

# North Carolina Medicaid Bulletin

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

Attention: All Providers

## Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed for the observance of the following holidays in November 1999.

<u>Dates Closed</u>	<u>Holiday Observance</u>
Thursday, 11/11/99	Veteran's Day
Thursday, 11/25/99	Thanksgiving
Friday, 11/26/99	Thanksgiving

Attention: All Providers Performing Laboratory Services

## Clinical Laboratory Improvements Amendment (CLIA)

Effective for claims received on and after January 14, 2000, providers must enter the complete CLIA number of the laboratory performing the service on the claim. The complete CLIA number is 10 bytes in length with the third character an alpha and the other 9 bytes being numerical (example, 34D100000). Claims that do not have the complete CLIA number in block 23 will be denied.

- Paper claim submitters; it is located in block 23 on the HCFA-1500 claim form
- **ECS submitters**; it is located in **HCFA-1500 specs in record type 1R beginning at byte 26**
- **Tape providers**; it is located in **record type I beginning at byte 132**

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

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THIS DOCUMENT IS A YEAR 2000 READINESS DISCLOSURE  
UNDER UNITED STATES FEDERAL LAW

Attention: All Providers

**U** pdate on Year 2000 Activities

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

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

NECS Submitters

**The current NECS software is being replaced by window-like software to be renamed the North Carolina Electronic Claims Submission (NCECS) software. As an added feature this software outputs a file or diskette of claims that is not only Y2K compliant, but is also in the ANSI 837 format. The NCECS software began distribution to providers in September 1999. NCECS providers will not require testing by EDS prior to accepting claims since the software has been internally tested by EDS. Providers will simply key data enter claims into the software. Classes on the software were given at the Medicaid Fair on 14 September and are being offered subsequently at several sites during October.**

Tape Submitters

EDS sent providers specifications for the new format in February 1999. All tape submitters must pass testing with EDS before Y2K compliant claims will be accepted. Providers are reminded to give as much notice as possible to their vendors or data processing support staff so that these changes can be made in a timely manner. Testing has started so providers should arrange for that testing with the ECS unit at EDS. Providers should insure that testing is completed before 31 December 1999.

ECS Submitters

**EDS sent providers specifications for the new format in March 1999. All ECS submitters must pass testing with EDS before Y2K compliant claims will be accepted. Providers are reminded to give as much notice as possible to their vendors or data processing support staff so that these changes can be made in a timely manner. Testing has started so providers should arrange for that testing with the ECS unit at EDS. Providers should insure that testing is completed before 31 December 1999.**

Paper Submitters

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

ANSI 837 Submitters

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

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

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

Attention: All Providers

**N**orth Carolina Electronic Claims Submission Software (NCECS)

As mentioned in several recent bulletins, Medicaid is replacing the current NECS software with newer NCECS software. The new software creates files for transmission over modem as well as on a mail-in diskette. The NECS software is DOS based; the NCECS will run in Windows 95, Windows 98 or Windows NT 4.0, which are classified as 32 bit operating systems. NCECS will not operate in a Windows 3.1 environment since it is not a year 2000 compliant system. Classes on the software were given at the Medicaid Fair on 14 September and are being offered subsequently at several sites during October.

Minimal PC requirements for the use of NCECS include:

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

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

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

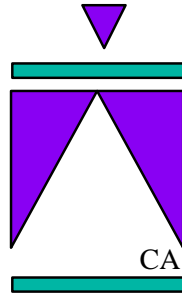
The Netscape version is available at <http://home.netscape.com/computing/download/>.

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

Attention: All Carolina ACCESS Providers

## Correction to the August 1999 Medicaid Bulletin Regarding the Carolina ACCESS Emergency Room Reimbursement Policy

The Carolina ACCESS (CA) Emergency Room Reimbursement Policy published in the August 1999 Medicaid Bulletin on pages 14 through 23 contained errors. This is the correct CA Emergency Room Reimbursement Policy.



### ***CAROLINA ACCESS EMERGENCY ROOM REIMBURSEMENT POLICY***

The Carolina ACCESS Emergency Room Reimbursement Policy establishes criteria for Medicaid reimbursement of emergency room services.

- ◆ The policy covers medical screening exams without regard to prior authorization 24 hours per day, 7 days a week
- ◆ The policy also covers the stabilization of identified emergencies (**see attached ICD – 9 diagnostic code list**) without regard to prior authorization 24 hours per day, 7 days a week
- ◆ The list of identified emergencies (**see attached ICD – 9 diagnostic code list**) is not exclusive of other conditions determined to be an emergency through retrospective medical record review

Treatment in the Emergency Room for non-emergent care is not generally covered.

1. A non-emergent service rendered Monday through Friday, 8 a.m. to 5 p.m. will result in a denied claim.

Medicaid may be billed a medical screening exam fee of \$25.16. The screening fee (W9922) must be filed on the HCFA-1500.

Laboratory and other tests needed to evaluate the existence of an emergent condition may be covered through retrospective medical record review based upon "prudent layperson"<sup>1</sup> standards and medical necessity criteria.

Documentation may be submitted to the Carolina ACCESS program for retrospective medical record review. This documentation must include a copy of the completed Retrospective Medical Record Review form as a cover sheet, the denied claim, remittance advice (RA), and medical records to demonstrate medical necessity. The Quality Management (QM) staff will review the documentation with all recommended denials receiving a

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<sup>1</sup> Refer to the attached information on COBRA/EMTALA/BBA regulations

physician review. The review decision will be based upon "prudent layperson" criteria and accepted standards for medical practice.

If approved for payment, the claims will be forwarded to EDS. The hospital will be notified of any payment denials. Retrospective medical record review requests may be mailed to:

**Attention: Medical Record Review Request  
 Managed Care Section  
 Division of Medical Assistance  
 2516 Mail Service Center  
 Raleigh, NC 27699-2516**

2. The Primary Care Provider (PCP) may authorize payment for non-emergent treatment after hours (5:00 pm to 8:00 am, Monday through Friday and 24 hours on weekends) and should be contacted for an authorization number following the medical screening exam. Authorized claims for non-emergent care require the authorization number in form locator 11 on the UB-92 and in form locator 19 on the HCFA-1500.

Retrospective authorization (i.e., after the service has been provided to the recipient) may be provided at the discretion of the PCP.

**Information for Hospital Coders:**

1. Carolina ACCESS emergency room claims are edited against form locator 76 "Principal and Other Diagnosis" in addition to form locators 67-75. If an identified emergency diagnosis code, as defined in this Carolina ACCESS ER Reimbursement Policy, appears in any of these form locators the claim will process and will not require authorization.
2. Hospital coders can place the **presenting diagnosis code** in form locator 76. The American Hospital Association has recommended this form locator be used when a presenting diagnosis is the triggering diagnosis for payment.

Questions regarding this policy should be directed to the Carolina ACCESS Quality Management Section by calling (919) 857-4022.

NOTE: This policy also applies to the ACCESS II and III programs.

ICD-9 Diagnostic Code List for Identified Emergencies

Infectious and Parasitic Diseases

036-036.9	Meningococcal Infection
038-038.9	Septicemia
<i>091.0, 091.1, 091.2</i>	<i>Syphilis (Primary)<sup>2</sup></i>
<i>091.9, 093.9, 094.9,</i>	
<i>099.9</i>	<i>Venereal Disease</i>
<i>099.50-099.56</i>	<i>Chlamydia</i>
<i>098.0, 098.11,</i>	
<i>098.14, 098.15,</i>	<i>Gonorrhea</i>
<i>098.2, 098.19</i>	
<i>098.31, 098.35</i>	
<i>131.00-131.03,</i>	<i>Trichomoniasis</i>
<i>131.09, 131.8, 131.9</i>	
<i>082.0</i>	<i>Rocky Mountain Spotted Fever</i>

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<sup>2</sup> Italics indicate a new emergency diagnosis code.

**Endocrine, Nutritional, Metabolic, Immunity**

242-242.91	Thyrotoxicosis with or without goiter
250.1-250.13	Diabetes with ketoacidosis
250.2-250.23	Diabetes with hyperosmolar coma
250.3-250.33	Diabetes with other coma
251.0	Hypoglycemic coma
255.4	Corticoadrenal insufficiency (Addisonian crisis)
261	Nutritional marasmus - up to age 18
276-276.9	Disorders of fluid, electrolyte, and acid-base balance

**Blood and Blood-forming Organs**

282.62	Hb-S disease with mention of crisis
286.0-286.9	Coagulation defects

**Mental Disorders**

291.0-292.9	Alcoholic & Drug psychoses
293.0	Acute delirium
295.00-295.94	Schizophrenic disorders (all codes except when the 5th digit=5="in remission")
296.00-296.99	Affective psychoses (all codes except when the 5th digit =6="in full remission")
298.0-298.9	Nonorganic psychoses
300.9	<i>Suicide risk or tendencies</i>
303.00-303.02	Acute alcoholic intoxication
312.34	Intermittent explosive disorder

**Nervous System and Sense Organs**

320-326	Meningitis, Encephalitis, Intracranial abscess
345.1-345.11	Generalized convulsive epilepsy
345.3	Grand mal seizures
346.80, 346.81	<i>Other forms of migraine headache</i>
349.0	<i>Headache following lumbar puncture</i>
360.5-360.69	Intraocular foreign body
361.0-361.9	Retinal detachments and defects
362.3-362.37	Retinal vascular occlusion
364.0-364.05	Acute iridocyclitis
365.22	Acute angle-closure glaucoma
370.0-370.07	Corneal ulcer
374.81	Hemorrhage of eyelid
374.86	Retained foreign body of eye lid
376.01	<i>Orbital Cellulitis</i>
379.0-379.09	Scleritis and episcleritis
388.61	Cerebrospinal fluid otorrhea

Circulatory System

401.0	Essential hypertension, malignant
410-410.92	Acute myocardial infarction
411-411.89	Other acute and subacute forms of ischemic heart disease
413-413.9	Angina pectoris
415-415.19	Acute pulmonary heart disease
420-420.99	Acute pericarditis
421-421.9	Acute and subacute endocarditis
422-422.99	Acute myocarditis
424.0-424.99	Diseases of endocardium
426-426.9	Conductive disorders
427-427.9	Cardiac dysrhythmias
428-428.9	Heart failure
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432-432.9	Intracranial hemorrhage
433.01, 433.11, 433.21, 433.31, 433.81, 433 .91	Occlusion and stenosis of precerebral arteries with cerebral infarction
434.01, 434.11, 434 .91	Occlusion of cerebral arteries with cerebral infarction
435.0-435.9	Transient cerebral ischemia
436	Acute cerebrovascular disease
437.2	Hypertensive encephalopathy
441-441.9	Aortic aneurysm
444-444.9	Arterial embolism and thrombosis

Diseases of Veins and Lymphatics and other Diseases of Circulatory System

451-453.9	Phlebitis, thrombophlebitis, and thrombosis
455.2	Internal hemorrhoids with other complications

Respiratory System

464.11	Acute tracheitis with obstruction
464.21	Acute laryngotracheitis with obstruction
464.31	Acute epiglottitis with obstruction
464.4	Croup, up to age 8
466-466.19	Acute bronchitis and bronchiolitis - up to age 8
475	Peritonsillar abscess
478.21-478.25, 478.29	Cellulitis, abscess or edema of pharynx or nasopharynx
478.6	Edema of larynx

## Respiratory System - continued

478.75	Laryngeal spasm
480-480.9	Viral pneumonia
481	Pneumococcal pneumonia
482-482.9	Other bacterial pneumonia
483-483.8	Pneumonia due to other specified organism
484-484.8	Pneumonia in infectious diseases classified elsewhere
485	Bronchopneumonia, organism unspecified
486	Pneumonia, organism unspecified
487.0	Influenza with pneumonia
487.1	Influenza with other respiratory manifestations
491.21	Obstructive chronic bronchitis with acute exacerbation
493.0-493.91	Asthma
507-507.8	Aspiration pneumonia
510.0-510.9	Empyema
511.1-511.9	Pleurisy with effusion
512-512.8	Pneumothorax
513-513.1	Abscess of lung & mediastinum
514	Pulmonary congestion and hypostasis
518.0	Pulmonary collapse
518.4	Acute edema of lung
518.5	Pulmonary insufficiency following trauma
518.81-518.82	Respiratory failure
519.0	Tracheostomy complication
519.2	Mediastinitis

## Digestive System

530.4	Perforation of esophagus
530.7	Mallory Weiss Syndrome
530.82	Other pulmonary insufficiency, NOS
531-531.61	Gastric ulcer, acute or chronic with hemorrhage and/or perforation
532-532.61	Duodenal ulcer, acute or chronic with hemorrhage and/or perforation
533-533.61	Peptic ulcer, acute or chronic with hemorrhage and/or perforation
534-534.61	Gastrojejunal ulcer, acute or chronic with hemorrhage and/or perforation
536.2	Persistent vomiting
540-542	Appendicitis
550.1-550.13	Inguinal hernia with obstruction
552.9	Hernia with obstruction
560.0-560.2	Intestinal obstruction
560.9	Unspecified intestinal obstruction
562.01-562.03	Diverticulitis of small intestine and diverticulosis of small intestine with hemorrhage
562.11-562.13	Diverticulitis of colon and diverticulosis of colon with hemorrhage
567-567.9	Peritonitis



## Digestive System - continued

574.0-574.11	Calculus of gallbladder with cholecystitis
574.3-574.41	Calculus of bile duct with cholecystitis
574.6-574.81	Calculus of gallbladder and bile duct with cholecystitis
575.0	Acute cholecystitis
575.4	Perforation of gallbladder
576.1	Cholangitis
577.0	Acute pancreatitis
578-578.9	Gastrointestinal hemorrhage

## Genitourinary System

584-584.9	Acute renal failure
590.0-590.9	Infections of kidney
592-592.9	Calculus of kidney and ureter
599.6	Urinary obstruction
601.0	Acute prostatitis
604.0	Orchitis, epididymitis, and epididymo-orchitis, with abscess
605	Paraphimosis
607.3	Priapism
608.2	Torsion of testis
614-614.0	Acute salpingitis and oophoritis
614.3	Acute parametritis and pelvic cellulitis
614.5	Acute or unspecified pelvic peritonitis
616.3	Abscess of Bartholin's Gland

## Pregnancy, Childbirth, Puerperium

632	Missed abortion
633-634.92	Ectopic pregnancy/spontaneous abortion
640-640.93	Hemorrhage in early pregnancy
641-641.93	Antepartum hemorrhage, abruptio placentae, and placenta previa
642-642.94	Hypertension complicating pregnancy, childbirth and the puerperium
643-643.93	Excessive vomiting in pregnancy
644-644.21	Early or threatened labor
646.6	<i>UTI in pregnancy</i>
656.4-656.43	Intrauterine death
666.00-666.34	Postpartum hemorrhage

## Skin and Subcutaneous Tissue

692.4	Dermatitis due to chemical products
695.1	Erythema multiforme
708.0	Allergic urticaria

## Symptoms, Signs and Ill-Defined Conditions

780.0 - 780.09	Coma and stupor
780.1	Hallucinations
780.2	Syncope and collapse
780.3	Convulsions
780.6	Fever, age 1 year of less, temp. 100.4 or > (R)
781.4	Transient paralysis of limb
781.6	Meningismus
781.7	Tetany
782.5	Cyanosis
782.7	Spontaneous ecchymoses (petechiae)
784.7	Epistaxis
784.8	Hemorrhage from throat
785.0	<i>Tachycardia</i>
785.1	<i>Palpitations</i>
785.5-785.59	Shock without mention of trauma
786.0-786.09	Dyspnea and Respiratory Abnormality
786.3	Hemoptysis
786.5-786.59	Chest pain
788.0	Renal colic
788.2-788.20	Retention of urine
788.5	Oliguria and anuria
789.0-789.09	<i>Abdominal pain</i>
789.4	<i>Abdominal rigidity</i>
789.6	<i>Abdominal rebound tenderness</i>
798-798.9	Sudden death, cause unknown
799.0	Asphyxia
799.1	Respiratory arrest

## Injury and Poisoning

<b>800-999.9</b>	<b>Entire range is covered. If claims deny within this range of diagnoses please contact the CA office at 919-857-4022.</b>
V61.21	Child abuse
V70.1	General psychiatric examination, requested by the authority
V70.4	Examination for medicolegal reasons
V71.4	Observation following other accident
V71.5	Observation following alleged rape or seduction
V71.6	Observation following other inflicted injury

## “COBRA/EMTALA/BBA REGULATIONS”

### Abbreviated Review of Federal Regulations as it applies to Emergency Department Visits

#### 42 CFR 489 (COBRA/EMTALA)

##### *489.24 Special Responsibilities of Medicare /Medicaid hospitals in emergency cases.*

(a) *General.* In the case of a hospital that has an emergency department, if any individual (whether or not eligible for Medicare benefits and regardless of ability to pay) comes by him or herself to the emergency department and a request is made on the individual's behalf for examination or treatment of a medical condition by qualified medical personnel (as determined by the hospital in its rules and regulations), the hospital must provide for an appropriate medical screening examination within the capability of the hospital's emergency department, to determine whether or not an emergency medical condition exists. The examinations must be conducted by individuals determined qualified by hospital by-laws or rules and regulations and who meet the requirements of 482.55 concerning emergency services personnel and direction. (482.55 states, ...that emergency services be supervised by a qualified member of the medical staff and that there be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility).

##### *Emergency medical condition means-*

- (i) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such **\*that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect (BBA, Section 1932 (b)(2))**the absence of immediate medical attention to result in
  - (A) Placing the health of the individual (or with respect to a pregnant woman or her unborn child) in serious jeopardy;
  - (B) Serious impairment to bodily functions or
  - (C) Serious dysfunction of any bodily organ or part; or
- (ii) With respect to a pregnant woman who is having contractions----
  - (A) That there is inadequate time to safely transfer to another hospital before delivery; or
  - (B) That transfer may pose a threat to the health or safety of the woman or the unborn child.

##### *Stabilize means-*

That no material deterioration of the condition is likely within reasonable medical probability, to result from or occur during the transfer of the individual from a facility.

##### *To stabilize means-*

With respect to an *emergency medical condition*, to provide such medical treatment of the condition necessary, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

##### *Transfer means-*

The movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated directly or indirectly with) the hospital.

*Screening examination*

CFR vol. 59, No. 119, June 22, 1994. Response to comments section, pg. 32099 and 32108. It is impossible to define in advance all of the circumstances in which an individual may come to a hospital emergency department. What will constitute an appropriate medical screening examination will vary according to the condition of the individual and the capabilities of the hospital's emergency department. Within those capabilities, the examination must be sufficient to permit the hospital to decide whether or not the individual has an emergency medical condition. The regulations presently allow a hospital to delegate its responsibility to perform initial medical screening examinations to qualified medical personnel if it does so in its by-laws.

489.24 (c) (ii) (3) *Delay in examination or treatment*

A participating hospital may not delay providing an appropriate medical screening examination or further medical examination and treatment in order to inquire about the individual's method of payment or insurance status.

If the medical screening exam is appropriate and does not reveal an emergency medical condition, the hospital has no further obligations under CFR 489.24 (TAG Number A406, Interpretive Guidelines-Responsibilities of Medicare Participating Hospital in Emergency Cases-HCFA, 05-98).

# Carolina ACCESS Emergency Room Retrospective Medical Record Review Form

Patient Name \_\_\_\_\_

Patient Medicaid ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Service \_\_\_\_\_

Time of Service \_\_\_\_\_

Day of Week \_\_\_\_\_

Place of Service \_\_\_\_\_

Diagnosis Code #1 \_\_\_\_\_

Diagnosis Code #2 \_\_\_\_\_

Diagnosis Code #3 \_\_\_\_\_

Diagnosis Code #4 \_\_\_\_\_

Diagnosis Code #5 \_\_\_\_\_

Presenting symptoms met Prudent Layperson standard (as defined in BBA) for emergency.

Illness severity required emergency treatment

Ancillary diagnostic testing required to determine emergency treatment requirements

PCP not available when contact was attempted on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Hospital Personnel)

PCP would not authorize ER visit when telephoned on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (PCP Personnel)

PCP call not required - Hospital/PCP written protocol for specific medical condition exists

Other, please explain \_\_\_\_\_

Return To:

Managed Care

Division of Medical Assistance

Attn: Retrospective Medical Record Review

2516 Mail Service Center

Raleigh, NC 27699-2516

***Please group UB-92 and HCFA-1500 claim forms with the medical record if  
physician and hospital services are to be reviewed.***

***Incomplete records will be returned***

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## Attention: All Physicians

**U**pdated Injectable Drug List

Following is an updated list of FDA approved injectable drugs currently covered by the North Carolina Medicaid Program when provided in a physician's office for the FDA indications. This list replaces the list published in June 1997. Fees and newly covered drugs are effective with date of service October 1, 1999. Immunizations are now included on a separate list.

Physicians will continue to bill on the HCFA-1500 claim form using the appropriate drug code, and indicating the number of units administered as specified in the listing.

(\*) - Designates newly covered drugs.

(^)- Designates a change in code.

(#) - Designates drugs not previously published with effective dates for coverage prior to 10/1/99.

(\*\*) - Designates an invoice is required to accompany the HCFA-1500 claim form. Payment is based on the invoice price.

	<i>Procedure Code</i>	<i>Description</i>	<i>Fees</i>
#	J0130	Abciximab 10 mg	487.37
	J1120	Acetazolamide Sodium, up to 500 mg (Diamox)	28.15
	J0150	Adenosine I.V. (Adenocard I.V.) 6 mg.	28.67
^	J0151	Adenosine (Adenoscan) 90 mg	201.93
	J0170	Adrenalin, Epinephrine, up to 1 ml ampule	.90
	Q0156	Albumin Infusion 5%/500ml	135.37
	Q0157	Albumin Infusion 25%/50ml	78.29
	J0205	Alglucerase, per 10 units (Ceredase)	35.64
	J0256	Alpha 1 Proteinase Inhibitor Human A (Prolastin) 10 mg.	1.98
	J9015	Aldesleukin (Proleukin, Interleuken II 22 million IU (SDV)	503.14
	J2996	Alteplase Recombinant, per 10 mg (Activase)	248.48
#	J0207	Amifostine 500 mg.	332.79
#	W5181	Amikacin Sulfate (500 mg)	15.79
	J0280	Aminophyllin, up to 250 mg	1.10
	J1320	Amitriptyline HCL, up to 20 mg (Elavil, Enovil)	.05
	J0300	Amobarbital, up to 125 mg (Amytal)	2.09
^	J0285	Amphotericin B (50 mg)	84.23
*	J0286	Amphotericin B Any Lipid Formulation (50 mg)	128.78
#	W5189	Amphotericin B Lipid Complex (Abelcet) 100 mg	174.60
	J0295	Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm	6.69
	J0290	Ampicillin, up to 500 mg (Omnipen, Polycillin-N, Totacillin-N)	1.01
	J0350	Anistreplase, per 30 units (Eminase)	2,391.69
*	J7197	Antithrombin II (human) per I.U.	.75
*	J0395	Arbutamine HCL (1 mg)	173.28
	J9020	Asparaginase, 10,000 units (Elspar)	51.94
	J0460	Atropine Sulfate, up to 0.3 mg	.54
	J2910	Aurothioglucose, up to 50 mg (Solganal)	12.92
	W5156	Azithromycin, oral suspension 1 unit = 1 gm packet (Zithromax), only oral drug on list	18.32
	J0475	Baclofen, Kit 1*20 ml. Amp. (10 mg/20ml. 500 meg./ml.)	204.86
	W5170	Baclofen, Kit 2*5 ml. Amp. (10 mg./5 ml. 2000 meg./ml.)	427.78
	W5169	Baclofen, Kit 4*5 ml. Amp. (10 mg./5ml. 2000 meg./ml.)	752.68
*	J0476	Baclofen (for intrathecal Trial) 50 mcg	70.39
	J9031	BCG (intravesical) per installation (Tice, TheraCys)	158.16

	<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
	J0510	Benzquinamide HCL, up to 50 mg (Emete-CON)	5.20
	J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate, per 3 mg	4.47
	J0704	Betamethasone Sodium Phosphate, per 4 mg	3.05
	J0520	Bethanechol Chloride up to 5 mg (Urecholine)	4.90
	J0190	Biperiden, Akineton 5 mg	**
	J9040	Bleomycin Sulfate, 15 units (Blenoxane)/2 ml	274.90
	J0945	Brompheniramine Maleate , 10mg	.73
	J0635	Calcitriol, 1 mcg amp.(Calcijex)	12.17
	J0610	Calcium Gluconate, up to 10 ml (Kaleinate)	1.26
	J0620	Calcium Glycerophosphate and Calcium Lactate, per 10 ml (Calphosan)	2.44
	W5166	Camptosar 5 CC	521.58
	J9045	Carboplatin, 50 mg (Paraplatin)	93.95
	J9050	Carmustine, 100 mg (Bicnu)	89.84
	J0690	Cefazolin Sodium, up to 500 mg (Ancef, Kefzol, Zolicef)	1.51
#	W5185	Cefepime HCL (Maxipime HCL) 500 mg	6.94
	J0695	Cefonicid Sodium, 1 gram (Monocid)	23.55
	J0698	Cefotaxime Sodium, per gm (Claforan)	11.26
	J0694	Cefoxitin Sodium, 1 gm (Mefoxin)	9.46
	J0713	Ceftazidime per 500 mg	6.93
	J0715	Ceftizoxime Sodium, per 500 mg (Cefizax)	5.84
	J0696	Ceftriaxone Sodium, per 250 mg (Rocephin)	10.50
	J0697	Cefuroxime Sodium, per 750 mg (Kefurox, Zinacef)	6.10
	J1890	Cephalothin Sodium, up to 1 gm (Keflin)	9.74
	J0710	Cephapirin Sodium, up to 1 gm (Cefadyl)	1.48
	J0720	Chloramphenicol Sodium Succinate, up to 1 gm	5.87
	J1990	Chlordiazepoxide HCL, up to 100 mg (Librium)	20.65
	J2400	Chlorprocaine HCL 30 ml	8.57
	J0390	Chloroquine HCL, up to 250 mg	15.39
	J1205	Chlorothiazide Sodium 500 mg.	8.85
	J0730	Chlorpheniramine Maleate, per 10 mg	.36
	J3230	Chlorpromazine HCL, 50 mg (Thorazine, Ormazines)	1.80
	J3080	Chlorprothixene, up to 50 mg (Taractan)	9.25
	J0725	Chorionic Gonadotropin, per 1,000 usp units	1.54
	J0740	Cidofovir 375 mg.	687.70
	J0743	Cilastatin Sodium; Imipenem, per 250 mg	13.39
	W5176	Cimetadine HCL (Tagamet) (300 mg)	2.99
	W5183	Ciprofloxacin (Cipro) 200 mg.	12.96
	J9062	Cisplatin, 50 mg (Platinol, Platinol AQ)	195.08
	J9060	Cisplatin, 10 mg (Platinol, Platinol AQ)	39.01
	J9065	Cladribine, per 1 mg (Leustatin)	48.85
#	J0735	Clonidine Hydrochloride (1 mg)	46.02
	J0745	Codeine Phosphate, per 30 mg	.64
	J0760	Colchicine, 1 mg	4.54
	J0770	Colistimethate Sodium, up to 150 mg (Coly-Mycin M)	38.62
	J0800	Corticotropin, up to 40 units (Acthor, ACTH)	4.33
	J0810	Cortisone Acetate, up to 50 mg	.90
	J0835	Cosyntropin, per 0.25 mg (Cortrosyn)	13.34
	J3420	Cyanocobalamin, B 12 1000 mcg	.19
	J9096	Cyclophosphamide Lyophilized 1 gm (Cytoxan Lyophilized)	46.41
	J9093	Cyclophosphamide Lyophilized, 100 mg (Cytoxan Lyophilized)	5.82
	J9091	Cyclophosphamide, 1.0 gm (Cytoxan, Neosar)	44.08
	J9070	Cyclophosphamide, 100 mg (Cytoxan, Neosar)	5.46
	J9092	Cyclophosphamide, 2.0 gm (Cytoxan, Neosar)	92.85
	J9080	Cyclophosphamide, 200 mg (Cytoxan, Neosar)	10.36
	J9090	Cyclophosphamide, 500 mg (Cytoxan, Neosar)	22.03
	J9094	Cyclophosphamide, Lyophilized, 200 mg (Cytoxan Lyophilized)	11.05
	J9095	Cyclophosphamide, Lyophilized, 500 mg (Cytoxan Lyophilized)	23.20
	J9097	Cyclophosphamide Lyophilized 2gm	92.85



	<b>Procedure Codes</b>	<b>Description</b>	<b>Fees</b>
	J9100	Cytarabine 100 mg (Cytosar U)	5.96
	J9110	Cytarabine 500 mg	23.71
	J9130	Dacarbazine 100 mg	10.44
	J9140	Dacarbazine 200 mg	20.88
	J9120	Dactinomycin .5 mg (Cosmegen)	11.71
	J1645	Dalteparin (Fragmin) per 2500 I.U./2 ml.	10.16
	J9150	Daunorubicin HCL, 10 mg (Cerubidine)	76.03
*	J9151	Daunorubicin Citrate Liposomal 10 mg	61.37
	W5163	Daunorubicin Citrate Liposome 50 mg	280.35
	J0895	Deferoxamine, Mesylate 500 mg per 5cc (Deferal)	10.89
	W5195	Denileukin Diftitox 18 mcg (Ontak)	59.55
	J1000	Depoestradiol Cypionate, up to 5 mg	.90
	J1095	Dexamethasone Acetate 8 mg	2.18
	J2597	Desmopression Acetate per 1 mcg	4.44
	J1100	Dexamethosone Sodium, up to 4mg/ml	.45
	J1190	Dexrazoxane HCL 250 mg	143.04
*	J7110	Dextran 75	93.30
	J7042	Dextrose/Normal Saline – 5% (500 ml = 1 unit)	10.21
	J7070	Dextrose/Water – 5% (1000 cc = 1 unit)	11.22
	J7060	Dextrose/Water – 5% (500 ml = 1 unit)	9.25
	J3360	Diazepam, up to 5 mg (Valium, Zetran)	.71
	J1730	Diazoxide, up to 300 mg (Hyperstat IV)	95.80
	J0500	Dicyclomine HCL up to 20 mg (Bentyl, Dilomine, Antispas)	1.71
	J9165	Diethylstilbestrol Diphosphate, 250 mg (Stilphostrol)	13.68
	J1160	Digoxin, up to 0.5 mg (Lanoxin)	1.86
	J1110	Dihydroergotamine, up to 1 mg	11.89
	J0470	Dimecaprol, up to 100 mg	22.49
	J1240	Dimenhydrinate, 50 mg	.64
	J1200	Diphenhydramine HCL, up to 50 MG (Benadryl)	.78
	J1245	Dipyridamole, per 10 mg (Persantine IV)	17.27
	J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	32.94
	J1250	Dobutamine HCL, 250 mg	10.83
#	J9170	Docetaxel (20 mg)	256.63
#	W5180	Dolasetron Mesylate (5 ml)	140.29
*	J1260	Dolasetron Mesylate (1 mg)	1.20
	W5167	Doxil 10 mg/ml	295.31
	J9000	Doxorubicin HCL, 10 mg (Adriamycin Rubex)	36.13
	J1810	Droperidol and Fentanyl Citrate, up to 2 ml ampule (Innovar)	8.96
	J1790	Droperidol, up to 5 mg (Inapsine)	2.61
	J1180	Dyphylline, up to 500 mg	5.02
	J0600	Edetate Calcium Disodium up to 1000 mg	34.61
	J1650	Emoxaparin Sodium (Lovenox) 30 mg	15.16
	Q9920	EPO, per 1000 units, Patient HCT 20 or less	10.83
	Q9921	EPO, per 1000 units, Patient HCT 21	10.83
	Q9922	EPO, per 1000 units, Patient HCT 22	10.83
	Q9923	EPO, per 1000 units, Patient HCT 23	10.83
	Q9924	EPO, per 1000 units, Patient HCT 24	10.83
	Q9925	EPO, per 1000 units, Patient HCT 25	10.83
	Q9926	EPO, per 1000 units, Patient HCT 26	10.83
	Q9927	EPO, per 1000 units, Patient HCT 27	10.83

	<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
	Q9928	EPO, per 1000 units, Patient HCT 28	10.83
	Q9929	EPO, per 1000 units, Patient HCT 29	10.83
	Q9930	EPO, per 1000 units, Patient HCT 30	10.83
	Q9931	EPO, per 1000 units, Patient HCT 31	10.83
	Q9932	EPO, per 1000 units, Patient HCT 32	10.83
	Q9933	EPO, per 1000 units, Patient HCT 33	10.83
	Q9934	EPO, per 1000 units, Patient HCT 34	10.83
	Q9935	EPO, per 1000 units, Patient HCT 35	10.83
	Q9936	EPO, per 1000 units, Patient HCT 36	10.83
	Q9937	EPO, per 1000 units, Patient HCT 37	10.83
	Q9938	EPO, per 1000 units, Patient HCT 38	10.83
	Q9939	EPO, per 1000 units, Patient HCT 39	10.83
	Q9940	EPO, per 1000 units, Patient HCT 40	10.83
#	J1325	Epoprostenol (.5 mg)	15.70
	Q0136	Epotin Alpha (for non ESRD use) P/1000 units	10.83
	J1330	Ergonovine Maleate, up to 0.2 mg	4.27
	J1362	Erythromycin Gluceptate, per 250 mg	5.50
	J1364	Erythromycin Lactobionate, per 500 mg	5.64
	J1380	Estradiol Valerate, up to 10 mg	.58
	J1390	Estradiol Valerate, up to 20 mg	1.17
	J0970	Estradiol Valerate, up to 40 mg	1.73
	J1410	Estrogen Conjugated, per 25 mg (Premarin Intravenous)	43.89
	J1435	Estrone, per 1 mg	.18
	J0590	Ethylnorepinephrine HCL, 1 ml (Bronkephrine)	3.96
	J1436	Etidronate Disodium, per 300 mg (Didronel)	60.46
	J9181	Etoposide, 10 mg (Vepesid)	12.07
	J9182	Etoposide, 100 mg (Vepesid)	120.70
	J3010	Fentanyl Citrate, up to 2 ml (Sublimaze)	1.22
	J7190	Factor VIII (anti-hemophilic factor) (human) per IU (Hemofil M)	.62
*	J7191	Factor VIII (anti-hemophilic factor) Porcine per IU	1.51
	J7192	Factor VIII (anti-hemophilic factor) Recombinant- per IU	.77
^	J7194	Factor IX – (Benefix 1 IU)	1.06
*	Q0160	Factor IX (Antihemophilic Factor, Purified, non-recombinant) – per I.U.	.86
*	Q0161	Factor IX (Antihemophilic Factor, recombinant) – per I.U.	.95
	J1440	Filgrastim , 300 mcg (Neupogen)	155.50
	J1441	Filgrastim , 480 mcg (Neupogen)	247.64
	J9200	Floxuridine, 500 mg (FUDR)	123.08
	J9185	Fludarabine Phosphate, 50 mg (Fludara)	200.24
	J9190	Fluorouracil, 500 mg (Adrucil)	2.25
	J2680	Fluphenazine Decanoate, up to 25 mg (Prolixin Decanoate)	14.44
	J1455	Foscarnet Sodium, per 1000 mg	10.97
	J1940	Furosemide, up to 20 mg (Lasix, Furomide M.D.)	.53
	J1460	Gamma Globulin, Intramuscular, 1 cc	2.17
	J1470	Gamma Globulin, Intramuscular, 2 cc	4.33
	J1480	Gamma Globulin, Intramuscular, 3 cc	6.50
	J1490	Gamma Globulin, Intramuscular, 4 cc	8.66
	J1500	Gamma Globulin, Intramuscular, 5 cc	10.83
	J1510	Gamma Globulin, Intramuscular, 6 cc	13.00
	J1520	Gamma Globulin, Intramuscular, 7 cc	15.16

	<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
	J1530	Gamma Globulin, Intramuscular, 8 cc	17.33
	J1540	Gamma Globulin, Intramuscular, 9 cc	19.49
	J1550	Gamma Globulin Intramuscular 10 cc	21.66
	J1560	Gamma Globulin, Intramuscular, over 10 cc(use correct combinations of services)	**
	J1570	Ganciclovir Sodium, 500 mg (Cytovene)	32.19
*	J7310	Ganciclovir, Long-acting Implant (4.5 mg)	4,512.50
	J9201	Gemcitabine HCl. 200 mg	84.04
	W5160	Gemcitabine HCL. 1 gm	384.44
	J1580	Gentamicin (Garamycin Sulfate) 80 mg	1.03
	J1610	Glucagon Hydrochloride, per 1 mg	51.98
	J1600	Gold Sodium Thiomaleate, up to 50 mg	10.65
	J1620	Gonadorelin Hydrochloride, per 100 mcg	140.57
	J9202	Goserelin Acetate Implant, per 3.6 mg (Zoladex)	424.16
	J1626	Granisetron Hydrochloride (100 mcg)	16.79
	J1631	Haloperidol Decanoate, per 50 mg (Haldol Decanoate – 50 or 100)	25.99
	J1630	Haloperidol, up to 5 mg (Haldol)	1.31
	J1642	Heparin Sodium, (Heparin Lock Flush), per 10 units	.05
	J1644	Heparin Sodium, per 1000 units	.15
#	W5190	Herceptin (Trastuzumab) 1 mg	4.63
^	J7315	Hyalgan (Sodium Hyaluronate) 20 mg. (Series of 5 weekly injections)	119.31
	J3470	Hyaluronidase, up to 150 units (Wydase)	6.29
	W5168	Hycamtin 4 mg	565.20
	J0360	Hydralazine HCL, up to 20 mg (Apresoline)	8.34
	J2480	Hydrochlorides of Opium Alkaloids, up to 20 mg (Pantopon)	3.08
	J1700	Hydrocortisone Acetate, up to 25 mg	.52
	J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	4.69
	J1720	Hydrocortisone Sodium Succinate, up to 100 mg	2.66
	J1170	Hydromorphone, up to 4 mg (Dilaudid)	1.03
	J1739	Hydroxyprogesterone Caproate 125 mg/ml	1.22
	J1741	Hydroxyprogesterone Caproate, 250 mg/ml	2.44
	J3410	Hydroxyzine HCL, up to 25 mg (Vistaril, Vistaject-25, Hyzine-50)	.66
^	J7320	Hylan G-F 20 (Synvisc) 16 mg/ 2 ml Series of 3 weekly injections	194.62
	J1980	Hyoscyamine Sulfate, up to 0.25 mg (Levsin)	4.81
*	J7130	Hypertonic Saline Solution (50 or 100 meq, 20 cc vial)	3.09
#	J1742	Ibutilide Fumarate (1 mg.)	186.69
	J9211	Idarubicin Hydrochloride, 5 mg	303.09
	J9208	Ifosfamide, 1 gm	127.93
	J1785	Imiglucerase, per unit (Cerezyme)	3.56
	J3270	Imipramine HCL, up to 25 mg (Tofranil)	**
	J1561	Immune Globulin, Intravenous, per 500 mg (Gammar IV)	39.25
	W5196	Infliximab 5 mg (Remicade)	29.25
	J1820	Insulin, up to 100 units (Pork Regular)	3.51
	J9213	Interferon, Alfa-2A, recombinant, 3 million units (Roferon)	31.55
	J9214	Interferon, Alfa-2B, Recombinant, 1 million units (Intron A)	11.27
	J9215	Interferon, Alfa-N3, 250,000 IU	7.17
*	J9212	Interferon, Alfacon-1, Recombinant, 1 mcg	1.06
	J9216	Interferon, Gamma 1-B, 3 million units (Actimmune)	126.35
#	J9206	Irinotecan (20 mg)	104.59
	J1780	Iron Dextran, Infed 500 mg	170.13
	J1760	Iron Dextran, Infed 100 mg	34.02
	J1770	Iron Dextran, Infed 250 mg	85.06

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J1840	Kanamycin Sulfate, 500 mg (Kantrex, Klebcil)	3.03
J1850	Kanamycin Sulfate, 75 mg (Kantrex, Klebcil)	2.74
J1885	Ketorolac Tromethamine, per 15 mg (Toradol)	5.46
W5172	Ketorolac Tromethamine, per 30 mg	9.32
W5171	Ketorolac Tromethamine, per 60 mg	9.89
J1910	Kutapressin, up to 2 ml	11.44
J0640	Leucovorin Calcium, per 50 mg	17.03
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg (Lupron) (22.5 mg allowed for DX 185 only)	536.67
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg (Lupron) Leuprolide Acetate (for depot suspension), per 11.25 mg(Lupron) (3 months)	431.40 431.40x3
J9218	Leuprolide Acetate, per 1 mg (Lupron)	116.77
J1955	Levocarnitine per 1 gm	32.49
* J1956	Levofloxacin (250 mg)	17.86
J1960	Levorphanol tartrate, up to 2 mg	3.57
J2000	Lidocaine HCL, 50 cc	2.62
J2010	Lincomycin HCL, up to 300 mg (Lincocin)	.90
J2060	Lorazepam, 2 mg (Ativan)	7.91
W5128	Lupron Depot Pediatric 11.25 mg	971.83
W5129	Lupron Depot Pediatric 15 mg	1,070.37
W5127	Lupron Depot Pediatric 7.5 mg	535.19
J3475	Magnesium Sulfate, 500 mg, injection	.40
J2150	Mannitol, 25% in 50 ml	2.80
J9230	Mechlorethamine Hydrochloride (Nitrogen Mustard), 10 mg	10.12
J1055	Medroxyprogesterone Acetate for Contraceptive Use, 150 mg (Depo-Provera)	43.29
J1050	Medroxyprogesterone Acetate, 100 mg (Depo-Provera)	9.45
J9245	Melphalan Hydrochloride 50 mg (Alkeran)	329.17
J2180	Meperidine and Promethazine HCL, up to 50 mg (Mepergan Injection)	3.72
J2175	Meperidine Hydrochloride, per 100 mg (Demerol HCL)	.65
J3450	Mephentermine, up to 30 mg	1.90
J0670	Mepivacaine (Carbocaine) 10 ml	1.79
J9209	Mesna, 200 mg (Mesnex)	33.03
J0380	Metaraminol Bitartrate 10 mg (Aramine)	1.07
J1230	Methadone HCL, up to 10 mg	.55
J2970	Methicillin Sodium, up to 1 gm (Staphcillin)	4.99
J2800	Methocarbamol, up to 10 ml (Robaxin)	4.05
J9250	Methotrexate Sodium, 5 mg	.37
J9260	Methotrexate Sodium, 50 mg	3.81
J1970	Methotrimeprazine, up to 20 mg	20.47
J3390	Methoxamine, up to 20 mg (Vasoxyl)	22.04
J0210	Methyldopate HCL, up to 250 mg (Aldomet)	8.53
J2210	Methylergonovine Maleate, up to 0.2 mg (Methergine)	3.06
J1020	Methylprednisolone Acetate, 20 mg (Depo Medrol)	.69
J1030	Methylprednisolone Acetate, 40 mg	.90
J1040	Methylprednisolone Acetate, 80 mg	1.75
J2930	Methylprednisolone Sodium Succinate, up to 125 mg (SoluMedrol, Anetha Pred)	5.09
J2920	Methylprednisolone Sodium Succinate, up to 40 mg (Solu Medrol, Anetha Pred)	1.92
J2765	Metoclopramide HCL, up to 10 mg (Reglan)	1.80
J2250	Midozolem HCL (Versed) per 1 mg	2.34
J2260	Milrinone Lactate, per 5 ml (Primacor)	28.42
J9290	Mitomycin, 20 mg (Mutamycin)	365.15
J9291	Mitomycin, 40 mg (Mutamycin)	730.30

	<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
	J9280	Mitomycin, 5 mg (Mutamycin)	118.29
	J9293	Mitoxantrone Hydrochloride, per 5 mg (Novantrone)	199.87
	J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg	7.99
	J2270	Morphine Sulfate, up to 10 mg	1.05
*	J2271	Morphine Sulfate (100 mg)	7.77
	J2310	Nalaxone Hydrochloride (Narcan) per 1 mg	3.98
	J2300	Nalbuphine Hydrochloride, 10 mg	3.62
	J2321	Nandrolone Decanoate, up to 100 mg	8.88
	J2322	Nandrolone Decanoate, up to 200 mg	12.01
	J2320	Nandrolone Decanoate, up to 50 mg	4.93
	J0340	Nandrolone Phenpropionate, up to 50 mg (Duradolin)	7.48
	J9390	Navelbine 10 mg	62.92
	J2710	Neostigmine Methylsulfate, up to 0.5 mg (Prostigmine)	.47
	J7030	Normal Saline Solution, 1000 cc, infusion	8.36
	J7050	Normal Saline Solution, 250 cc, infusion	10.60
	J7040	Normal Saline Solution, Sterile (500 ml=1 unit), infusion	9.08
	J2405	Ondansetron Hydrochloride, per 1 mg (Zofran)	5.51
^	J2355	Oprelvekin (Newmega) 5 mg	224.49
	J2360	Orphenadrine Citrate, up to 60 mg	1.44
*	J7196	Other Hemophilia Clotting Factors (e.g., anti-inhibitors)	.88
	J2700	Oxacillin Sodium, up to 250 mg (Bactocile, Prostaphlin)	.61
	J2410	Oxymorphone HCL, up to 1 mg	2.50
	J2460	Oxytetracycline HCL, up to 50 mg (Terramycin IM)	.85
	J2590	Oxytocin, up to 10 units (Pitocin, Syntocinon)	.53
	J9265	Paclitaxel, 30 mg (Taxol)	164.83
	J2430	Pamidronate Disodium, per 30 mg (Aredia)	208.58
	J2440	Papaverine HCL, up to 60 mg	3.24
	J9266	Pegaspargase (Onsco spar) Single Dose vial (5 ml/ SDV)	1,255.57
	J0540	Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units	12.08
	J0550	Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units	24.86
	J0530	Penicillin G Benzathine and Penicillin G procaine, up to 600,000 units	5.91
	J0570	Penicillin G Benzathine, up to 1,200,000 units (Bicillin L-A, Permapen)	13.36
	J0580	Penicillin G Benzathine, up to 2,400,000 units (Bicillin L-A, Permapen)	26.71
	J0560	Penicillin G Benzathine, up to 600,000 units (Bicillin L-A, Permapen)	6.68
	J2540	Penicillin G Potassium, up to 600,000 units	.27
	J2510	Penicillin G Procaine, Aqueous, up to 600,000 units	2.34
	J2512	Pentagastrin, per 2 ml (Peptavlon)	28.78
	J2545	Pentamidine (Pentam 300)	112.96
#	W5192	Pentamidine Isethionate	100.91
	J3070	Pentazocine HCL, up to 30 mg (Talwin)	3.51
	J2515	Pentobarbital Sodium (Nembutal Sodium Solution) 50 mg	1.17
*	J9268	Pentostatin, 10 mg	1,484.61
	W5194	Piperacillin Sodium 4 gm (Pipracil)	22.85
	J3310	Perphenazine, up to 5 mg (Trilafon)	5.99
	J2560	Phenobarbital Sodium, up to 120 mg	6.10
	J2760	Phentolamine Mesylate, up to 5 mg (Regitine)	30.32
	J2370	Phenylephrine HCL, up to 1 ml (NeoSynephrine)	2.17
	J1165	Phenytoin Sodium (Dilantin)	.73
	J9270	Plicamycin, (Mithracin) 2.5 mg	85.68
#	J9600	Porfimer Sodium (75 mg)	2,322.52
	J3480	Potassium Chloride 2 meq.	.05

	<b>Procedure Codes</b>	<b>Description</b>	<b>Fees</b>
	J2730	Pralidoxime Chloride, up to 1 gm (Protopam Chloride)	57.87
	J2650	Prednisolone Acetate, up to 1 ml	.50
	J2640	Prednisolone Sodium Phosphate, to 20 mg	.63
	J1690	Prednisolone Tebutate, up to 20 mg	3.69
	J2690	Procainamide HCL, up to 1 gm (Pronestyl)	5.23
	J0780	Prochlorperazine Edisylate 10 mg Compazine, Cotranzine, Compa-Z, Ultrazine-10	2.30
	J2675	Progesterone, per 50 mg	1.17
	J2950	Promazine HCL, up to 25 mg (Sparine, Prozine-50)	.43
	J2550	Promethazine HCL, up to 50 mg (Phenergan, Phenazine)	1.06
	J1930	Propiomazine HCL, up to 20 mg	3.74
	J1800	Propranolol HCL, up to 1 mg (Inderal)	5.64
	J2720	Protamine Sulfate, per 10 mg	.67
	J2725	Protirelin, per 250 mg	22.28
	W5177	Rantidine (Zantac) 50 mg.	3.59
*	J2994	Reteplase (37.6 mg/ 2 SDV)	2,481.87
	J7120	Ringers Lactate Infusion, up to 1000 cc	11.81
^	J9310	Rituximab (Rituxan) 100 mg./ 10ml.	380.26
*	W5198	Sandostatin (Octreotide Acetate) 100 mcg	211.99
	J2820	Sargramostim (GM-CSF), (Leukine, Prokine) 50 mcg	24.34
	J2860	Secobarbital Sodium, up to 250 mg (Seconal)	7.23
	Y1856	Sodium Bicarbonate 7.5% up to 50 ml	16.72
	J2912	Sodium Chloride 9% per ml	.14
	J3320	Spectinomycin-Dihydrochloride, up to 2 gm (Trobicin)	21.65
	X1270	Stadol	7.58
*	J7051	Sterile Saline or Water (up to 5cc)	.94
	J2995	Streptokinase, per 250,000 IU	109.86
	J3000	Streptomycin 1 gm	5.35
	J9320	Streptozocin, 1 gm (Zanosar)	95.80
	J0330	Succinylcholine Chloride, up to 20 mg (Anectine, Quelicin, Surostrin)	.08
	W5158	Taxotere 20 mg	255.92
	W5159	Taxotere 80 mg	1,023.70
	J3105	Terbutaline Sulfate, up to 1 mg (Brethine)	2.04
	J1060	Testosterone Estradiol Cypionate, 50 mg	.98
	J1080	Testosterone Estradiol Cypionate, 200 mg	1.60
	J1090	Testosterone Cypionate, 50 mg	.57
	J1070	Testosterone Estradiol Cypionate, 100 mg	1.15
	J0900	Testosterone Enanthate and Estradiol Valerate 1 cc	1.55
	J3120	Testosterone Enanthate, 100 mg	.68
	J3130	Testosterone Enanthate, 200 mg	1.35
	J3150	Testosterone Propionate, 100 mg	1.03
	J3140	Testosterone Suspension, 50 mg	.49
	J0120	Tetracycline, up to 250 mg (Achromycin)	**
	J3280	Thiethylperazine Maleate, 10 mg (Norzine, Torecan)	4.04
	J9340	Thiotepa Triethylthiophosphoramide, 15 mg	83.47
	J2330	Thiothixene, up to 4 mg (Navane)	12.76
	J3240	Thyrotropin, up to 10 i.u.	180.67
#	W5197	Thyrotropin Alfa (Thyrogen) 0.9 mg	347.94
	J3260	Tobramycin Sulfate, up to 80 mg (Nebcin)	5.00
#	J9350	Topatecan (4 mg.)	519.11
	J3265	Torsemide 10 mg/ml	1.00
	J2670	Tolazoline HCL, up to 25 mg (Priscoline HCL)	3.38

	<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
	J3301	Triamcinolone Acetonide, per 10 mg	.88
	J3302	Triamcinolone Diacetate, per 5 mg	.18
	J3303	Triamcinolone Hexacetonide, per 5 mg	2.16
	J0400	Trimethapan Camsylate up to 500 mg	25.55
	J3250	Trimethobenzamide HCL, up to 200 mg (Tigan)	2.61
	J3305	Trimetrexate Glucuronate 25 mg	59.56
	J3350	Urea, up to 40 gm	76.19
	J3365	Urokinase, 250,000 i.u. vial	442.85
	J3364	Urokinase, 5000 iu vial	53.77
#	W5193	Valstar (Valvubicin) 800 mg	1,404.00
	J3370	Vancomycin HCL, up to 500 mg	8.11
	J9360	Vinblastine Sulfate, 1 mg	3.38
	J9370	Vincristine Sulfate, 1 mg (Oncovin, Vincasar PFS)	28.65
	J9375	Vincristine Sulfate, 2 mg	34.52
	J9380	Vincristine Sulfate, 5 mg (Oncovin, Vincasar PFS)	86.30
	J3430	Vitamin K, Phytonadione 1 mg/0.5ml	2.60
#	W5191	Zemplar (Paricalcitol) 5 mcg	23.83

Revised August 27, 1999

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

## Attention: CAP/DA Providers and CAP/DA Case Managers

### CAP/DA Claims Submission

Providers are reminded that claims for CAP/DA services must be approved by the case manager before they are submitted to EDS for payment. The case manager reviews claims to determine if they accurately reflect authorized services. If discrepancies are found, the case manager will contact the provider for resolution before claims are submitted for payment. The signature of the case manager at the bottom of the paper form or electronic printout signifies approval of the claims. Approved electronic claims are returned to the provider; whereas approved paper forms are either returned to the provider or sent directly to EDS according to the agreement with the provider. Claims submitted to EDS by providers without approval by the case manager are subject to recoupment by DMA. The reference for this information is section 12.12.5 of the January 1, 1999, Community Care Manual.

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

## Attention: Hospitals and Physicians

### Outpatient Hysterectomies

North Carolina Medicaid will adopt Medicare's policy to reimburse for outpatient hysterectomies retroactive to the date of service 01-01-1998. The providers who have had their claims denied because they were performed on an outpatient basis should resubmit their claims to EDS for processing. All claims received beginning June 25, 1999 require modifiers, therefore a modifier appended to the procedure code must be present where applicable.

Coverage of the Observation Room for Outpatient Surgical Procedures is restricted to situations where a patient exhibits an uncommon or unusual reaction, or other postoperative complication which requires monitoring or treatment beyond the usual provided in the immediate post operative period. Routine recovery room services are not to be billed as observation services.

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

## Attention: All Providers

### Synagis Coverage

The drug will be reimbursed through the pharmacy program and not the physician's program. Synagis has been approved for prevention of Respiratory Syncytial Viral (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 1999 through March 2000 in our State.

Below are the guidelines 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 who 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
- 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 alone, 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. (Pharmacists 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 reimbursed only for dates of services October 1, 1999 through March 31, 2000, unless it is determined that the season has changed for our State. If it is determined, upon audit of physician's and pharmacist's 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: All Dental Providers

**N**ew Reimbursement for Fluoride Varnishes Effective April 1, 1999

Effective with date of service April 1, 1999, DMA added coverage for fluoride varnishes for children under age 21. This will be covered as a routine service. Fluoride varnishes have been proven effective in the prevention of early childhood caries, especially for children age nine (9) months to thirty-six (36) months of age. **DMA allows reimbursement only for the application of fluoride varnish under code 01203. It is not to be used for topical gels, rinses, and foams.** Bill as follows:

Procedure Code	Description	Indicator
01203	Topical application of fluoride (prophylaxis not included) - child * <b>allowed for the application of fluoride varnish only</b> * <b>not allowed for topical gels, rinses, and foams</b> * must be applied to all teeth erupted on the date of service * limited to recipients under 21 years old * any fluoride application (01201, 01205, or 01203) allowed two (2) times per year at six (6) month intervals for the same provider * not allowed on the same date of service as 01201 or 01205	R (Routine Service)

**Reimbursement:** \$15.00 for the entire mouth

The fluoride varnish should be applied to clean, dry teeth. The dentist will determine how the teeth will be prepared prior to the varnish application. If the prophylaxis is rendered on the same date of service, it is billed under one of the following codes:

Procedure Code	Description	Indicator
01110	Prophylaxis - adult * limited to recipients 13 years and older * allowed two (2) times per year at six (6) month intervals for the same provider	R (Routine Service)
01120	Prophylaxis - child * limited to recipients under 13 years old * allowed two (2) times per year at six (6) month intervals for the same provider	R (Routine Service)

Other topical applications of fluoride (topical gels, rinses, and foams) typically rendered as an office procedure in conjunction with the prophylaxis will continue to be billed under the following codes:

Procedure Code	Description	Indicator
01201	Topical application of fluoride (including prophylaxis) - child * limited to recipients under 13 years old * allowed two (2) times per year at six (6) month intervals for the same provider	R (Routine Service)
01205	Topical application of fluoride (including prophylaxis) - adult * limited to recipients 13 to 21 years old * allowed two (2) times per year at six (6) month intervals for the same provider	R (Routine Service)

Topical fluoride (gels, rinses, and foams) remains not covered when provided as a separate procedure. Fluoride is also not covered for recipients age 21 and older.

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

## Attention: All Physician Providers

### **N**ew Oral Screening Preventive Package for Use in Primary Care Physician Offices

North Carolina Medicaid children between nine (9) months and thirty-six (36) months of age have not been able to adequately access preventive and primary dental care. Since most children in this age range are more likely to access pediatric and well-child care services than dental care, it is very prudent to allow physician offices to provide an oral screening package. At a date to be announced in a future bulletin, the Division of Medical Assistance (DMA) is planning to add coverage for this package, which is recommended for all Medicaid eligible recipients from nine (9) months to thirty-six (36) months of age.

This new package will include a dental caries screening, dietary/oral hygiene counseling, and application of fluoride varnish. Unlike other topical fluorides and according to experts at the UNC School of Dentistry, fluoride varnish is practical, safe, and easy to apply to the teeth of infants and very young children and is proven extremely effective in the prevention of early childhood caries especially for children nine (9) months to thirty-six (36) months of age. The varnish comes in a tube and is applied in a thin layer to all surfaces of CLEAN, DRY teeth using a disposable brush. Teeth should be cleaned for this age group with a soft wipe or a toothbrush prior to fluoride varnish application. Additional information will be available through the continuing education course materials and aids.

It is required as a condition of participation, that the physician or physician extender attend a Medicaid recognized continuing education (CE) course of 1-2 hours to prepare for the delivery of these services. Therefore, initially services may be limited regionally rather than offered statewide. The UNC School of Dentistry, the Dental Health Section, North Carolina Department of Health and Human Services (DHHS), North Carolina Physician's Advisory Group (NCPAG), and Area Health Education Center (AHEC) are involved in designing the course and preparing brochures and other educational materials for distribution to the Medicaid recipient's family when services are rendered. North Carolina physicians and dentists will also be involved in the preparation of these materials.

Additional information on this new oral screening preventive package, including effective dates for coverage and billing information, will be included in a future provider bulletin article and society newsletters. Watch upcoming Medicaid Provider Bulletins and society newsletters for course dates and locations.

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

Attention: All Providers

## **M**edicaid Program Implements Penalties and Interest Assessments According to NC General Statute – 147-86.10

### PLEASE READ THIS BULLETIN!

Effective October 1999

#### **North Carolina (NC) General Statute Impact**

- Definition of the NC Statute (147-86.10) – This State statute requires the effective cash management of all funds and as a result, all balances due to the Medicaid program and not returned or paid within 30 days will automatically be assessed a one time 10% penalty and interest on an accumulative basis. The interest rate assessed is a variable one set forth by the North Carolina Department of Revenue (NC DOR). The current interest rate is 8%. The interest rate will be updated to ensure compliance with any changes made by the NC DOR.
- Effective Date of this Statute within Medicaid Processing – 10/1/99
- Who It Will Affect – All providers, excluding state agencies, who do not return monies due to the Medicaid Program within a 30 day period.
- Highlights of Medicaid Processing Changes as a result of this implementing NC General Statute 147-86.10: (The list below summarizes the primary changes initiated under the North Carolina General Statute project and a **special bulletin** will be issued to provide additional details and examples of all of the above.)
  1. Penalty and Interest Assessment – Medicaid adjustments or other types monies due to Medicaid, initiated by DMA, or initiated by audits and edits of the Medicaid program, and/or at the request or known by the provider, which are not paid in full via claim payment or refunds within 30 days of processing will be assessed a one-time 10% penalty on the outstanding balance and 8% interest. Interest will be assessed every subsequent 30-day period on the total outstanding balance until the total balance is paid in full. In cases of extreme financial hardship only, the provider can contact the Financial Branch of the Division of Medical Assistance (DMA) and make a request for a payment plan. DMA will consider the request and if approval is granted, then a payment plan will be established. DMA will establish the payment plan arrangements: payment amount and timeline for repayment. Penalty and interest assessments will be made on the amount due during the payment plan timeline.
  2. Transfers of Adjustment Balances – Any adjustment balance aged will transfer from an inactive provider (no claims payment) to an active provider (claims payment) when determined to be operating under the same tax entity. As a result, balances will be transferred for immediate collection based on the following criteria:
    - If the adjustment balance has reached either of the milestones:
      - a) No payment has been received and the adjustment balance is more than 30 days old
      - b) Partial payment only has been received and the adjustment balance is more than 60 days old
    - If another provider with the same tax identification exists within the Medicaid program
    - Provider with same tax identification number is actively submitting claims and receiving payment from Medicaid
    - The current inactive provider outstanding balance will be transferred to the active provider for immediate collection
    - Additionally the appropriate assessment of penalty and interest will be assessed (as noted in the bullet above) and transferred as well
    - Interest will continue to accumulate on the transferred balance until the total balance is paid in full

October 1999

3. Medicaid Remittance and Status Report Modifications and New Explanation of Benefit (EOB(s))  
– For each change noted above the Medicaid RA will be modified as required to detail all financial transactions to support reconciliation between payment and claims/financial transaction data. Additionally all dates will be expanded to comply with Year 2000 requirements and, as a result, instead of the current format of MM/DD/YY (10/01/99) used currently on the Medicaid RA will be reflected as MM/DD/CCYY (10/01/1999)

The above list summarizes the primary changes initiated under the North Carolina General Statute project and a special bulletin will be issued to provide additional details and examples of all of the above.

Thank you.  
EDS and DMA Financial Operations

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

Attention: All Providers

## **C**orrespondence Related to Recoveries or Refunds

To ensure proper crediting of your account, please send all voluntary refund checks and requested recoupments to:

DHHS Accounts Receivable  
Division of Medical Assistance  
2022 Mail Service Center  
Raleigh, North Carolina 27699-2022

This address will be provided in any recovery correspondence mailed to you from DMA.

Bo Nowell, Assistant Director, Program Integrity  
DMA, 919-733-6681

Attention: All Providers

**T**ax Identification Information

Alert - Tax Update Requested

North Carolina Medicaid must have 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 (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 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 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 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 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 12/17/99 to:

EDS 4905 Waters Edge Drive Raleigh, NC 27606 Attention: Provider Enrollment	<b>OR</b>	FAX to (919) 851-4014 Attention: Provider Enrollment
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Change of ownership

Contact DMA Provider Enrollment at 919-857-4017 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 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 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



## Attention: All Providers

**R**esubmission vs. Filing Adjustment

If one of the following EOBs is received and its validity is in question, do not appeal by submitting an adjustment request. Please contact provider services at 1-800-688-6696 or 919/851-8888. Adjustments submitted for these EOB denials will be denied with EOB 998 "Claim does not require adjustment processing, resubmit claim with corrections as a new day claim" or EOB 9600 "Adjustment denied – claim has been resubmitted. The EOB this claim previously denied for does not require adjusting. In the future, correct/resubmit claim in lieu of sending an adjustment request."

(Last Revision 08/25/99)

0002	0084	0156	0215	0325	0584	0691	0925	1037
0003	0085	0157	0217	0326	0585	0698	0926	1038
0004	0089	0158	0219	0327	0586	0732	0927	1043
0005	0090	0159	0220	0356	0587	0734	0929	1045
0007	0093	0160	0221	0363	0588	0735	0931	1046
0009	0094	0162	0222	0364	0589	0749	0932	1047
0011	0095	0163	0223	0394	0590	0755	0933	1048
0013	0100	0164	0226	0398	0593	0760	0934	1049
0014	0101	0165	0227	0424	0604	0777	0936	1050
0017	0102	0166	0235	0425	0607	0797	0940	1057
0019	0103	0167	0236	0426	0609	0804	0941	1058
0023	0104	0170	0237	0427	0610	0805	0942	1059
0024	0105	0171	0240	0428	0611	0814	0943	1060
0025	0106	0172	0241	0430	0612	0817	0944	1061
0026	0108	0174	0242	0435	0616	0819	0945	1062
0027	0110	0175	0244	0438	0620	0820	0946	1063
0029	0111	0176	0245	0439	0621	0822	0947	1064
0033	0112	0177	0246	0452	0622	0823	0948	1078
0034	0113	0179	0247	0462	0626	0824	0949	1079
0035	0114	0181	0249	0465	0635	0825	0950	1084
0036	0115	0182	0250	0505	0636	0860	0952	1086
0038	0118	0183	0251	0511	0641	0863	0953	1087
0039	0120	0185	0253	0513	0642	0864	0960	1091
0040	0121	0186	0255	0516	0661	0865	0967	1092
0042	0122	0187	0256	0523	0662	0866	0968	1152
0041	0123	0188	0257	0525	0663	0867	0969	1154
0046	0126	0189	0258	0529	0665	0868	0970	1170
0047	0127	0191	0270	0536	0668	0869	0972	1175
0049	0128	0194	0279	0537	0669	0875	0974	1177
0050	0129	0195	0282	0548	0670	0888	0986	1178
0051	0131	0196	0283	0553	0671	0889	0987	1181
0058	0132	0197	0284	0556	0672	0898	0988	1183
0062	0133	0198	0286	0557	0673	0900	0989	1184
0063	0134	0199	0289	0558	0674	0905	0990	1186
0065	0135	0200	0290	0559	0675	0908	0991	1197
0067	0138	0201	0291	0560	0676	0909	0992	1198
0068	0139	0202	0292	0569	0677	0910	0995	1204
0069	0141	0203	0293	0572	0679	0911	0997	1232
0074	0143	0204	0294	0574	0680	0912	0998	1233
0075	0144	0205	0295	0575	0681	0913	1001	1275
0076	0145	0206	0296	0576	0682	0916	1003	1278
0077	0149	0207	0297	0577	0683	0917	1008	1307
0078	0151	0208	0298	0578	0685	0918	1022	1324
0079	0153	0210	0299	0579	0688	0919	1023	1350
0080	0154	0211	0316	0580	0689	0920	1035	1351
0082	0155	0213	0319	0581	0690	0922	1036	1355

1380	2923	5407	7906	7941	7976	8907	9221	9257
1381	2924	5408	7907	7942	7977	8908	9222	9258
1382	2925	5409	7908	7943	7978	8909	9223	9259
1400	2926	5410	7909	7944	7979	9036	9224	9260
1442	2927	6703	7910	7945	7980	9054	9225	9261
1443	2928	6704	7911	7946	7981	9101	9226	9263
1502	2929	6705	7912	7947	7982	9102	9227	9264
1506	2930	6707	7913	7948	7983	9103	9228	9265
1513	2931	6708	7914	7949	7984	9104	9229	9266
1866	2944	7700	7915	7950	7985	9105	9230	9267
1868	3001	7701	7916	7951	7986	9106	9231	9268
1873	3002	7702	7917	7952	7987	9174	9232	9269
1944	3003	7703	7918	7953	7988	9175	9233	9272
1949	5001	7704	7919	7954	7989	9180	9234	9273
1956	5002	7705	7920	7955	7990	9200	9235	9274
1999	5201	7706	7921	7956	7991	9201	9236	9275
2024	5206	7707	7922	7957	7992	9202	9237	9291
2027	5216	7708	7923	7958	7993	9203	9238	9295
2235	5221	7709	7924	7959	7994	9204	9239	9600
2236	5222	7712	7925	7960	7996	9205	9240	9611
2237	5223	7717	7926	7961	7997	9206	9241	9614
2238	5224	7733	7927	7962	7998	9207	9242	9615
2335	5225	7734	7928	7963	7999	9208	9243	9625
2911	5226	7735	7929	7964	8174	9209	9244	9630
2912	5227	7736	7930	7965	8175	9210	9245	9631
2913	5228	7737	7931	7966	8326	9211	9246	9633
2914	5229	7738	7932	7967	8327	9212	9247	9642
2915	5230	7740	7933	7968	8400	9213	9248	9684
2916	5400	7741	7934	7969	8401	9214	9249	9801
2917	5401	7788	7935	7970	8901	9215	9250	9804
2918	5402	7794	7936	7971	8902	9216	9251	9806
2919	5403	7900	7937	7972	8903	9217	9252	9807
2920	5404	7901	7938	7973	8904	9218	9253	9919
2921	5405	7904	7939	7974	8905	9219	9254	9947
2922	5406	7905	7940	7975	8906	9220	9256	9993

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



## Attention: Hospital Providers

# Hospital Seminar Schedule

Seminars for hospital providers will be held in November of 1999. Agenda topics include the following: changes in pre-admission review, reimbursement methodology, Carolina ACCESS and Medicaid Managed Care, UB-92 billing instructions, and general Medicaid.

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. **Pre-registration is strongly recommended.**

Note: Providers are required to bring their November 1997 North Carolina Hospital manual to the seminar. The manual will be the main source of reference throughout the seminar. Hospital **Manuals will be available for purchase at a cost of \$9.00 per copy.**

Directions are available on page 35 of this bulletin.

Thursday, November 4, 1999  
Ramada Inn Plaza  
3050 University Parkway  
Winston-Salem, NC

Wednesday, November 10, 1999  
WakeMed  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
Park at East Park Medical Center

**Tuesday, November 16, 1999**  
Four Points Sheraton  
**5032 Market Street**  
Wilmington, NC

Friday, November 19, 1999  
Blue Ridge Community College  
College Drive  
Flat Rock, NC  
Auditorium

(cut and return registration form only)

Hospital Provider Seminar Registration Form  
(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
City, Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

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

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

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## **D**irections to the Hospital Seminars

The registration form for the hospital workshops is on page 33 of this bulletin.

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

#### **RAMADA INN PLAZA**

Thursday, November 4, 1999

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

### ***RALEIGH, NORTH CAROLINA***

#### **WAKEMED MEI CONFERENCE CENTER**

Wednesday, November 10, 1999

##### Directions to the Parking Lot:

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk to the conference facility. Vehicles will be towed if not parked in appropriate parking spaces designated for the Conference Center.

##### Directions to Conference Center from Parking Lot:

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

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

#### **FOUR POINTS SHERATON**

Tuesday, November 16, 1999

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

### ***FLAT ROCK, NORTH CAROLINA***

#### **BLUE RIDGE COMMUNITY COLLEGE**

Friday, November 19, 1999

I-40 to Asheville. Head East on I-26 to Exit 22 and turn right and take the next right. At the Large Blue Ridge Community College sign turn left. The college is located on the right. Pass the main entrance to the college and turn right into the college entrance past the pond. The parking lot is on the left. Auditorium entrance is located to the right of the main entrance to the Patton Building.

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### Checkwrite Schedule

October 12, 1999	November 9, 1999	December 7, 1999
October 19, 1999	November 16, 1999	December 14, 1999
October 28, 1999	November 24, 1999	December 21, 1999
		December 28, 1999

### Electronic Cut-Off Schedule

October 8, 1999	November 5, 1999	December 3, 1999
October 15, 1999	November 12, 1999	December 10, 1999
October 22, 1999	November 19, 1999	December 17, 1999
		December 23, 1999

*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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