

# North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance*

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

**Number 10**

**October 1997**

## **Attention: All Providers**

### **Holiday observance**

The Division of Medical Assistance (DMA) and EDS will be closed Tuesday, November 11, 1997 in observance of Veterans Day.

DMA and EDS will also be closed Thursday, November 27, 1997 and Friday, November 28, 1997 in observance of the Thanksgiving holiday.

## **Attention: Adult Care Home Providers**

### **Increase in payment rate for transportation**

Effective with dates of service beginning October 1, 1997, the capitated fee for medically necessary non-ambulance transportation for residents of Adult Care facilities will increase to 52 cents per Medicaid resident per day.

*Cecile Alston, Financial Operations  
DMA, 919-733-6784*

## **Attention: All Providers Serving Mecklenburg County Recipients**

### **Please check Medicaid patients' ID cards for HMO enrollment**

Providers who serve Mecklenburg County Medicaid recipients must check their patients' Medicaid identification (MID) cards for HMO enrollment prior to rendering services. The MID card indicates HMO enrollment when the name, address, and member services telephone number of the HMO are printed in the middle of the card.

If the patient is enrolled with an HMO, authorization of services may be required. As the responsible payer, the HMO has the authority to deny payment for non-emergent, in-plan services that have not received authorization.

In addition to looking at the MID card to verify HMO enrollment, other options include calling the EDS Voice Inquiry at 800-723-4337, using Electronic Data Interchange (EDI), or by calling the DMA Managed Care Unit at 919-715-5417.

***DMA Managed Care Unit  
919-715-5417***

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

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**Attention: All Providers**

**Tax identification information**

***Alert - Tax update requested***

North Carolina Medicaid must have proper tax information for all providers. This will ensure correct issuance of 1099 MISC forms each year and also ensure the correct tax information is provided to the IRS. If inappropriate information is given or is on file, this can result in IRS mandatory 31% withholding of payments made by Medicaid. Be sure the individual responsible for maintenance of tax information in your organization receives the following information.

***How to verify tax information***

The last page of your Medicaid Remittance and Status (RA) report indicates the provider tax name and number (FEIN) Medicaid has on file. Refer to the Medicaid RA throughout the year for each provider number to ensure we have the proper information. 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 group. If you do not have a Medicaid RA, call Provider Services 1-800-688-6696 or 919-851-8888 to verify the tax information on file for each provider number.

Providers should complete a special W-9 (see next page) 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 (**this must be completed**)
- Fill in the North Carolina Medicaid Provider Number (**this must be completed**)
- Part I Correction field - Indicate your tax identification number exactly as the IRS has on file for you and/or your business. Do not put your Social Security Number unless you are an individual or sole proprietor
- Part II Correction field - Indicate your tax name exactly as the IRS has on file for you and/or business
- Part III - Indicate the appropriate type of organization for your tax identification number. Please note, if you are using your Social Security Number as your tax identification number, you must select individual/sole proprietor as type of organization
- Part IV - An authorized person **MUST** sign and date this form, otherwise it will be returned as incomplete and your tax data **will not** be updated

**Send completed and signed forms to:**

EDS  
4905 Waters Edge Drive  
Raleigh NC 27606

**OR**

FAX to (919) 851-4014

Attn.: Provider Enrollment

Attn.: Provider Enrollment

***Change of ownership***

Contact DMA Provider Enrollment at 919-733-2130 to report all changes in business ownership. If necessary, a new Medicaid provider number will be assigned and Provider Enrollment will ensure the correct tax information is on file for Medicaid payments. If you **do not contact** DMA and **continue to use a provider number** with incorrect tax data, you could **become liable for taxes** on income not received by your 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 Enrollment to update Medicaid enrollment and tax information. Remember, without notifying DMA Provider Enrollment, the wrong 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**



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**Attention: All Provider**

**EOB 525**

Ambulatory medical visits are limited to 24 visits per fiscal year (July 1 through June 30 of each year). These include visits to one physician or a combination of physicians, clinics, chiropractors, optometrists or hospital outpatient other than emergency room. Once this limit has been reached, providers will receive a 525 denial stating "Exceeds legislative limits for provider visits for fiscal year." You may bill the patient for the office visit at your normal and customary charge.

Exemptions to the 24 visit limit include:

- a) Recipients being treated for end stage renal disease, chemotherapy and radiation therapy for malignancy, acute sickle cell disease, hemophilia or other blood clotting disorders
- b) Services rendered to recipients under age 21
- c) Services related to pregnancy
- d) Visits for Medicare/Medicaid recipients
- e) Dental services
- f) Physician inpatient visits to patients in intermediate care facilities or skilled nursing facilities
- g) Area Mental Health Clinic visits (State supported)
- h) Recipients receiving CAP services (Community Alternatives Programs)

Patients being treated for illnesses that are eminently life threatening can be reviewed for possible exemption from the ambulatory visit limit. These claims must be coded with a specially created diagnosis code of V900 and have the diagnosis description written on the claim. These claims will be reviewed by the EDS Medical Director and records will be requested for the initial exemption. Final disposition will depend upon the results of this review. This review is for ambulatory visits to the office or outpatient department only.

**EDS**

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

**Attention: DME Providers**

**Certificate of Medical Necessity and Prior Approval Form**

All requests for DME prior approvals must be submitted on the triplicate Certificate of Medical Necessity and Prior Approval (CMN/PA) Form for Durable Medical Equipment, Form 372-131 (5/95). Effective immediately, copies or other alternative forms will be returned without review.

Providers are reminded to complete the CMN/PA forms according to instructions in Section 6.4 of the DME Provider Manual and the December 1996 Medicaid Bulletin. The forms will be sent to you if you call the EDS Provider Services Unit.

**EDS**

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

**Attention: DME Providers**

**DME denials**

Please contact EDS Provider Services if you have questions concerning DME claim denials. If Provider Services is unable to resolve the issue due to inconsistencies between the information on your approved CMN/PA and the prior approval system, please send a copy of the CMN/PA with an explanatory cover letter to:

EDS DME Prior Approval Unit  
 Post Office Box 31188  
 Raleigh, North Carolina 27622

*EDS*

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

**Attention: Home Health Providers, Private Duty Nursing Providers, and CAP Case Managers**

**Description change for Home Health supply code W4602**

Effective with dates of service beginning October 1, 1997, sterile gauze will be included in the description of Home Health Supply Code W4602. The new description is:

<u>HCPCS Code</u>	<u>Dressing Supplies Description</u>	<u>Billing Unit</u>	<u>Maximum Rate/Unit</u>
W4602	Gauze elastic bandage, sterile and non-sterile (Kling, Kerlix, roller gauze)	1 Roll	\$1.66

*Dot Ling, Medical Policy*

*DMA, 919-733-9434*

**Attention: All Providers**

**Health insurance referral form**

EDS has been receiving numerous calls about Medicaid recipients who have insurance that is not listed on our files or who have insurance listed on our files that is no longer in effect. If the recipient fails to have this information updated with their DSS caseworker, the provider may use the DMA-2057, Health Insurance Referral Form, to correct this information.

Complete the DMA-2057 form in the following instances:

- When a written denial is unattainable
- To update insurance information (i.e., a recipient no longer has third party insurance, but the MID card indicates other insurance). Please indicate insurance policy termination date if known
- To add insurance information (i.e., a recipient has third party insurance that is not indicated on the MID card). Please provide all available policy information to update system

A copy of the DMA-2057 is attached for your convenience and may be reproduced as necessary. Providers may also order these forms from EDS.

*EDS*

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

## Division of Medical Assistance Health Insurance Information Referral Form

Recipient Name: \_\_\_\_\_

Recipient ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Ins. Co. Name (1) \_\_\_\_\_ Policy/Cert No. \_\_\_\_\_

(2) \_\_\_\_\_ Policy/Cert No. \_\_\_\_\_

### Reason For Referral

1. \_\_\_\_\_ Patient not covered by above policy(s)

2. \_\_\_\_\_ Service not covered by above policy(s)

3. \_\_\_\_\_ Insurance company denied by \_\_\_\_\_ letter or \_\_\_\_\_ telephone (please provide name and number of contact person and reason for denial):

\_\_\_\_\_  
\_\_\_\_\_

Ins. Co. (1) \_\_\_\_\_ Policy/Cert. No.: \_\_\_\_\_

Ins. Co. (2) \_\_\_\_\_ Policy/Cert. No.: \_\_\_\_\_

4. \_\_\_\_\_ New policy not indicated on Medicaid ID card. Indicate type coverage:

\_\_\_\_ Major Medical      \_\_\_\_ Hosp/Surgical      \_\_\_\_ Basic Hospital

\_\_\_\_ Dental      \_\_\_\_ Cancer      \_\_\_\_ Accident

\_\_\_\_ Indemnity      \_\_\_\_ Nursing Home

5. \_\_\_\_\_ Insurance company paid patient \$ \_\_\_\_\_ Date \_\_\_\_\_ and patient has not paid provider.

If items 1 through 3 are checked, attached original claim and submit to: The Division of Medical Assistance, Third Party Recovery Section, P.O. Box 29551, Raleigh, North Carolina 27626-0551. The Third Party Recovery (TPR) Section will verify the information and will either override or reject the claims within 10 working days after receipt.

Item 4 should be used if the patient requests filing with an insurance company that is not indicated on the Medicaid ID card. The TPR Section will enter this information into the TPR data base.

Submitted: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

By: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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 delegated a lead administrative agency to oversee the day-to-day operation of the program at the local level.

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

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

**CAP Unit  
DMA, 919-733-3945**

Alamance	Dept. of Social Services, Burlington, NC 27215 Barbara Lillenthal, Adult Services Supervisor 919-228-6441
Alexander	Dept. of Social Services, Taylorsville, NC 28681 Jamie Sales, Case Manager 704-632-1080
Alleghany	County Memorial Hospital, Sparta, NC 28675 Sammy Sudduth, CAP Supervisor 919-372-4464
Anson	Anson County Hospital, Wadesboro, NC 28170 S. Kim Allen, CAP Director 704-695-3409
Ashe	Services for Aging, Inc., West Jefferson, NC 28694-0009 Tracy Colvard, CAP Program Coordinator 919-246-2461
Avery	Comprehensive Health Care Sloop Memorial Hospital, Newland, NC 28657 Mrs. Ellen Lane, Community Services 704-733-1062
Beaufort	Dept. of Social Services, Washington, NC 27889 Marilyn Worley, Supervisor of Aging Services 919-975-5500
Bertie	Bertie Memorial Hospital, Windsor, NC 27983 Administrator, 919-794-3141 Lead Agency Agreement with: Bertie Home Care Inc. P.O. Box 811 Windsor, NC 27983 Jan Sitterson, CEO 919-794-2622
Bladen	Bladen County Hospital, Elizabethtown, NC 28337-0398 Margaret Kelly, CAP Director 910-862-6221
Brunswick	Dept. of Social Services, Bolivia, NC 28422 Evelyn Johnson, Adult Services Supervisor 910-253-2077
Buncombe	Dept. of Social Services, Asheville, NC 28802 Caroline Levi, Adult Services Supervisor 704-255-5393

Burke Dept. of Social Services, Morganton, NC 28680-0549  
Betsy Scott, Lead Case Manager 704-439-2107

Cabarrus Dept. of Social Services, Concord, NC 28026-0668  
Sandra Russell, CAP Supervisor 704-786-7141

Caldwell Dept. of Social Services, Lenoir, NC 28645  
Anne Trousdale, Case Manager 704-757-1160

Camden PPCC District Health Dept., Albemarle Home Care  
Elizabeth City, NC 27907-0189  
Robin Temple, Coordinator of Social Programs 919-338-4066

Carteret Dept. of Social Services, Beaufort, NC 28516  
Leslie Marquardt, Adult Services Supervisor 919-728-3181

Caswell Caswell Co. Health Department, Yanceyville, NC 27379  
Kay Cobb, RN Supervisor 910-694-9592

Catawba Dept. of Social Services, Newton, NC 28658  
Amy Clark, Lead Case Manager 704-326-5609

Chatham Chatham Co. Health Dept., Pittsboro, NC 27312  
Rebecca Blaloc, SE Lead Case Manager 919-542-8225

Cherokee Cherokee District Memorial Hospital, Andrews, NC 28901  
Towanna Roberts, BSN 704-321-4113

Chowan Chowan Hospital, Inc., Edenton, NC 27932  
Karen Fleetwood, Director of Chowan Home Care 919-482-6310

Clay Clay County Health Dept., Hayesville, NC 28904  
Karen Burchardt, RN Case Manager 704-389-9979

Cleveland Dept. of Social Services, Shelby, NC 28151-9006  
Freida H. Pauley, Adult Services Supervisor 704-487-0661

Columbus Columbus Co. Dept. of Aging, Whiteville, NC 28472  
Tammy Blackburn, Human Services Coordinator 910-640-6603 ext. 562

Craven Craven Regional Medical Center, New Bern, NC 28561  
Loir Weatherington, CAP Manager 919-633-8906

Cumberland Dept. of Social Services, Fayetteville, NC 28302-2429  
Joanne Graham, SW Supervisor II 910-677-2393

Currituck Currituck Co. Health Department, Currituck, NC 27929-0039  
John B. Sledge, Jr., Health Director 919-232-2271  
Lead Agency Agreement With:  
PPCC District Health Dept., Albemarle Home Care  
Elizabeth City, NC 27907-0189  
Robin Temple, Coordinator of Social Programs 919-338-4066

Dare Dept. of Social Services, Manteo, NC 27954  
Theresa Edwards, Adult & Family Support Services  
& Employment Supervisor 919-473-5858

Davidson Dept. of Senior Services, Lexington, NC 27292

Jennifer Green, Case Manager 910-474-2754

Davie

Davie County Hospital, Mocksville, NC 27028  
JoAnn Harmon, CAP Director 704-634-8340

Duplin

Duplin General Hospital, Kenansville, NC 28349-0278  
Janie Malpass 910-296-0941  
Lead Agency Agreement with:  
Duplin Home Care and Hospice, Inc.  
Kenansville, NC 28349  
Janet Jones, Program Development Director, 910-296-0819 or  
1-800-537-2908

Durham

Dept. of Social Services, Durham, NC 27701-0810  
Helen B. Thomas, SW Supervisor II 919-560-8659

Edgecombe

Edgecombe Co. Health Department, Tarboro, NC 27886  
Linda Jenkins, Social Worker 919-641-7554

Forsyth

Senior Services of Forsyth, Winston-Salem, NC 27101  
Carolyn Myers, Director Case Mgmt. 919-725-0907

Franklin

Dept. of Social Services, Louisburg, NC 27549-9904  
Karen Wilson, Case Manager 919-496-5721

Gaston

Dept. of Social Services, Gastonia, NC 28053-3500  
BJ Hart, CAP Supervisor 704-866-3831

Gates

Dept. of Social Services, Gatesville, NC 27938  
Robert Hewitt, Director 919-357-0075  
Lead Agency Agreement with:  
Chowan Hospital Inc., Edenton, NC 27932  
Karen Fleetwood, Director, Home Care Agency  
919-482-6310

Graham

Graham-Swain District Health Department,  
Bryson City, NC 28713  
Emma Waldroup, Director 704-488-3198

Granville

Granville Medical Center, Granville Home Care,  
Oxford, NC 27565  
George Kamp, Case Manager 919-690-3242 or 800-745-7705

Greene

Dept. of Social Services, Snow Hill, NC 28580  
Brenda Jackson, Services Supervisor 919-747-5934

Guilford

Guilford Co. Dept. of Public Health, Greensboro, NC 27401  
Betty Parsons 919-373-3331

Halifax

Dept. of Social Services, Halifax, NC 27839  
Alice Williams, Adult Services Supervisor 919-536-6462

Harnett

Dept. of Aging, Lillington, NC 27546  
Mildred Bryant, CAP Supervisor 910-893-7596

Haywood

Council on Aging, Waynesville, NC 28786  
Bridgette Stamey, Case Manager 704-452-2370

Henderson Margaret R. Pardee Memorial Hospital,  
Hendersonville, NC 28739  
Frank Aaron, Administrator 704-692-0778  
Program Housed at:  
Pardee Home Care  
2029A Ashville Hwy  
Hendersonville, NC 28739 Lora Harris, RN CAP Manager

Hertford Dept. of Social Services, Winton, NC 27986  
Carolyn Pearce, Social Work Supervisor 919-332-1634

Hoke Dept. of Social Services, Raeford, NC 28376  
LuEvelyn Locklear, Adult Services Supervisor 910-875-8725  
Lead Agency Agreement With:  
St. Joseph Hospital, Pinehurst, NC 28374  
Delores Yount, Regional Director 910-295-3920  
Home Health Agency, Raeford, NC 28376  
Rhena Clark, Case Manager 910-875-8198 or 800-755-8198

Hyde Dept. of Social Services, Swan Quarter, NC 27885  
Tonie Marshall, Case Manager 919-926-3371

Iredell Dept. of Social Services, Statesville, NC 28687  
Anne Johnson, S.W. Adult Services Supervisor 704-871-3459

Jackson Harris Regional Hospital, Home Health Service Agency  
Sylva, NC 28779-2795 Jean Sprinkle, RN Home  
Health Director 704-586-7000  
Program Housed at:  
Harris Regional Hospital, Home Health, Sylva, NC 28774  
Pat Buckner, Case Manager 704-586-7833

Johnston Dept. of Social Services, Smithfield, NC 27577  
Angie Brinkley, Case Manager 919-989-5300/5359

Jones Dept. of Social Services, Trenton, NC 28585  
Mariam Williams, SW Case Manager 919-448-7581

Lee Dept. of Social Services, Sanford, NC 27330  
Jim Garner, Adult Services Supervisor 919-744-4955

Lenoir Lenoir Memorial Hospital, Kinston, NC 28501  
Ann Johnson, Case Manager 919-522-7171(Beeper 013)

Lincoln Dept. of Social Services, Lincolnton, NC 28093-0103  
Zaye Robinette, Case Manager 704-736-8609

Macon Dept. of Social Services, Franklin, NC 28734  
Pat Berman, Case Manager 704-349-2177

Madison Dept. of Social Services, Marshall, NC 28753  
Terry Fox, Supervisor 704-649-2711

Martin Dept. of Social Services, Williamston, NC 27892  
Brenda Lloyd, Adult Services Supervisor 919-809-6403

Mcdowell Dept. of Social Services, Marion, NC 28752

Karen Coley, Case Manager 704-652-3355

Mecklenburg	Charlotte Mecklenburg Hospital Authority, Co.Health Department Charlotte, NC 28211-1098 Renee Dutcher, S.W. Supervisor 704-336-4700
Mitchell	Dept. of Social Services, Bakersville, NC 28705-0365 Deborah Buchanan, Supervisor 704-688-2175
Montgomery	Dept. of Social Services, Troy, NC 27371 Della Ingram, CAP Supervisor 919-576-6531
Moore	Interim Health Care, Pinehurst, NC 28370 Trudy Burke, CAP Supervisor 910-295-2211
Nash	County Health Dept., Home Health Agency, Rocky Mount, NC 27804 Sharon McKoy, SW Case Manage 919-446-1777
New hanover	New Hanover Reg. Medical Center, Wilmington, NC 28402-9000 Anne Priddy, Manager 910-343-7777
Northampton	Dept. of Social Services, Jackson, NC 27845 Paula Arrington, Adult Services Supervisor 919-534-1246
Onslow	County Council on Aging, Jacksonville, NC 28540 Harry Burton, CAP Supervisor 910-938-5541
Orange	Dept. of Social Services, Hillsborough, NC 27278 Ann Gent, Case Manager 919-732-8181 ext. 2882
Pamlico	Dept. of Social Services, Bayboro, NC 28515 Denise Credle, Social Work Supervisor 919-745-4086
Pasquotank	PPCC District Health Dept., Albemarle Home Care Elizabeth City, NC 27907-1089 Howard Campbell, Director 919-338-4066
Pender	Senior Citizens Services of Pender County, Inc., Burgaw, NC 28425 Robin Meeks, CAP Coordinator 910-259-9119
Perquimans	PPCC District Health Dept., Albemarle Home Care Elizabeth City, NC 27907-0189 Robin Temple, Coordinator of Social Programs 919-338-4066
Person	Dept. of Social Services, Roxboro, NC 27573 Sandy Dunevant, Case Manager 919-599-8361
Pitt	Dept. of Social Services, Greenville, NC 27834 Sally Williamson, Adult Services Supervisor 919-413-1003
Polk	St. Luke's Hospital, Columbus, NC 28722 Sandra Williams, VP of Patient Care Services 704-894-3311 Program Housed at: Community Health Connection P.O. Box 280

Lynn, NC 28750

Randolph	Randolph Hospital Inc, Asheboro, NC 27204-1048 Beth A. Grant, RN, Interim Home Health Director 910-625-5151
Richmond	Richmond Memorial Hospital, Home Health Agency Rockingham, NC 28379 Bea Hill, Director 910-417-3711 Program Housed at: Community Alternatives Program Richmond Home Health Services 613 South Long Drive, Rockingham, NC 28379 Ed Wright, RN, BSN Cap Coordinator 910-997-800/(HHA)
Robeson	Southeastern Regional Medical Center, Lumberton, NC 28359 Larissa Grainger, CAP Supervisor 910-618-9405
Rockingham	Council on Aging, Reidsville, NC 27323-1915 Bill Crawford, Director Clinical Services 919-349-2343
Rowan	Rowan Memorial Hospital, Inc., Community Alternatives Program Salisbury, NC 28144 Julie Gainer, CAP Coordinator 704-638-1512
Rutherford	Rutherford Hospital, Inc., Carolina Home Care Forest City, NC 28043 Jean Long, Director 704-245-5426
Sampson	County Dept. of Aging and In-Home Services, Clinton, NC 28328 Athena Brown, In-Home Services Coordinator 910-592-4653
Scotland	County Health Department, Laurinburg, NC 28352 Denise Walton, CAP Supervisor 919-277-2440
Stanley	Dept. of Social Services, Albemarle, NC 28001 Sue Turner, CAP Supervisor 704-983-6100
Stokes	Dept. of Social Services, Danbury, NC 27016-0030 Sharon Scott, Supervisor 910-593-2861
Surry	Surry Co. Health Department, Dobson, NC 27017 Susan Everhart, Program Director 910-401-8500 or 800-442-7249
Swain	Graham-Swain District Health Department, BrysonCity, NC 28713 Emma Waldroup, Director 704-488-3198
Transylvania	Transylvania Community Hospital, Brevard, NC 28712 Sandy Sheppard, CAP Supervisor 704-884-7843
Tyrrell	Dept. Social Services, Columbia, NC 27925 Harry Foard, Director 919-796-3421
Union	Dept. of Social Services, Monroe, NC 28111-0489 Anne Briggs, Case Manager 704-289-0961
Vance	Dept. of Social Services, Henderson, NC 27535 Eric Palmer, Case Manager 919-492-5001

Wake	Resources for Seniors, Raleigh, NC 27609 Rita Ziegler, CAP Director 919-872-7933
Warren	Dept. of Social Services, Warrenton, NC 27589 Jeanette Bell, Case Manager 919-257-5024
Washington	Dept. of Social Services, Plymouth, NC 27962 Maggie DeVane, Adult Services Supervisor 919-793-4041
Watauga	County Project on Aging, Boone, NC 28607 Rocky Nelson, Director 704-264-2060
Wayne	Wayne Memorial Hospital, Goldsboro, NC 27533-8001 Kay Toombs, Case Manager 919-731-6158
Wilkes	Regional Medical Center, N. Wilkesboro, NC 28659 Pam Howard, CAP Coordinator 910-903-7745
Wilson	Wilson Home Care, Inc. Wilson, NC 27893 Gail Brewer, Manager Home Care Services 919-399-8680
Yadkin	Dept. of Social Services, Yadkinville, NC 27055 Patti Badeau, Supervisor 919-679-4210
Yancey	County Health Department, Burnsville, NC 28714 Sheila Kardulis, CAP Coordinator 704-682-7967

### **Attention: Home and Community Care Providers Serving Mecklenburg County Recipients**

#### **HMO enrollment of the blind, disabled, and adult care home residents**

Effective October 1, 1997, the blind, disabled, and adult care home residents, under age 65 will begin enrolling in HMOs in Mecklenburg County. The enrollment process for current eligibles is projected to take at least six months. Enrollment in an HMO is mandatory in Mecklenburg County.

Most home and community care services provided to this population are in-plan benefits. In-plan benefits are "covered in-full" services that are the responsibility of the HMO. Other services are out-of-plan benefits, which will continue to be reimbursed on a fee-for-service basis. Specific in-plan and out-of-plan benefits are listed below.

If you have questions regarding enrollment of the above mentioned population, please call Julie Robertson at 919-715-5417.

**Schedule of benefits:**

**In-Plan Benefits**

Adult Health Screening	Family Planning Services & Supplies	Physician Services, including Physician Assistants and Nurse Practitioners-Except*MHSA
Ambulance	Hearing Aid	Podiatry
Chiropractic Services	Home Health	Private Duty Nursing
Clinic Services- Except* MHSA	Home Infusion	Prosthetics/Orthotics
Diagnostic Services	Midwife	Radiology Services
Dialysis	Optical Supplies	Speech Therapy
Durable Medical Equipment	Outpatient Hospital	Sterilization
Emergency Room	Physical Therapy	Total Parenteral Nutrition
EPSDT/Health Check		

\* (MHSA) Mental Health and Substance Abuse

**Out-of-Plan Benefits**

CAP Services	DSS Non-Emergency Transportation	Personal Care Services
Carolina Alternatives	HIV Case Management	School-Related & Head Start Therapies
Case Management DSS	ICF- MR	Skilled or Intermediate Nursing Care
Child Service Coordination	Maternity Care Coordination	Substance Abuse
Dental	Mental Health - Inpatient & Outpatient	

***DMA Managed Care Unit  
919-715-5417***

**Attention: All Providers**

**Procedure for refunding overpayments to EDS**

Due to an increase in overpayments, third party reimbursement errors, and incorrect claim submissions, EDS would like to address how to handle the issuance of monies back to Medicaid, thereby ensuring the most efficient method of processing and applying those funds back to the provider.

If the provider is not aware of other insurance coverage or liabilities for the recipient until after the receipt of Medicaid payment, the provider must still file a claim with the health insurance company, then refund the Medicaid Program the lesser of the two amounts received. For example:

Amount billed by provider to Medicaid	\$50.00
Amount paid by Medicaid	\$40.00
Amount paid by private insurance	\$45.00
Amount to be reimbursed to Medicaid	\$40.00

When sending in a refund the following must be attached to the check:

- A copy of the Remittance and Status (RA) report (highlight the appropriate recipient and claim information along with the dollar amount of the refund to apply to that recipient)
- or

- If a copy of the RA cannot be supplied, then the following information is required to properly apply the funds against the provider claim and recipient history:

- Provider Number
- Recipient Name and Medicaid ID Number (MID)
- Claim Number (ICN)
- Date(s) of Service
- Dollar Amount Paid
- Dollar Amount of Refund
- Reason for Refund (brief explanation)

Note: This information can be documented on any available means to the provider. When this data is not supplied we will request the information via a letter to the provider. If it is not obtained after 30 days, we apply those funds to the provider number without the detailed recipient claim history. It is vital that in all instances, the above information is submitted with each refund check to ensure the proper disposition of the refund amount and reduce the chance of a recoupment and refund of the same overpayment.

Make checks payable to EDS and mail the refund, along with the requested information to:

EDS  
P.O. Box 300011  
Raleigh, NC 27622-3011

**Refunds of patient liability**

When a refund to Medicaid is required due to erroneous patient liability amounts and/or patient liability was reduced due to erroneous claim billing, make sure you clearly indicate along with the refund check and documentation (as noted above) the reason for the refund is patient liability and/or claim billing error and the appropriate amount to be applied to claim. Examples are noted below:

	<u>Partial Refund</u>			<u>Full Refund</u>
	Example #1	Example #2	Example #3	Example #4
	Partial refund overbilled by \$50 (\$45 claim error and \$5 erroneous deduction of patient liability)	Patient Liability should not have been deducted at all but claim was billed correctly otherwise	Claim was overbilled by \$45 only - no effect on patient liability	Claim was completely billed wrong - refunding all monies. Since you are refunding all funds, the North Carolina Medicaid system will automatically adjust both the claim payment and patient liability as appropriate; therefore, you need <b>not</b> indicate patient liability information in this instance only
<b>Original Claim Payment</b>	\$100	\$100	\$100	\$200
<b>Original Patient Liability Deducted</b>	\$10	\$10	\$10	\$20

**Refund the following:**

<b>Claim Payment Refund</b>	\$45	\$0	\$45	\$200
<b>Patient Liability Deduction - Refund</b>	\$5	\$10	\$0	\$0
<b>Total Refund</b>	\$50	\$10	\$45	\$200

EDS  
1-800-688-6996 or 919-851-8888

**Attention: All Providers**

**Fee schedules, reimbursement plans and Medicaid bulletin subscriptions**

***Request for Paper Schedules/Plans***

To defray the cost of reproducing fee schedules and reimbursement plans released through the Financial Operations Section of the Division of Medical Assistance(DMA), minimal charges are indicated in the listing below. All requests for publications ***must be made on the form below and accompanied with a check*** payable to the DMA at the following address:

Division of Medical Assistance  
Financial Operations - Fee Schedules  
1985 Umstead Drive  
P. O. Box 29529  
Raleigh, N. C. 27626-0529

**Note: Fax requests will no longer be honored**

**Do not mail your requests for paper schedules to EDS.** There is a charge of \$0.20 per page for documents exceeding 10 pages. Requests for all other reimbursement plans or fees with less than 10 pages are charged a flat fee of \$2.00 per fee schedule. These charges are subject to change due to additions/deletions in the documents.

_____	After Care Surgery Period	\$3.60
_____	Ambulatory Surgery Center	\$4.00
_____	Anesthesia Base Units	\$4.20
_____	Dental	\$2.00
_____	DME	\$2.00
_____	Home Health	\$2.00
_____	Home Infusion Therapy	\$2.00
_____	Hospital Reimbursement Plan	\$4.20
_____	ICF/MR Reimbursement Plan	\$4.00
_____	Laboratory	\$2.00
_____	Nurse Midwife	\$2.00
_____	Nursing Facility Reimbursement Plan	\$5.40
_____	Optical and Visual Aids	\$2.00
_____	Physician Fees(includes X-Ray )	\$10.40
_____	Prosthetics and Orthotics	\$2.60

Requestor: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

***Request for Diskette of Fee Schedules***

The diskettes are only available from EDS. Complete the request below and attach a check made payable to EDS for the total amount due. Payment must accompany this request. Requests without payments will not be honored.

The PHYSICIAN FEE SCHEDULE and the ANESTHESIA FEE SCHEDULE are available on diskette. The North Carolina Division of Medical Assistance stipulates that the information provided may be used only for your internal analysis. The actual billed amount on your claims must always contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts.

Please complete the information below with each request:

Requestor: \_\_\_\_\_

Type of File:

Address: \_\_\_\_\_

3 1/2" PC Diskette (circle one):

Technical Contact: \_\_\_\_\_

ASCII

TEXT FILE

Phone: \_\_\_\_\_

Type of Fee Schedule/Cost (check one): Diskette

Physician Fee Schedule \$50.00

Anesthesia Fee Schedule \$50.00

Both \$75.00

Please remit this request to:

***Fee Schedule Request***  
Systems Department  
EDS  
4905 Waters Edge Drive  
Raleigh, North Carolina 27606  
Attn: Systems Manager

***Medicaid Bulletin Subscriptions***

N. C. Medicaid bulletins are mailed to all enrolled providers. Non providers (i.e. billing agencies) may subscribe to the bulletin for an annual subscription fee of \$12.00. To subscribe, send a letter requesting the subscription, including the subscriber's mailing address and a check for \$12.00 payable to EDS. Mail the request to:

EDS  
Attention: Provider Enrollment  
P. O. Box 30968  
Raleigh, N. C. 27622  
Telephone (919) 851-8888

This notice is published quarterly in the Medicaid Bulletin.

***Pam Sanders, Financial Operations***  
***DMA, 919-733-6784***

## Attention: Orthodontic Providers

### Revisions to the orthodontic payment schedule effective November 1, 1997

The orthodontic payment schedule has been modified effective November 1, 1997. The total reimbursement is the same, but the amount for the banding is decreased to allow more to be applied to the maintenance visits. This is not a decrease in your fees. This is a change that will more accurately reflect the amount of work rendered during the different stages of treatment.

Services	Current Fees	New Fees
Records	\$82.93	\$82.93
Banding	\$1173.98	\$800.00
Maintenance Visits (23 allowed)	\$1027.18 (\$44.66 each)	\$1401.16 (\$60.92 each)
<b>Total</b>	<b>\$2284.09</b>	<b>\$2284.09</b>

For those recipients that were banded prior to the November 1, 1997 effective date of this new payment schedule, the banding was paid at the higher rate; therefore, the maintenance visits for those recipients will continue to pay from the previous fee schedule.

### Orthodontic prior approval

All orthodontic cases submitted cannot be approved. For any case submitted for approval, the recipient should demonstrate that he/she is able to cooperate through potentially lengthy orthodontic treatments, maintain good oral hygiene, and keep regular appointments. Complete orthodontic records (i.e., diagnostic casts, panoramic film, and cephalometric film) must be of acceptable diagnostic quality (readable, comprehensible, and interpretative). These records must be submitted for approval consideration.

A pretreatment narrative is also required and should include:

- The provider's assessment of the recipient's motivation and ability to maintain oral hygiene
- The recipient's oral condition and the need for treatment
- The estimated fee for the orthodontic treatment
- The estimated treatment period
- The proposed treatment plan (e.g., reduce overjet, extract premolars, extract supernumerary teeth, expose impacted teeth, remove cysts, etc.)

### Criteria for functionally handicapping conditions

The following criteria for functionally handicapping conditions will apply when cases are reviewed for North Carolina Medicaid orthodontic approval. The probability for approval will be increased when two or more of the following criteria exist:

- Severe skeletal condition (recipient's age and the direction of growth are also considered)
- Occlusion (severe anterior/posterior, transverse, and vertical discrepancies, crossbites with functional shifts)
- Crowding must be moderate to severe and functionally intolerable over a long period of time (e.g., occlusal disharmony and/or gingival stripping secondary to severe crowding)
- Overbite must be deep, complete, and traumatic
- Overjet (excessive protrusion 6+mm)
- Openbite (excessive 4-5mm)
- Psychological and emotional factors (e.g., psycho-social inhibition to the normal pursuits of life)

- Potential that all problems will worsen

### **Noncovered treatment**

The following type cases are NOT eligible for approval:

- Early treatment cases in the mixed dentition
- Minor tooth movement cases requiring a relatively short treatment period (i.e., less than twelve months)
- Cuspid impactions with a poor prognosis of being brought down into occlusion in the presence of no other significant problems
- Bilateral or unilateral posterior crossbites of moderate severity without a significant mandibular shift or history of temporomandibular dysfunction and a lack of other significant problems
- Class I malocclusions with moderate crowding, no crossbites, overbite and overjet within normal limits
- Simple space closure of mild to moderate anterior spacing
- Simple one arch treatment
- Localized tooth alignment problems requiring a relatively short period of treatment (e.g., simple anterior or posterior crossbites, diastema closure, rotations, etc.)

Interceptive orthodontics is still currently not covered by North Carolina Medicaid. All functional treatments involving fixed or removable appliances (e.g., arch expanders, retainers, etc.) are also not covered. If the case is Medicaid approved for fixed treatment, the recipient should **not** be billed for functional treatment or appliances necessary to complete Medicaid approved treatment. Any treatment rendered after Medicaid approval should be reimbursed only by Medicaid unless the recipient is covered by third party dental insurance.

### **Post treatment summary**

When the orthodontic case is complete, submit a written post treatment summary to the EDS Prior Approval Unit, Attention: Orthodontic Review Board. The post treatment summary should include:

- Date of debanding
- Results of the treatment
  - \* Excellent
  - \* Good
  - \* Fair
  - \* Poor
- Assessment of the recipient's cooperation

### **Post treatment review**

In order to conduct a study of the orthodontic program effectiveness and to determine if the needs of the recipients are being met, a random selection of post treatment orthodontic cases will be selected in the near future for review. The North Carolina Medicaid Orthodontic Review Board (composed of orthodontists) will review these cases.

*Dr. Betty King-Sutton, Medical Policy  
DMA, 919-733-2833*

**Attention: Personal Care Providers (excluding Adult Care Homes)**

**Seminar schedule**

Seminars for Personal Care Services (PCS) will be held in November 1997. Provider numbers for PCS providers range from 6600000-6601000. *This workshop is not for Adult Care Home Personal Care Services (ACH-PC).* Each PCS provider is encouraged to send appropriate administrative, clinical, and clerical personnel. An overview of the criteria for PCS coverage, service limitation, and assessment process, including completion of the DMA 3000 PCS Physician Authorization and Plan of Care, will be discussed. In addition, procedures for filing PCS claims, common billing errors, and follow-up procedures will be reviewed.

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

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 23 of this bulletin.

<p><b>Wednesday, November 5, 1997</b>                  Ramada Inn Plaza                  3050 University Parkway                  Winston-Salem, NC</p>	<p><b>Thursday, November 6, 1997</b>                  Wake Medical Center                  MEI Conference Center                  3000 New Bern Avenue                  Raleigh, NC  <i>(Park at Wakefield Shopping Ctr)</i></p>	<p><b>Wednesday, November 12, 1997</b>                  Blue Ridge College                  College Drive                  Flat Rock, NC  <i>Auditorium</i></p>
<p><b>Monday, November 17, 1997</b>                  Martin Community College                  Kehakee Park Road                  Williamston, NC  <i>Auditorium</i></p>	<p><b>Wednesday, November 19, 1997</b>                  Holiday Inn                  4903 Market Street                  Wilmington, NC  <i>Entourage Room</i></p>	<p><b>Friday, November 21, 1997</b>                  Catawba Valley Technical College                  Highway 64-70                  Hickory, NC  <i>Auditorium</i></p>

(cut and return registration form only)

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Personal Care Services Provider Seminar Registration Form  
 (No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_  
 Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
 City, Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ persons will attend seminar at \_\_\_\_\_ on \_\_\_\_\_  
 (location) (date)

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



## **Directions to Hospital and Personal Care Services (PCS) Seminars**

Registration forms for these workshops are on pages 21 and 22 of this bulletin.

### **Blue Ridge Community College - Flat Rock**

**Wednesday, November 5, 1997 - Hospital Seminar**

**Wednesday, November 12, 1997 - PCS 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.

### **Ramada Inn Plaza - Winston-Salem**

**Wednesday, November 5, 1997 - PCS Seminar**

**Wednesday, November 12, 1997 - Hospital Seminar**

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

### **Catawba Valley Technical College - Hickory**

**Friday, November 14, 1997 - Hospital Seminar**

**Friday, November 21, 1997 - PCS 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.

### **Comfort Suites - Lumberton**

**Tuesday, November 18, 1997 - Hospital Seminar**

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

### **Holiday Inn - Wilmington**

**Wednesday, November 19, 1997 - PCS Seminar**

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

### **Wake Medical MEI Conference Center - Raleigh**

**Thursday, November 6, 1997 - PCS Seminar**

**Monday, November 24, 1997 - Hospital Seminar**

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

### **Martin Community College - Williamston**

**Monday, November 17, 1997 - PCS Seminar**

**Wednesday, November 26, 1997 - Hospital Seminar**

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

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### Checkwrite Schedule

October 7, 1997  
October 14, 1997  
October 23, 1997

November 4, 1997  
November 12, 1997  
November 18, 1997  
November 26, 1997

December 9, 1997  
December 16, 1997  
December 30, 1997

### Electronic Cut-Off Schedule \*

October 3, 1997  
October 10, 1997  
October 17, 1997

October 31, 1997  
November 7, 1997  
November 14, 1997  
November 21, 1997

December 5, 1997  
December 12, 1997  
December 19, 1997

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

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

\_\_\_\_\_  
James R. Clayton  
Executive Director  
EDS

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<p><b>Bulk Rate</b> U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087</p>
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P.O. Box 30968  
Raleigh, North Carolina 27622