPULATION GROUP		MM	DD	CCYY	MM	DD	CCYY	UNITS							

CLAIMS IN PROCESS - THESE CLAIMS ARE BEING PROCESSED AS LISTED  
PROFESSIONAL

945751888A	GARRETT	JOE	R09081998	09111998	CLAIM= 101999167167167	NCXIX	23600		MED REC= 00006655555				102
901200000A	MCCONNELL	JERRY	04281999	04281999	CLAIM= 101999155166144	NCXIX	26500		MED REC= 00009160000				102
900534500A	SHEPHERD	DAVID	J11011998	11011998	CLAIM= 101999167111111	NCXIX	3500		MED REC= 00006644444				102
945999200A	BEAN	ALICE	J02011999	02011999	CLAIM= 101999134988888	NCXIX	223		MED REC= 00004333333				101
249666666A	BROWN	WADE	01141999	01141999	CLAIM= 901999155555555	NCXIX	1047		MED REC= 00009588888				101
252645999A	DIXON	EDNA	07121998	07121998	CLAIM= 901999160999999	NCXIX	1370		MED REC= 00004444444				101

6 CLAIMS PROFESSIONAL \*\*\*\*\* 56240

\*\*\*\*--> TOTAL PENDING CLAIMS 6 CLAIMS 56240

FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY

RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H <100%	TXF IND	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB	
ADJUSTMENTS NEGATIVE												
PRINCIPAL												
JONES MIRA 900846721Q	09/01/1999 11/15/1999	931999307990020 1999309750040	NCXIX NCXIX	1999254751630 1999254751631	NCXIX NCXIX	99% N	N	50000 50000	50000 00	00 50000	0112	
						SUB TOTAL:		50000	50000	00	00	50000
INTEREST												
MOORE JOHN 976542318P	08/01/1999 10/20/1999	931999400500040 1999293502360	NCXIX NCXIX	1999254751631	NCXIX	N	N	1627 1627	1627 00	00 1627	2256	
						SUB TOTAL:		3702	3702	00	00	3702
						TOTAL PPI:		53702	53702	00	00	53702

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NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES
<b>FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY</b>												
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	REFUND CCN/ ORIGINAL CCN/ICN	AR CCN	REFUND AMOUNT (A)	BAL FROM PRIOR CYCLE (B)	\$ APPLIED THIS CYCLE (C)	ENDING BALANCE (B-C=E) (E)	EOB				
<b>REFUNDS</b>												
INMAN WILLI 246705500A	04/22/1998 05/03/1999	1999153000002NCXIX 101999109666666NCXIX		4359	4359	517	3842	2242				
ROPER JOE 246705500A	03/28/1998 02/01/1999	1999177400050NCXIX 101999204772555NCXIX		2755	2755	2755	00	2242				
<b>TOTAL:</b>				7114	7114	3272	3842					
(TOTAL OF COLUMN C=TO CREDIT AMOUNT ON CLAIMS PAYMENT SUMMARY PAGE)												
<b>TOTAL FINANCIAL ITEMS</b>				5	*****	60816	60816	56974				

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PROVIDER NUMBER 8900000		REPORT SEQ. NUMBER 21		DATE 10/27/1999		PAGE 6					
NAME	SERVICE DATES	DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANATION CODES
RECIPIENT ID	FROM	TO									
POPULATION GROUP	MMDDCCYY	MMDDCCYY	UNITS								
<b>CLAIMS PAYMENT SUMMARY EFT NUMBER 123456</b>											
	<b>CLAIMS PAID</b>	<b>A PAID CLAIMS AMOUNT</b>	<b>B WITHHELD AMOUNT(*)</b>	<b>C NET PAY AMOUNT (A-B)</b>	<b>D CREDIT AMOUNT</b>	<b>E NET 1099 AMOUNT (C-D)</b>	<b>F IRS WITHHELD AMOUNT</b>	<b>G POS &amp; EDI</b>	<b>H OTHER W/H</b>	<b>I ADJUSTED (NET PAY (C-F-G-H))</b>	
CURRENT PROCESSED	5	1626.52	.00	1626.52	32.72	1593.80	.00	.00	.00	1626.52	
YEAR-TO-DATE TOTAL	12	5000.00	.00	5000.00	32.72	4967.28	.00	.00	.00	5000.00	
1099 INFORMATION 1099 - THIS INFORMATION IF BEING FURNISHED TO THE INTERNAL REVENUE SERVICE											
PROVIDER TAX ID: 62-2222222			PROVIDER TAX NAME: XYZ CORPORATION								
PAYER ID: ELECTRONIC DATA SYSTEMS CORPORATION, PO BOX 30968 RALEIGH, NC 27622 #75-2548211											
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:											
EDS PO BOX 300009 RALEIGH, NORTH CAROLINA 27622											
CLIA - NONE ASSIGNED UPIN - NONE ASSIGNED											
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT											
98 FEE ADJUSTED TO MAXIMUM PAYABLE											
99 PAID AS BILLED											
101 PENDING NORMAL IN-HOUSE PROCESSING											
102 PENDING IN-HOUSE REVIEW											
112 CHECK AMOUNT REDUCED BY RECOUPMENT AMOUNT											
270 BILLING PROVIDER IS NOT THE RECIPIENT'S CAROLINA ACCESS PCP. CONTACT THE PCP FOR AUTHORIZATION; PUT AUTHORIZATION NUMBER IN BLOCK 19 ON THE HCFA-1500 OR FORM LOCATOR 11 OF THE UB-92											
534 COPAY PREVIOUSLY DEDUCTED FOR THIS DATE OF SERVICE											
2242 REFUND APPLIED TO OUTSTANDING PRINCIPAL, PENALTY, AND INTEREST BALANCES (REFER TO WRITE-OFF EOB). 1099 CREDITED FOR RETURN OF MEDICAID PAYMENTS											
2954 REIMBURSEMENT WAS MADE ON PREVIOUSLY PAID DETAIL. PAYMENT IS DETERMINED BY # OF AUTOMATED TESTS BILLED. PAYMENT OF # OF UNITS ARE REFLECTED ON 1ST DETAIL. SEE 5/98 BULLETIN.											
2955 PAYMENT REDUCED TO EQUAL THE NUMBER OF AUTOMATED LAB TESTS BILLED FOR THIS RECIPIENT. ADDITIONAL PAYMENT WAS MADE ON A PREVIOUSLY PAID DETAIL. SEE 5/98 BULLETIN <b>10</b>											
8926 ALLOWABLE REDUCED FOR OTHER INSURANCE PAYMENT											

EXAMPLE 1

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280767

PROVIDER NUMBER <b>8900000</b>		REPORT SEQ. NUMBER <b>21</b>			DATE <b>10/27/1999</b>		PAGE <b>7</b>					
NAME	SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID	FROM	TO										
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY						

\*\*\*\*\*  
\* SPECIAL NOTE: IF YOUR REMITTANCE ADVICE IS TEN PAGES OR MORE AND YOU ARE DUE A PAPER CHECK FOR CLAIMS REIMBURSEMENT, YOUR  
\* CHECK WILL BE MAILED IN A SEPARATE ENVELOPE.  
\*\*\*\*\*

EXAMPLE 1

**NORTH CAROLINA MEDICAID  
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
ANYWHERE NC 22222

280767  
PAGE 8

PROVIDER NUMBER <b>8900000</b>		REPORT SEQ. NUMBER <b>21</b>		DATE <b>10/27/1999</b>		PAGE <b>8</b>						
NAME	SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID	FROM	TO										
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS					

**TOTALS BY POPULATION GROUPING:**

POPULATION GROUPING NUMBER	POPULATION CURRENT GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT
NCXIX	MEDICAID	1626.52	3000.00
CA-I	CCN1	0	1100.00
CA-II	CCN2	0	900.00
<b>TOTAL PAID</b>		<b>1626.52</b>	<b>5000.00</b>



## Attention: All Providers

# Modifications to the Automated Voice Response System through the ITME Project

Modifications will be made to the Automated Voice Response (AVR) System to accommodate the enhancements to the North Carolina Medicaid Management Information System (NCMMIS) through the Identification Tracking and Measurement Enhancement (ITME) Project. The modifications will be implemented on November 30, 2000. These modifications to the AVR system will have minimal impact on the provider community. The AVR system will be modified to provide requested information found for all financial payers and population group codes. The requested information will be provided based on the provider and the recipient enrollment. Both the provider and the recipient must be enrolled in the same population group on the date of service in order for information to be provided. Information entered by the provider will not change, and a valid Medicaid provider number will still be required to access the system.

Some messages will include new terminology with the modifications made to the AVR system. The following is a general glossary of ITME terms.

- 1. ITME** – Identification Tracking and Measurement Enhancement – the enhancement to the NCMMIS to support multiple state-sponsored waiver program initiatives.
- 2. Financial Payer** – The entity that is financially responsible for paying a claim. A financial payer may divide its population into smaller population groups to manage them more effectively. The financial payer is responsible for payment for services covered by all of its population groups that are not financially responsible. Medicaid will be the only financial payer when NCMMIS ITME modifications are implemented. Other financial payers will come on line at a later date.
- 3. Population Group** – The entity deemed responsible for the management of a particular section of the recipient population. The population group on a claim is determined by a combination of recipient eligibility, provider eligibility, and service coverage. Population groups may or may not be financially responsible for payment of claims. When ITME is implemented, six population groups will be identified within Medicaid (Carolina ACCESS, ACCESS II, ACCESS III for Pitt County, ACCESS III for Cabarrus County, HMO for Health Maintenance Organizations, and straight Medicaid). Population groups may have unique processing and eligibility rules.
- 4. Recipient Enrollment Information** – Information for each recipient available in the enrollment file. Recipients will have an enrollment segment for each population group with whom they are enrolled, so a recipient can have multiple enrollment records. Once the AVR system is modified, an option to check a recipient's enrollment information will be included in the eligibility section. This will return all population groups that the recipient is enrolled with on the inquired date of service.

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

## Attention: Home Health Agencies, Private Duty Nursing Providers, Community Alternatives Program (CAP) Case Managers

### Use of HCPCS Code W4655 – Covered Supplies Not Elsewhere Classified

Post-payment reviews by Program Integrity indicate that HCPCS code W4655 on the Home Health fee schedule is being used incorrectly. Some providers are billing supplies that are used with Durable Medical Equipment (DME) rentals and Home Infusion Therapy (HIT) equipment to this code. Items billed in error include IV administration sets for ambulatory infusion pumps, administration supplies for pumps used for enteral and parenteral nutrition, and administration supplies for drug therapy. **HCPCS code W4655 may not be used to bill Medicaid for DME- or HIT-related supplies.**

HCPCS code W4655 allows billing for nonlisted home health supplies that meet Medicaid coverage criteria. Supplies must meet the requirements listed in Section 5.1.6 of the Community Care Manual. An item is covered when the following criteria are met:

- The supply is medically reasonable and necessary for treatment of the patient's illness or injury and has a therapeutic or diagnostic purpose for a specific patient. This requirement excludes items furnished for comfort or convenience. Supplies such as soaps, shampoos, lotions, and skin conditioners that are used by persons who are not ill or injured are not covered.
- The physician specifically orders the supply in the plan of care. However, the physician's order in itself does not ensure that the item is medically necessary in the context of Medicaid coverage. The order only allows the provider to bill if it meets Medicaid requirements.
- The supply is an item that is not routinely furnished as part of patient care. Minor medical and surgical supplies routinely used in patient care such as alcohol wipes, applicators, lubricants, thermometers, and thermometer covers may not be billed individually to Medicaid. These items are considered to be an agency overhead cost.

"Covered supplies" means the item is considered a Home Health supply by Medicaid. Drugs, biological products, medical equipment, orthotics and prosthetics, and nutritional supplements are not considered Home Health supplies.

"Not elsewhere classified" means that the supply is not on the DME fee schedule (including DME-related supplies) or the HIT fee schedule, and does not have an existing code on the Home Health fee schedule.

When using HCPCS code W4655 providers must bill their usual and customary rate. Billing Medicaid for supplies that do not meet coverage requirements may result in recoupment of payments.

**Dot Ling, Medical Policy  
DMA, 919-857-4021**

**Attention: All Physicians****Update to Injectable Drug List**

Effective with date of service October 1, 2000, the following changes are made to the list of injectable drugs billable in a physician's office when administered for the FDA-approved indications.

**Changes:**

<b>New Code</b>	<b>Description</b>	<b>Old Code</b>	<b>Description</b>	<b>Maximum Reimbursement Rate</b>
J9170	Docetaxel 20 mg	W5158	Taxotere 20 mg	\$269.47
J9170	Docetaxel 20 mg	W5159	Taxotere 80 mg	\$269.47
J9350	Topotecan 4 mg	W5168	Hycamtin 4 mg	\$572.32
J1885	Ketorolac tromethamine per 15mg	W5171	Ketorolac tromethamine 30 per mg	\$5.46
J1885	Ketorolac tromethamine per 15 mg	W5172	Ketorolac tromethamine per 60 mg	\$5.46
J0286	Amphotericin B, any Lipid fomulation 50 mg	W5189	Amphotericin B, Lipid Complex (Abelcet) 100 mg	\$90.25
W5198	Sandostatin (Octreotide Acetate) 50 mcg	W5198	Sandostatin (Octreotide Acetate) 100 mcg	\$4.70

**Additions:**

<b>New Code</b>	<b>Description</b>	<b>Maximum Reimbursement Rate</b>
J0456	Azithromycin (Zithromax) 500 mg, injectable	\$22.06
J2352	Octreotide Acetate (Sandostatin LAR Depot) 1mg (Special pricing per 10mg or 20mg)	\$1283.47

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

## Attention: All Prescribers

# C

## Conversion from UPIN Numbers to DEA Numbers

The Division of Medical Assistance (DMA) is now requiring DEA numbers on all recipient claims instead of UPIN numbers. Providers must have their DEA registration number on file. Failure to do so may result in denied claims. If a prescriber does not have a DEA number and needs to issue prescriptions to recipients served by the Medicaid program, the prescriber should contact the DUR Section at 919-733-3590.

An identification number (ID) will be issued in lieu of the DEA number. The ID number, following the same format as the DEA number, will always begin with a Z (for example, ZF1234567). Prescribers will need to enter this number on their Medicaid prescriptions. This number is referred to as a MEDICAID IDENTIFICATION NUMBER only and should not be referred to as a DEA number.

If EDS Provider Enrollment does not have your updated information, please copy, complete, and return the following form for each prescriber in your practice. Please send the information to the following address:

EDS Provider Enrollment Unit  
P.O. Box 300009  
Raleigh, North Carolina 27622

FAX, 919-851-4014

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

### DEA NUMBER:

Provider Name \_\_\_\_\_

Medicaid Provider Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

DEA Number \_\_\_\_\_

Or

Medicaid Identification Number \_\_\_\_\_

**Sharman Leinwand, DUR Coordinator with Program Integrity**  
**DMA, 919-733-3590 ext. 229**

## Attention: All Providers

### Where to Obtain Copies of the Federal Register

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of standards for numerous electronic health care transactions and administrative simplifications by the Medicaid program. These standards are published in the Federal Register, the official daily publication for rules, proposed rules, and notices of federal agencies and organizations.

Copies of the Federal Register are available at a cost of \$8.00 per issue. To order copies of the Federal Register, send your request to:

New Orders  
Superintendent of Documents  
P.O. Box 371954  
Pittsburgh, PA 14250-7954

Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your VISA or MasterCard number and expiration date. Credit card orders may also be placed by calling the order desk at 202-512-1800 or by faxing requests to 202-512-2250.

Photocopies of the Federal Register can be made at most libraries designated as Federal Depository Libraries and at many other public and academic libraries. The Federal Register is also available online at:

[http://www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html)

Information about the administrative simplification provisions of HIPAA, proposed rules, and comments can be found at:

<http://aspe.hhs.gov/admsimp/>

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

## Attention: Physicians, Health Departments, Nurse Practitioners, Nurse Midwives, Rural Health, and FQHC Providers

### Norplant Insertion Kit

Effective on date of service July 1, 2000 the Norplant insertion kit procedure code W5135 was replaced with procedure code A4260. Please refer to page 14 of the May 2000 bulletin for detailed information on Implantable Contraceptive Capsules.

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

## Attention: Durable Medical Equipment (DME) Providers

### New Coverage Criteria for Code E0747, Non-Invasive Electrical Osteogenesis Stimulators for Non-Spinal Applications

Effective with date of service October 1, 2000, the following **newly established** coverage criteria will be used to establish medical necessity for code E0747, osteogenesis stimulator, electrical, non-invasive, other than spinal applications:

1. Non-union of a long bone fracture defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator, OR
2. Failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery, OR
3. Congenital pseudarthrosis.

Non-union of a long bone fracture must be documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 days, each including multiple views of the fracture site, and with a written interpretation by a physician stating that there has been no evidence of fracture healing between the two sets of radiographs.

A long bone is a clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal.

Prior approval of code E0747 is required.

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

## Attention: All Providers

### Physical Therapy, Occupational Therapy, Speech Therapy, and Developmental Evaluation Center Services

Effective with date of service October 1, 2000, Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) services provided to **children ages 0 through 5 will be included** in the capitation rates paid to the HMOs that participate in the Medicaid program. The HMOs will now be responsible for reimbursement of these services.

Developmental Evaluation Center Services **will continue to be excluded** from the HMO's capitation rates and Medicaid should be billed directly for these services.

**Melanie Watkins, RN, Managed Care Section  
DMA, 919-857-4231**

## Attention: Hospital and Physician Providers

### Out-of-State Prior Approval Procedure for Acute and Rehabilitation Hospital Care

Prior approval requirements must be initiated prior to the recipient's referral to the out-of-state provider.

The attending physician is responsible for obtaining prior approval **before** referring a recipient for out-of-state hospital care. Out-of-state is defined as **beyond 40 miles of the borders** of North Carolina. A written request for prior approval **must** be submitted to the EDS Prior Approval Unit. **Emergency** services can be provided to a North Carolina recipient by an out-of-state provider without meeting prior approval requirements.

The following information is required:

1. A completed "Request for Prior Approval" form (surgery or other services).
2. A letter from the North Carolina physician requesting out-of-state medical services.
3. Current medical history summary.
4. Reason why the care cannot be provided within North Carolina.
5. Name and address of the facility/provider that will provide care.
6. Anticipated duration of care.

In addition, the following guidelines apply:

1. Out-of-state facilities/providers must obtain a North Carolina provider number. The providers must contact DMA Provider Services at 919-857-4017 for information on obtaining a North Carolina provider number.
2. When prior approval is granted, it is for the specific facility requested. Prior approval cannot be transferred to another facility nor may a recipient be transferred from one out-of-state facility to another without obtaining additional prior approval for the new facility.
3. In order for the treating out-of-state provider to be paid, Carolina ACCESS (CA) providers must obtain prior approval and authorize any care the recipient receives out-of-state. The CA Primary Care Physician (PCP) must contact the out-of-state provider to authorize care and furnish the provider with the PCP authorization number to be submitted with the prior approval authorization.

**EDS Prior Approval Unit, 1-800-688-6696 or 919-851-8888**

**REQUEST FOR PRIOR APPROVAL  
NORTH CAROLINA MEDICAID PROGRAM**

MAIL TO: EDS  
P.O. BOX 31188  
RALEIGH, N.C. 27622

1. PATIENT NAME (LAST) (FIRST) (MI)			3. MEDICAID IDENTIFICATION NUMBER		
2. DATE OF BIRTH		5. DIAGNOSIS:		6. ICD 9TH EDITION	
4. MO.	DAY	YEAR	7. BRIEF SUMMARY OF CLINICAL FINDINGS:		8. (✓) TYPE OF REQUEST
					01 SURGICAL TRANSPLANT
					02 HOSPITALIZATION FOR: DENTAL EXTRACTION
					03 COSMETIC SURGERY
					04 HEARING AID
10. PROCEDURE TO BE PERFORMED			9. RETROACTIVE DATE(S) REQUESTED		
			8. FROM: MO. DA. YR.	TO: MO. DA. YR.	
			11. PROCEDURE CODE		

12. REASON PROCEDURE IS NECESSARY TO PATIENT'S HEALTH:

13. HAS PATIENT BEEN PREVIOUSLY PROVIDED WITH THIS SERVICE? \_\_\_\_\_ YES \_\_\_\_\_ NO

(a) IF YES, GIVE DATE PREVIOUS SERVICE RENDERED AND \_\_\_\_\_

(b) GIVE DATES OF ANY PREVIOUS PRIOR APPROVAL(S) GRANTED \_\_\_\_\_

14. PHYSICIAN OR DENTIST  
HEARING AID DEALER  
OPTOMETRIST \_\_\_\_\_ 16. DATE \_\_\_\_\_

SIGNATURE

15. PROVIDER'S NUMBER \_\_\_\_\_

17. PLACE OF SERVICE \_\_\_\_\_  
(SEE OTHER SIDE FOR CODE)

EDS USE ONLY	
<input checked="" type="checkbox"/> 01 APPROVAL	
<input checked="" type="checkbox"/> 02 DENIED	
REVIEWED BY _____	
DATE _____	
COMMENTS	
APPROVAL CONSTITUTES MEDICAL APPROVAL FOR SERVICES ONLY. ELIGIBILITY FOR CARE ON THE DATE(S) THE SERVICES ARE PROVIDED SHOULD BE VERIFIED FROM THE PATIENT'S MEDICAID CARD.	

18. TYPE, PRINT OR STAMP

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

← INDICATE:  
PROVIDER'S NAME AND MAILING ADDRESS TO ENSURE RETURN OF THIS FORM.

## Attention: All Providers

### Resubmission of a Previously Denied Claim

If one of the following EOBs is received and the validity is questionable, do not appeal by submitting an adjustment request. Please contact EDS Provider Services at 1-800-688-6696 or 919-851-8888. Adjustments submitted for these EOB denials will be denied with EOB 998 which states "Claim does not require adjustment processing, resubmit claim with corrections as a new day claim" or EOB 9600 which states "Adjustment denied; if claim was with adjustment it has been resubmitted. The EOB this claim previously denied for does not require adjusting. In the future, resubmit a new or corrected claim in lieu of sending an adjustment request."  
(Last Revision 06/28/00)

0002	0069	0128	0181	0236	0326	0574	0669	0825
0003	0074	0129	0182	0237	0327	0575	0670	0860
0004	0075	0131	0183	0240	0356	0576	0671	0863
0005	0076	0132	0185	0241	0363	0577	0672	0864
0007	0077	0133	0186	0242	0364	0578	0673	0865
0009	0078	0134	0187	0244	0394	0579	0674	0866
0011	0079	0135	0188	0245	0398	0580	0675	0867
0013	0080	0138	0189	0246	0424	0581	0676	0868
0014	0082	0139	0191	0247	0425	0584	0677	0869
0017	0084	0141	0194	0249	0426	0585	0679	0875
0019	0085	0143	0195	0250	0427	0586	0680	0888
0023	0089	0144	0196	0251	0428	0587	0681	0889
0024	0090	0145	0197	0253	0430	0588	0682	0898
0025	0093	0149	0198	0255	0435	0589	0683	0900
0026	0094	0151	0199	0256	0438	0590	0685	0905
0027	0095	0153	0200	0257	0439	0593	0688	0908
0029	0100	0154	0201	0258	0452	0604	0689	0909
0033	0101	0155	0202	0270	0462	0607	0690	0910
0034	0102	0156	0203	0279	0465	0609	0691	0911
0035	0103	0157	0204	0282	0505	0610	0698	0912
0036	0104	0158	0205	0283	0511	0611	0732	0913
0038	0105	0159	0206	0284	0513	0612	0734	0916
0039	0106	0160	0207	0286	0516	0616	0735	0917
0040	0108	0162	0208	0289	0523	0620	0749	0918
0041	0110	0163	0210	0290	0525	0621	0755	0919
0042	0111	0164	0211	0291	0529	0622	0760	0920
0046	0112	0165	0213	0292	0536	0626	0777	0922
0047	0113	0166	0215	0293	0537	0635	0797	0925
0049	0114	0167	0217	0294	0548	0636	0804	0926
0050	0115	0170	0219	0295	0553	0641	0805	0927
0051	0118	0171	0220	0296	0556	0642	0814	0929
0058	0120	0172	0221	0297	0557	0661	0817	0931
0062	0121	0174	0222	0298	0558	0662	0819	0932
0063	0122	0175	0223	0299	0559	0663	0820	0933
0065	0123	0176	0226	0316	0560	0665	0822	0934
0067	0126	0177	0227	0319	0569	0666	0823	0936
0068	0127	0179	0235	0325	0572	0668	0824	0940

0941	1050	1442	5001	7904	7948	7992	9211	9256
0942	1057	1443	5002	7905	7949	7993	9212	9257
0943	1058	1502	5201	7906	7950	7994	9213	9258
0944	1059	1506	5206	7907	7951	7996	9214	9259
0945	1060	1513	5216	7908	7952	7997	9215	9260
0946	1061	1866	5221	7909	7953	7998	9216	9261
0947	1062	1868	5222	7910	7954	7999	9217	9263
0948	1063	1873	5223	7911	7955	8174	9218	9264
0949	1064	1944	5224	7912	7956	8175	9219	9265
0950	1078	1949	5225	7913	7957	8326	9220	9266
0952	1079	1956	5226	7914	7958	8327	9221	9267
0953	1084	1999	5227	7915	7959	8400	9222	9268
0960	1086	2024	5228	7916	7960	8401	9223	9269
0967	1087	2027	5229	7917	7961	8901	9224	9272
0968	1091	2235	5230	7918	7962	8902	9225	9273
0969	1092	2236	6703	7919	7963	8903	9226	9274
0970	1152	2237	6704	7920	7964	8904	9227	9275
0972	1154	2238	6705	7921	7965	8905	9228	9291
0974	1156	2335	6707	7922	7966	8906	9229	9295
0986	1170	2911	6708	7923	7967	8907	9230	9600
0987	1175	2912	7700	7924	7968	8908	9231	9611
0988	1177	2913	7701	7925	7969	8909	9232	9614
0989	1178	2914	7702	7926	7970	9036	9233	9615
0990	1181	2915	7703	7927	7971	9054	9234	9625
0991	1183	2916	7704	7928	7972	9101	9235	9630
0992	1184	2917	7705	7929	7973	9102	9236	9631
0995	1186	2918	7706	7930	7974	9103	9237	9633
0997	1197	2919	7707	7931	7975	9104	9238	9642
0998	1198	2920	7708	7932	7976	9105	9239	9684
1001	1204	2921	7709	7933	7977	9106	9240	9801
1003	1232	2922	7712	7934	7978	9174	9241	9804
1008	1233	2923	7717	7935	7979	9175	9242	9806
1022	1275	2924	7733	7936	7980	9180	9243	9807
1023	1278	2925	7734	7937	7981	9200	9244	9919
1035	1307	2926	7735	7938	7982	9201	9245	9947
1036	1324	2927	7736	7939	7983	9202	9246	9993
1037	1350	2928	7737	7940	7984	9203	9247	
1038	1351	2929	7738	7941	7985	9204	9248	
1043	1355	2930	7740	7942	7986	9205	9249	
1045	1380	2931	7741	7943	7987	9206	9250	
1046	1381	2944	7788	7944	7988	9207	9251	
1047	1382	3001	7794	7945	7989	9208	9252	
1048	1400	3002	7900	7946	7990	9209	9253	
1049	1404	3003	7901	7947	7991	9210	9254	

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

## Attention: Durable Medical Equipment (DME) Providers

### Addition of Code E0748, Non-Invasive Electrical Osteogenesis Stimulator for Spinal Applications, to DME Fee Schedule

Effective with date of service October 1, 2000, non-invasive electrical osteogenesis stimulators will be added to the Capped Rental category of the DME Fee Schedule. The code, and maximum reimbursement rates are as follows:

CODE	DESCRIPTION	RENTAL	NEW	USED
E0748	osteogenesis stimulator, electrical, non-invasive, spinal applications	\$334.25	\$3342.55	\$2506.92

Providers are expected to bill their usual and customary rate.

Prior approval is required. Medical necessity must be documented on the Certificate of Medical Necessity and Prior Approval form. The patient’s medical needs must fit **one** of the following coverage criteria:

1. Failed spinal fusion where a minimum of nine months has elapsed since the last surgery, OR
2. Following a multilevel spinal fusion surgery, OR
3. Following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site.

A multilevel spinal fusion is one which involves three or more vertebrae (e.g., L3-L5, L4-S1, etc.).

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

## Attention: Hospital Providers

### Billing Emergency Room Visits Using Revenue Codes 450 and 451

The Division of Medical Assistance recognizes Revenue Codes 450 and 451 for Emergency Room visits for EMTALA screening and treatment beyond screening. EMTALA regulations require medical screening examinations to be performed when a Medicaid recipient presents to the Emergency Room. Hospitals must use Revenue Code 451 in form locator 42 on the UB-92 when only medical screening examination services are provided to a Medicaid recipient in the Emergency Room.

If the medical screening examination determines that the recipient requires stabilizing treatment, hospitals must use Revenue Code 450 in form locator 42 on the UB-92. Revenue Code 450 includes the medical screening examination and any services provided to treat/stabilize the recipient.

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

## Attention: All Providers

**T**ax Identification Information**Alert - Tax Update Requested**

North Carolina Medicaid must have the proper tax information for all providers. This ensures correct issuance of 1099 MISC forms each year and that the correct tax information is provided to the IRS. Inappropriate information on file can result in the IRS withholding 31% of a provider's Medicaid payments. Be sure the individual responsible for maintenance of tax information receives the following information.

**How to Verify Tax Information**

The last page of the Medicaid Remittance and Status Advice (RA) indicates the provider tax name and number that Medicaid has on file. Refer to the Medicaid RA throughout the year for each provider number to ensure Medicaid has the correct tax information on file. The tax information needed for a group practice is as follows: (1) Group tax name and group tax number; (2) Attending Medicaid provider numbers in the group. If a Medicaid RA is needed, call EDS Provider Services 919-851-8888 or 1-800-688-6696 to verify the tax information on file for each provider number.

Providers should complete a Special W-9 (see page 27) for all provider numbers with **incorrect** information on file. Instructions for completing the Special W-9 are listed below.

- Fill in the North Carolina Medicaid Provider Name Block (**must be completed**).
- Fill in the North Carolina Medicaid Provider Number (**must be completed**).
- Part I Correction field – Indicate tax identification number exactly as the IRS has on file for the provider's business. Do not insert a Social Security Number unless the business is a sole proprietorship or individually owned and operated.
- Part II Correction field – Indicate tax name exactly as the IRS has on file for the provider's business.
- Part III – Indicate the appropriate type of organization for the provider's business. If a Social Security Number is indicated as the tax identification number, select individual/sole proprietor as the type of organization.
- Part IV – An authorized person **MUST** sign and date this form, or it will be returned as incomplete and the tax data on file with Medicaid **will not** be updated.

**Send completed and signed forms by December 8, 2000 to:**

EDS 4905 Waters Edge Drive Raleigh, NC 27606 Attention: Provider Services	OR	FAX to 919-851-4014 Attention: Provider Services
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**Change of ownership**

Contact DMA Provider Services at 919-857-4017 to report all changes in business ownership. If necessary, a new Medicaid provider number will be assigned and Provider Services will ensure the correct tax information is on file for Medicaid payments.

If DMA is not contacted and the incorrect provider number is used, that provider will be **liable for taxes** on income not necessarily received by the provider's business. DMA will assume no responsibility for penalties assessed by the IRS or for misrouted payments prior to written receipt of notification of ownership changes.

Group practice changes

When a physician leaves or a physician is added to a group practice, contact DMA Provider Services to update Medicaid enrollment and tax information.

Remember, without notifying DMA Provider Services, the incorrect tax information could remain on file and your business could become liable for taxes on Medicaid payments you did not receive.

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



Attention: All Providers

## Correction to the August 2000 Bulletin Article “Modifier 25 and Minor Procedures”

The August 2000 bulletin article titled “Modifier 25 and Minor Procedures” indicates in example #2 that CPT code 93000, electrocardiogram, is a minor procedure with 0 to 10 postoperative days.

CPT code 93000 is **not** a minor procedure but is designated in the Relative Value System as an XXX code, which indicates the global concept does not apply. Therefore, modifier 25 does not apply to CPT code 93000 and should not be appended to the evaluation and office visit when a minor procedure or service is performed on the same day.

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

Attention: All Providers

## Venipuncture and Specimen Collection

North Carolina Medicaid reimburses for venipuncture specimen collection fee, code G0001, only to the provider who extracts the specimen. Providers billing for this collection fee must send the laboratory specimen outside their office for the test to be performed.

When the recipient is an inpatient in the hospital, venipuncture and specimen collection is included in the Diagnostic Related Grouping (DRG) payment and will not be reimbursed separately.

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

Attention: All Providers

## Reporting Electronic Commerce Services (ECS) Changes

A change in vendors or billing services by providers who are currently filing claims electronically may result in changes to the submitter identification number or billing information that is used when transmitting electronic claims. Providers are required to report these changes to the Electronic Commerce Services (ECS) unit at EDS. Contact the new vendor or billing service to obtain the submitter identification number that will be used to transmit claims. Report the change to ECS by calling 1-800-688-6696 (select option “1”). Providers are not required to complete a new ECS agreement when changing vendors or billing services.

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

## Attention: Durable Medical Equipment (DME) and Home Infusion Therapy Providers

### Rate Adjustment for Ambulatory Infusion Pump (E0781)

Effective with date of service October 1, 2000, the maximum reimbursement rate for Ambulatory Infusion Pump with administrative equipment (procedure code E0781) changed to \$8.42. This represents a daily rate.

Please make this change on the DME fee schedule published August 1, 2000.

The rate is unchanged for Home Infusion Therapy providers. Refer to the Home Infusion Therapy fee schedule published August 1, 2000.

**Debbie Barnes, Financial Operations**  
**DMA, 919-857-4015**

## Attention: Hospitals and Emergency Room Physicians

### Carolina ACCESS Emergency Room Claims Paid Prior to April 18, 2000

Claims for emergency room services with dates of service prior to April 18, 2000 that were paid with the W9922 Medical Screening Exam fee will not be adjusted. The payment of the W9922 Medical Screening Exam is considered payment in full for dates of service prior to April 18, 2000. Please refer to the September 2000 Medicaid Bulletin for additional information regarding billing changes for emergency room services.

**Terri Bruner, Managed Care Section, Quality Management Unit**  
**DMA, 919-857-4022**

### Need a Form?

*The most frequently requested Medicaid forms are now available online at:*

[www.dhhs.state.nc.us/dma](http://www.dhhs.state.nc.us/dma)

## Attention: All Prescribers

### Synagis Coverage

Synagis will be reimbursable through the pharmacy program and not the physician's program. Synagis has been approved for prevention of respiratory syncytial virus (RSV) disease in children less than 24 months of age with bronchopulmonary dysplasia (BPD) or with a history of premature birth. The drug is administered once per month during the RSV season, which has been identified as being from October 2000 to March 2001 for our state.

Below is a list of guidelines that are approved by the American Academy of Pediatrics, which must be adhered to for drug coverage to be obtained.

- Synagis prophylaxis should be considered for infants and children younger than two years with BPD that are currently receiving or have received oxygen therapy within the six months prior to the anticipated RSV season.
- Infants with a gestational age of 28 weeks or less **may** benefit from prophylaxis until 12 months of age.
- Infants with a gestational age of 29 to 32 weeks **may** benefit from prophylaxis until six months of age.
- Infants with a gestational age of 32 to 35 weeks **may** benefit from prophylaxis until 6 months of age if they are also predisposed to at least two of the following risks factors: number of young siblings, exposure to tobacco smoke in the home, child care center attendance, multiple births.
- Synagis has not been approved by the Food and Drug Administration (FDA) for patients with congenital heart disease and therefore, will not be covered by the Medicaid Program for this condition, since we can only cover FDA approved indications.
- The physician will be required to write in his own handwriting on the face of the prescription the weight and date of birth of the child. (Pharmacist will not be allowed to fill the prescription without this documentation.)
- Not every child under two years of age needs to be placed on synagis. Only those at high risk or those who already have complicated respiratory problems should be considered. Decisions regarding each patient should be individualized.

Synagis will be reimbursable from October 1, 2000 to March 31, 2001 unless it is determined that the season has changed for our state. If it is determined, upon audit of physicians and pharmacist records, that the drug is being used outside the guidelines, the Medicaid program will consider a strict prior approval on all coverage of the drug.

**Benny Ridout, R.Ph., Pharmacy Director, Medical Policy  
DMA, 919-857-4034**

## Attention: Hearing Aid Providers

**D**ispensing Fee Adjustments

The following dispensing fee adjustments are effective with the date of service August 1, 2000.

<b>Hearing Aid/Aids Supplies/Accessories</b>	<b>Code</b>	<b>Cost</b>	<b>Code</b>	<b>Fee</b>	<b>Prior Approval Required</b>
Hearing Aid (1) Monaural	V5050	Invoice	V5090	\$230.57	Yes
Hearing Aids (2) Binaural	V5130	Invoice	V5110	\$371.93	Yes
Replacement Aid (Same Model) Covered under Manufacturer's Warranty or LS&D Policy	No Charge		V5160*	\$90.69	Yes
Replacement Aid (Same Model) Not Covered under Manufacturer's Warranty or LS&D Policy	V5050	Invoice	V5160*	\$90.69	Yes
Custom Earmold	Y2170	Invoice	Y2167	\$14.06	Yes
Accessories	Y2171	Invoice	Y2168	\$7.03	Yes
Hearing Aid Repair Covered under Manufacturer's Warranty or LS&D Policy	No Charge		Y2164	\$34.76	Yes
Hearing Aid Repair Not Covered under Manufacturer's Warranty or LS&D Policy	Y2169	Invoice	Y2164	\$34.76	Yes
Initial Care Kit (Stethoscope and Forced Air Blower) Only Covered Once per Recipient	Y2173	Invoice	Y2168	\$7.03	Yes
30-Day Trial Rental Aid and Accessories	No Charge		Y2165	\$63.07	Yes
Hearing Aid Loaner (Maximum: 10 weeks)	No Charge		Y2166	\$7.03	Yes
Hearing Aid Batteries Maximum: \$35.00 per claim Allow 6 claims per 365 days	Y2172		Retail		No

\*V5160 cannot be billed if a dispensing fee is paid to the provider by the manufacturer.

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

## Attention: Optical Providers

### Optical Seminar Schedule

Seminars for Optical providers are scheduled for November 2000. These seminars will focus on Medicaid guidelines for Optical providers, billing instructions, claim form completion and follow-up, and common denials. Medicaid billing supervisors, office managers, and billing personnel are encouraged to attend.

**Due to limited seating, preregistration is required. Providers not registered are welcome to attend when reserved space is adequate to accommodate.**

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.

Directions to the sites are available on page 33 of this bulletin.

**Thursday, November 2, 2000**

Martin Community College  
Kehakee Park Road  
Williamston, NC  
Auditorium

**Wednesday, November 8, 2000**

Four Points Sheraton  
5032 Market Street  
Wilmington, NC

**Tuesday, November 14, 2000**

Ramada Inn Plaza  
3050 University Parkway  
Winston-Salem, NC

**Thursday, November 16, 2000**

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

**Tuesday, November 28, 2000**

Holiday Inn Conference Center  
530 Jake Alexander Blvd., S.  
Salisbury, NC

**Thursday, November 30, 2000**

WakeMed  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
\*See page 34 for new parking  
requirements

(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: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ Date Mailed: \_\_\_\_\_

\_\_\_\_\_ persons will attend the seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

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

## Directions to the Optical Seminars

The registration form for the Optical seminars is on page 32 of this bulletin.

### ***WILLIAMSTON, NORTH CAROLINA***

#### **MARTIN COMMUNITY COLLEGE**

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

### ***WILMINGTON, NORTH CAROLINA***

#### **FOUR POINTS SHERATON**

I-40 East into Wilmington to Highway 17 - just off I-40. Turn left onto Market Street. The Four Points Sheraton is located approximately ½ mile on the left.

### ***WINSTON-SALEM, NORTH CAROLINA***

#### **RAMADA INN PLAZA**

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

### ***HICKORY, NORTH CAROLINA***

#### **CATAWBA VALLEY TECHNICAL COLLEGE**

Take I-40 to exit 125 and go approximately ½ mile to Highway 70. Travel east on Highway 70. The college is approximately 1½ mile on the right. Ample parking is available. Entrance to Auditorium is between the Student Services and the Maintenance Center. Follow sidewalk (toward satellite dish) and turn right to Auditorium entrance.

### ***SALISBURY, NORTH CAROLINA***

#### **HOLIDAY INN CONFERENCE CENTER**

##### Traveling South on I-85:

Take exit 75 and turn right on Jake Alexander Blvd.

##### Traveling North on I-85:

Take exit 75 and turn left on Jake Alexander Blvd. Travel approximately ½ mile. The Holiday Inn is located on the right.

**RALEIGH, NORTH CAROLINA**

**WAKEMED MEI CONFERENCE CENTER**

Driving and Parking Directions

Take the I-440 Raleigh Beltline to New Bern Avenue, exit 13A (New Bern Avenue, Downtown). Travel toward WakeMed. Turn left onto Sunnybrook Road.

Parking is available at the former CCB Bank parking lot, a short walk to the conference facility. The entrance to the Conference Center is at the top of the stairs to Wake Med's Medical Education Institute.

Parking is also available on the **top two levels** of Parking Deck P3. To reach this deck, exit the I-440 Beltline, exit 13A. Proceed to the Emergency entrance of the hospital (on the left). Follow the access road up the hill to the gate for Parking Deck P3. After parking in P3, walk down the hill past the Medical Office Building and past the side of the Medical Education Institute. Turn right at the front entrance of the building and follow the sidewalk to the Conference Center entrance.

**Illegally parked vehicles will be towed.** Parking is **not** permitted at East Square Medical Plaza, Wake County Human Services, the P4 parking lot or in front of the Conference Center.

## DIVISION OF MEDICAL ASSISTANCE MAILING ADDRESSES

### **Director or Deputy Director**

Division of Medical Assistance  
2517 Mail Service Center  
Raleigh, NC 27699-2517

### **Third Party Recovery or Health Insurance**

#### **Premium Payment Program (HIPP)**

Division of Medical Assistance  
2508 Mail Service Center  
Raleigh, NC 27699-2508

### **Provider Enrollment**

Division of Medical Assistance  
2506 Mail Service Center  
Raleigh, NC 27699-2506

### **Medical Policy/Utilization Control**

Division of Medical Assistance  
2511 Mail Service Center  
Raleigh, NC 27699-2511

### **Financial Operations**

Division of Medical Assistance  
2509 Mail Service Center  
Raleigh, NC 27699-2509

### **Information Services**

Division of Medical Assistance  
2514 Mail Service Center  
Raleigh, NC 27699-2514

### **Carolina ACCESS: Managed Care**

Division of Medical Assistance  
2516 Mail Service Center  
Raleigh, NC 27699-2516

### **Community Care**

Division of Medical Assistance  
2502 Mail Service Center  
Raleigh, NC 27699-2502

### **DHHS Accounts Receivable**

Division of Medical Assistance  
2022 Mail Service Center  
Raleigh, NC 27699-2022

### **Audit**

Division of Medical Assistance  
2507 Mail Service Center  
Raleigh, NC 27699-2507

### **Program Integrity**

Division of Medical Assistance  
2515 Mail Service Center  
Raleigh, NC 27699-2515

### **Administration and Regulatory Affairs**

Division of Medical Assistance  
2504 Mail Service Center  
Raleigh, NC 27699-2504

### **Hearing Office**

Division of Medical Assistance  
2505 Mail Service Center  
Raleigh, NC 27699-2505

### **Mail Management**

Division of Medical Assistance  
2513 Mail Service Center  
Raleigh, NC 27699-2513

### **Claims Analysis and Medicare Buy-In**

Division of Medical Assistance  
2519 Mail Service Center  
Raleigh, NC 27699-2519

### **Medicaid Mgt. Info. System (MMIS)**

Division of Medical Assistance  
2510 Mail Service Center  
Raleigh, NC 27699-2510

### **Quality Control**

Division of Medical Assistance  
2518 Mail Service Center  
Raleigh, NC 27699-2518

### **Eligibility Unit**

Division of Medical Assistance  
2512 Mail Service Center  
Raleigh, NC 27699-2512

If you do not know to which DMA section or unit to send your request or correspondence, use the following general address:

(Name of DMA employee)  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501

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## Checkwrite Schedule

October 10, 2000	November 7, 2000	December 5, 2000
October 17, 2000	November 14, 2000	December 12, 2000
October 26, 2000	November 21, 2000	December 21, 2000
	November 30, 2000	

## Electronic Cut-Off Schedule

October 6, 2000	November 3, 2000	December 1, 2000
October 13, 2000	November 10, 2000	December 8, 2000
October 20, 2000	November 17, 2000	December 15, 2000
	November 22, 2000	

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

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

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John W. Tsikerdanos  
Executive Director  
EDS

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P.O. Box 300001  
Raleigh, North Carolina 27622

<b>Bulk Rate</b> U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087
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