



North Carolina Medicaid Bulletin

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

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, November 10, in observance of Veteran's Day, and on Thursday, November 23 and Friday, November 24, in observance of Thanksgiving.

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

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Attention: All Physicians

Updated Injectable Drug List

The following table is an updated list of FDA approved injectable drugs currently covered by the North Carolina Medicaid program when administered in a physician's office for the FDA approved indications. This list replaces the list published in October, 1999. Newly covered drugs are effective with date of service October 1, 2000. Immunizations that are billed using Current Procedural Terminology (CPT) codes are not included on this list.

Physicians will continue to bill on the HCFA-1500 claim form using the appropriate drug code and indicating the number of units administered. Physicians are to bill their usual and customary charge.

- (*) Designates newly covered drugs.
- (**) Designates an invoice is required to accompany the HCFA-1500 claim form. Payment is based on the invoice price.
- (^^) Designates special pricing.

Procedure Codes	Description
J0130	Abciximab 10 mg
J1120	Acetazolamide Sodium, up to 500 mg (Diamox)
J0150	Adenosine I.V. (Adenocard I.V.) 6 mg.
J0151	Adenosine (Adenoscan) 90 mg
J0170	Adrenalin, Epinephrine, up to 1 ml ampule
Q0156	Albumin Infusion 5%/500ml
Q0157	Albumin Infusion 25%/50ml
J0205	Alglucerase, per 10 units (Ceredase)
J0256	Alpha 1 Proteinase Inhibitor Human A (Prolastin) 10 mg.
J9015	Aldesleukin (Proleukin, Interleuken II 22 million IU (SDV)
J2996	Alteplase Recombinant, per 10 mg (Activase)
J0207	Amifostine 500 mg.
W5181	Amikacin Sulfate (500 mg)
J0280	Aminophyllin, up to 250 mg
J1320	Amitriptyline HCL, up to 20 mg (Elavil, Enovil)
J0300	Amobarbital, up to 125 mg (Amytal)
J0285	Amphotericin B (50 mg)
J0286	Amphotericin B Any Lipid Formulation (50 mg)
J0295	Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm
J0290	Ampicillin, up to 500 mg (Omnipen, Polycillin-N, Totacillin-N)
J0350	Anistreplase, per 30 units (Eminase)
J7197	Antithrombin II (human) per I.U.
J0395	Arbutamine HCL (1 mg)
J9020	Asparaginase, 10,000 units (Elspar)

	Procedure Codes	Description
	J0460	Atropine Sulfate, up to 0.3 mg
	J2910	Aurothioglucose, up to 50 mg (Solganal)
	W5156	Azithromycin, oral suspension 1 unit = 1 gm packet (Zithromax), only oral drug on list
*	J0456	Azithromycin, 500 mg. (Zithromax)
	J0475	Baclofen, Kit 1*20 ml. Amp. (10 mg/20ml. 500 meg/ml.)
	W5170	Baclofen, Kit 2*5 ml. Amp. (10 mg./5 ml. 2000 meg./ml.)
	W5169	Baclofen, Kit 4*5 ml. Amp. (10 mg./5ml. 2000 meg./ml.)
	J0476	Baclofen (for intrathecal Trial) 50 mcg
	J9031	BCG (intravesical) per installation (Tice, TheraCys)
	J0510	Benzquinamide HCL, up to 50 mg (Emete-CON)
	J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate, per 3 mg
	J0704	Betamethasone Sodium Phosphate, per 4 mg
	J0520	Bethanechol Chloride up to 5 mg (Urecholine)
**	J0190	Biperiden, Akineton 5 mg
	J9040	Bleomycin Sulfate, 15 units (Blenoxane)/2 ml
	J0585	Botulinum toxin type A, per unit
	J0945	Brompheniramine Maleate , 10mg
	J0635	Calcitriol, 1 mcg amp.(Calcijex)
	J0610	Calcium Gluconate, up to 10 ml (Kaleinate)
	J0620	Calcium Glycerophosphate and Calcium Lactate, per 10 ml (Calphosan)
	J9045	Carboplatin, 50 mg (Paraplatin)
	J9050	Carmustine, 100 mg (Bicnu)
	J0690	Cefazolin Sodium, up to 500 mg (Ancef, Kefzol, Zolicef)
	W5185	Cefepime HCL (Maxipime HCL) 500 mg
	J0695	Cefonicid Sodium, 1 gram (Monocid)
	J0698	Cefotaxime Sodium, per gm (Claforan)
	J0694	Cefoxitin Sodium, 1 gm (Mefoxin)
	J0713	Ceftazidime per 500 mg
	J0715	Ceftizoxime Sodium, per 500 mg (Cefizax)
	J0696	Ceftriaxone Sodium, per 250 mg (Rocephin)
	J0697	Cefuroxime Sodium, per 750 mg (Kefurox, Zinacef)
	J1890	Cephalothin Sodium, up to 1 gm (Keflin)
	J0710	Cephapirin Sodium, up to 1 gm (Cefadyl)
	J0720	Chloramphenicol Sodium Succinate, up to 1 gm
	J1990	Chlordiazepoxide HCL, up to 100 mg (Librium)
	J2400	Chlorprocaine HCL 30 ml
	J0390	Chloroquine HCL, up to 250 mg
	J1205	Chlorothiazide Sodium 500 mg.
	J0730	Chlorpheniramine Maleate, per 10 mg
	J3230	Chlorpromazine HCL, 50 mg (Thorazine, Ormazines)
	J3080	Chlorprothixene, up to 50 mg (Taractan)
	J0725	Chorionic Gonadotropin, per 1,000 usp units

Procedure Codes	Description
J0740	Cidofovir 375 mg.
J0743	Cilastatin Sodium; Imipenem, per 250 mg
W5176	Cimetadine HCL (Tagamet) (300 mg)
W5183	Ciprofloxacin (Cipro) 200 mg.
J9062	Cisplatin, 50 mg (Platinol, Platinol AQ)
J9060	Cisplatin, 10 mg (Platinol, Platinol AQ)
J9065	Cladribine, per 1 mg (Leustatin)
J0735	Clonidine Hydrochloride (1 mg)
J0745	Codeine Phosphate, per 30 mg
J0760	Colchicine, 1 mg
J0770	Colistimethate Sodium, up to 150 mg (Coly-Mycin M)
J0800	Corticotropin, up to 40 units (Acthor, ACTH)
J0810	Cortisone Acetate, up to 50 mg
J0835	Cosyntropin, per 0.25 mg (Cortrosyn)
J3420	Cyanocobalamin, B 12 1000 mcg
J9096	Cyclophosphamide Lyophilized 1 gm (Cytosan Lyophilized)
J9093	Cyclophosphamide Lyophilized, 100 mg (Cytosan Lyophilized)
J9091	Cyclophosphamide, 1.0 gm (Cytosan, Neosar)
J9070	Cyclophosphamide, 100 mg (Cytosan, Neosar)
J9092	Cyclophosphamide, 2.0 gm (Cytosan, Neosar)
J9080	Cyclophosphamide, 200 mg (Cytosan, Neosar)
J9090	Cyclophosphamide, 500 mg (Cytosan, Neosar)
J9094	Cyclophosphamide, Lyophilized, 200 mg (Cytosan Lyophilized)
J9095	Cyclophosphamide, Lyophilized, 500 mg (Cytosan Lyophilized)
J9097	Cyclophosphamide Lyophilized 2gm
J9100	Cytarabine 100 mg (Cytosar U)
J9110	Cytarabine 500 mg
J9130	Dacarbazine 100 mg
J9140	Dacarbazine 200 mg
J7513	Daclizumab (Zenapax) 25 mg.
J9120	Dactinomycin .5 mg (Cosmegen)
J1645	Dalteparin (Fragmin) per 2500 I.U./2 ml.
J9150	Daunorubicin HCL, 10 mg (Cerubidine)
J9151	Daunorubicin Citrate Liposomal 10 mg
J0895	Deferoxamine, Mesylate 500 mg per 5cc (Deferal)
W5195	Denileukin Diftitox 9 mcg (Ontak)
J1000	Depoestradiol Cypionate, up to 5 mg
J1095	Dexamethasone Acetate 8 mg
J2597	Desmopressin Acetate per 1 mcg
J1100	Dexamethosone Sodium, up to 4mg/ml
J1190	Dexrazoxane HCL 250 mg
J7110	Dextran 75
J7042	Dextrose/Normal Saline – 5% (500 ml = 1 unit)

	Procedure Codes	Description
	J7070	Dextrose/Water – 5% (1000 cc = 1 unit)
	J7060	Dextrose/Water – 5% (500 ml = 1 unit)
	J3360	Diazepam, up to 5 mg (Valium, Zetran)
	J1730	Diazoxide, up to 300 mg (Hyperstat IV)
	J0500	Dicyclomine HCL up to 20 mg (Bentyl, Dilomine, Antispas)
	J9165	Diethylstilbestrol Diphosphate, 250 mg (Stilphostrol)
	J1160	Digoxin, up to 0.5 mg (Lanoxin)
	J1110	Dihydroergotamine, up to 1 mg
	J0470	Dimecaprol, up to 100 mg
	J1240	Dimenhydrinate, 50 mg
	J1200	Diphenhydramine HCL, up to 50 MG (Benadryl)
	J1245	Dipyridamole, per 10 mg (Persantine IV)
	J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml
	J1250	Dobutamine HCL, 250 mg
	J9170	Docetaxel (20 mg)
	J1260	Dolasetron Mesylate (10 mg)
	J9001	Doxil 10 mg/ml
	J9000	Doxorubicin HCL, 10 mg (Adriamycin Rubex)
	J1810	Droperidol and Fentanyl Citrate, up to 2 ml ampule (Innovar)
	J1790	Droperidol, up to 5 mg (Inapsine)
	J1180	Dyphylline, up to 500 mg
	J0600	Edetate Calcium Disodium up to 1000 mg
	J1650	Emoxaparin Sodium (Lovenox) 10 mg
	Q9920	EPO, per 1000 units, Patient HCT 20 or less
	Q9921	EPO, per 1000 units, Patient HCT 21
	Q9922	EPO, per 1000 units, Patient HCT 22
	Q9923	EPO, per 1000 units, Patient HCT 23
	Q9924	EPO, per 1000 units, Patient HCT 24
	Q9925	EPO, per 1000 units, Patient HCT 25
	Q9926	EPO, per 1000 units, Patient HCT 26
	Q9927	EPO, per 1000 units, Patient HCT 27
	Q9928	EPO, per 1000 units, Patient HCT 28
	Q9929	EPO, per 1000 units, Patient HCT 29
	Q9930	EPO, per 1000 units, Patient HCT 30
	Q9931	EPO, per 1000 units, Patient HCT 31
	Q9932	EPO, per 1000 units, Patient HCT 32
	Q9933	EPO, per 1000 units, Patient HCT 33
	Q9934	EPO, per 1000 units, Patient HCT 34
	Q9935	EPO, per 1000 units, Patient HCT 35
	Q9936	EPO, per 1000 units, Patient HCT 36
	Q9937	EPO, per 1000 units, Patient HCT 37
	Q9938	EPO, per 1000 units, Patient HCT 38
	Q9939	EPO, per 1000 units, Patient HCT 39

	Procedure Codes	Description
	Q9940	EPO, per 1000 units, Patient HCT 40
	J1325	Epoprostenol (.5 mg)
	Q0136	Epotin Alpha (for non ESRD use) P/1000 units
	J1330	Ergonovine Maleate, up to 0.2 mg
	J1362	Erythromycin Gluceptate, per 250 mg
	J1364	Erythromycin Lactobionate, per 500 mg
	J1380	Estradiol Valerate, up to 10 mg
	J1390	Estradiol Valerate, up to 20 mg
	J0970	Estradiol Valerate, up to 40 mg
	J1410	Estrogen Conjugated, per 25 mg (Premarin Intravenous)
	J1435	Estrone, per 1 mg
	J1436	Etidronate Disodium, per 300 mg (Didronel)
	J9181	Etoposide, 10 mg (Vepesid)
	J9182	Etoposide, 100 mg (Vepesid)
	J3010	Fentanyl Citrate, up to 2 ml (Sublimaze)
	J7190	Factor VIII (anti-hemophilic factor) (human) per IU (Hemofil M)
	J7191	Factor VIII (anti-hemophilic factor) Porcine per IU
	J7192	Factor VIII (anti-hemophilic factor) Recombinant- per IU
	J7194	Factor IX – (Benefix 1 IU)
	Q0160	Factor IX (Antihemophilic Factor, Purified, non-recombinant) – per I.U.
	Q0161	Factor IX (Antihemophilic Factor, recombinant) – per I.U.
	J1440	Filgrastim , 300 mcg (Neupogen)
	J1441	Filgrastim , 480 mcg (Neupogen)
	J9200	Floxuridine, 500 mg (FUDR)
	J9185	Fludarabine Phosphate, 50 mg (Fludara)
	J9190	Fluorouracil, 500 mg (Aducil)
	J2680	Fluphenazine Decanoate, up to 25 mg (Prolixin Decanoate)
	J1455	Foscarnet Sodium, per 1000 mg
	J1940	Furosemide, up to 20 mg (Lasix, Furomide M.D.)
	J1460	Gamma Globulin, Intramuscular, 1 cc
	J1470	Gamma Globulin, Intramuscular, 2 cc
	J1480	Gamma Globulin, Intramuscular, 3 cc
	J1490	Gamma Globulin, Intramuscular, 4 cc
	J1500	Gamma Globulin, Intramuscular, 5 cc
	J1510	Gamma Globulin, Intramuscular, 6 cc
	J1520	Gamma Globulin, Intramuscular, 7 cc
	J1530	Gamma Globulin, Intramuscular, 8 cc
	J1540	Gamma Globulin, Intramuscular, 9 cc
	J1550	Gamma Globulin Intramuscular 10 cc
^^	J1560	Gamma Globulin, Intramuscular, over 10 cc (use correct combinations of services)
	J1570	Ganciclovir Sodium, 500 mg (Cytovene)
	J7310	Ganciclovir, Long-acting Implant (4.5 mg)
	J9201	Gemcitabine HCl. 200 mg

	Procedure Codes	Description
	J1580	Gentamicin (Garamycin Sulfate) 80 mg
	J1610	Glucagon Hydrochloride, per 1 mg
	J1600	Gold Sodium Thiomaleate, up to 50 mg
	J1620	Gonadorelin Hydrochloride, per 100 mcg
	J9202	Goserelin Acetate Implant, per 3.6 mg (Zoladex)
	J1626	Granisetron Hydrochloride (100 mcg)
	J1631	Haloperidol Decanoate, per 50 mg (Haldol Decanoate – 50 or 100)
	J1630	Haloperidol, up to 5 mg (Haldol)
	J1642	Heparin Sodium, (Heparin Lock Flush), per 10 units
	J1644	Heparin Sodium, per 1000 units
	J9355	Herceptin (Trastuzumab) 10 mg
	J7315	Hyalgan (Sodium Hyaluronate) 20 mg. (Series of 5 weekly injections)
	J3470	Hyaluronidase, up to 150 units (Wydase)
	J0360	Hydralazine HCL, up to 20 mg (Apresoline)
	J2480	Hydrochlorides of Opium Alkaloids, up to 20 mg (Pantopon)
	J1700	Hydrocortisone Acetate, up to 25 mg
	J1710	Hydrocortisone Sodium Phosphate, up to 50 mg
	J1720	Hydrocortisone Sodium Succinate, up to 100 mg
	J1170	Hydromorphone, up to 4 mg (Dilaudid)
	J1739	Hydroxyprogesterone Caproate 125 mg/ml
	J1741	Hydroxyprogesterone Caproate, 250 mg/ml
	J3410	Hydroxyzine HCL, up to 25 mg (Vistaril, Vistaject-25, Hyzine-50)
	J7320	Hylan G-F 20 (Synvisc) 16 mg/ 2 ml Series of 3 weekly injections
	J1980	Hyoscyamine Sulfate, up to 0.25 mg (Levsin)
	J7130	Hypertonic Saline Solution (50 or 100 meq, 20 cc vial)
	J1742	Ibutilide Fumarate (1 mg.)
	J9211	Idarubicin Hydrochloride, 5 mg
	J9208	Ifosfamide, 1 gm
	J1785	Imiglucerase, per unit (Cerezyme)
**	J3270	Imipramine HCL, up to 25 mg (Tofranil)
	J1561	Immune Globulin, Intravenous, per 500 mg (Gammar IV)
	J1745	Infliximab 5 mg (Remicade)
	J1820	Insulin, up to 100 units (Pork Regular)
	J9213	Interferon, Alfa-2A, recombinant, 3 million units (Roferon)
	J9214	Interferon, Alfa-2B, Recombinant, 1 million units (Intron A)
	J9215	Interferon, Alfa-N3, 250,000 IU
	J9212	Interferon, Alfacon-1, Recombinant, 1 mcg
	J9216	Interferon, Gamma 1-B, 3 million units (Actimmune)
	J9206	Irinotecan (20 mg)
	J1750	Iron Dextran, Infed 50 mg
	J1840	Kanamycin Sulfate, 500 mg (Kantrex, Klebcil)
	J1850	Kanamycin Sulfate, 75 mg (Kantrex, Klebcil)
	J1885	Ketorolac Tromethamine, per 15 mg (Toradol)

Procedure Codes	Description
J1910	Kutapressin, up to 2 ml
J0640	Leucovorin Calcium, per 50 mg
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg (Lupron) (22.5 mg allowed for DX 185 only)
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg (Lupron) Leuprolide Acetate (for depot suspension), per 11.25 mg(Lupron) (3 months)
J9218	Leuprolide Acetate, per 1 mg (Lupron)
J1955	Levocarnitine per 1 gm
J1956	Levofloxacin (250 mg)
J1960	Levorphanol tartrate, up to 2 mg
J2000	Lidocaine HCL, 50 cc
J2010	Lincomycin HCL, up to 300 mg (Lincocin)
J2060	Lorazepam, 2 mg (Ativan)
W5128	Lupron Depot Pediatric 11.25 mg
W5129	Lupron Depot Pediatric 15 mg
W5127	Lupron Depot Pediatric 7.5 mg
J3475	Magnesium Sulfate, 500 mg, injection
J2150	Mannitol, 25% in 50 ml
J9230	Mechlorethamine Hydrochloride (Nitrogen Mustard), 10 mg
J1055	Medroxyprogesterone Acetate for Contraceptive Use, 150 mg (Depo-Provera)
J1050	Medroxyprogesterone Acetate, 100 mg (Depo-Provera)
J9245	Melphalan Hydrochloride 50 mg (Alkeran)
J2180	Meperidine and Promethazine HCL, up to 50 mg (Mepergan Injection)
J2175	Meperidine Hydrochloride, per 100 mg (Demerol HCL)
J3450	Mephentermine, up to 30 mg
J0670	Mepivacaine (Carbocaine) 10 ml
J9209	Mesna, 200 mg (Mesnex)
J0380	Metaraminol Bitartrate 10 mg (Aramine)
J1230	Methadone HCL, up to 10 mg
J2970	Methicillin Sodium, up to 1 gm (Staphcillin)
J2800	Methocarbamol, up to 10 ml (Robaxin)
J9250	Methotrexate Sodium, 5 mg
J9260	Methotrexate Sodium, 50 mg
J1970	Methotrimeprazine, up to 20 mg
J3390	Methoxamine, up to 20 mg (Vasoxyl)
J0210	Methyldopate HCL, up to 250 mg (Aldomet)
J2210	Methylergonovine Maleate, up to 0.2 mg (Methergine)
J1020	Methylprednisolone Acetate, 20 mg (Depo Medrol)
J1030	Methylprednisolone Acetate, 40 mg
J1040	Methylprednisolone Acetate, 80 mg
J2930	Methylprednisolone Sodium Succinate, up to 125 mg (SoluMedrol, Anetha Pred)
J2920	Methylprednisolone Sodium Succinate, up to 40 mg (Solu Medrol, Anetha Pred)
J2765	Metoclopramide HCL, up to 10 mg (Reglan)

	Procedure Codes	Description
	J2250	Midozolem HCL (Versed) per 1 mg
	J2260	Milrinone Lactate, per 5 ml (Primacor)
	J9290	Mitomycin, 20 mg (Mutamycin)
	J9291	Mitomycin, 40 mg (Mutamycin)
	J9280	Mitomycin, 5 mg (Mutamycin)
	J9293	Mitoxantrone Hydrochloride, per 5 mg (Novantrone)
	J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg
	J2270	Morphine Sulfate, up to 10 mg
	J2271	Morphine Sulfate (100 mg)
	J2310	Nalaxone Hydrochloride (Narcan) per 1 mg
	J2300	Nalbuphine Hydrochloride, 10 mg
	J2321	Nandrolone Decanoate, up to 100 mg
	J2322	Nandrolone Decanoate, up to 200 mg
	J2320	Nandrolone Decanoate, up to 50 mg
	J0340	Nandrolone Phenpropionate, up to 50 mg (Duradolin)
	J9390	Navelbine 10 mg
	J2710	Neostigmine Methylsulfate, up to 0.5 mg (Prostigmine)
	J7030	Normal Saline Solution, 1000 cc, infusion
	J7050	Normal Saline Solution, 250 cc, infusion
	J7040	Normal Saline Solution, Sterile (500 ml=1 unit), infusion
	J2405	Ondansetron Hydrochloride, per 1 mg (Zofran)
	J2355	Oprelvekin (Newmega) 5 mg
	J2360	Orphenadrine Citrate, up to 60 mg
	J2700	Oxacillin Sodium, up to 250 mg (Bactocile, Prostaphlin)
	J2410	Oxymorphone HCL, up to 1 mg
	J2460	Oxytetracycline HCL, up to 50 mg (Terramycin IM)
	J2590	Oxytocin, 10 units/1ml (Pitocin, Syntocinon)
	J9265	Paclitaxel, 30 mg (Taxol)
	J2430	Pamidronate Disodium, per 30 mg (Aredia)
	J2440	Papaverine HCL, up to 60 mg
	J9266	Pegaspargase (Onscospar) Single Dose vial (5 ml/ SDV)
	J0540	Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units
	J0550	Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units
	J0530	Penicillin G Benzathine and Penicillin G procaine, up to 600,000 units
	J0570	Penicillin G Benzathine, up to 1,200,000 units (Bicillin L-A, Permapen)
	J0580	Penicillin G Benzathine, up to 2,400,000 units (Bicillin L-A, Permapen)
	J0560	Penicillin G Benzathine, up to 600,000 units (Bicillin L-A, Permapen)
	J2540	Penicillin G Potassium, up to 600,000 units
	J2510	Penicillin G Procaine, Aqueous, up to 600,000 units
**	J2512	Pentagastrin, per 2 ml (Peptavlon)
	J2545	Pentamidine (Pentam 300)
	W5192	Pentamidine Isethionate, 300 mg
	J3070	Pentazocine HCL, up to 30 mg (Talwin)

	Procedure Codes	Description
	J2515	Pentobarbital Sodium (Nembutal Sodium Solution) 50 mg
	J9268	Pentostatin, 10 mg
	J2543	Piperacillin Sodium 4 gm (Pipracil)
	J3310	Perphenazine, up to 5 mg (Trilafon)
	J2560	Phenobarbital Sodium, up to 120 mg
	J2760	Phentolamine Mesylate, up to 5 mg (Regitine)
	J2370	Phenylephrine HCL, up to 1 ml (NeoSynephrine)
	J1165	Phenytoin Sodium (Dilantin)
	J9270	Plicamycin, (Mithracin) 2.5 mg
	J9600	Porfimer Sodium (75 mg)
	J3480	Potassium Chloride 2 meq.
	J2730	Pralidoxime Chloride, up to 1 gm (Protopam Chloride)
	J2650	Prednisolone Acetate, up to 1 ml
	J2640	Prednisolone Sodium Phosphate, to 20 mg
	J1690	Prednisolone Tebutate, up to 20 mg
	J2690	Procainamide HCL, up to 1 gm (Pronestyl)
	J0780	Prochlorperazine Edisylate 10 mg Compazine, Cotranzine, Compa-Z, Ultrazine-10
	J2675	Progesterone, per 50 mg
	J2950	Promazine HCL, up to 25 mg (Sparine, Prozine-50)
	J2550	Promethazine HCL, up to 50 mg (Phenergan, Phenazine)
	J1930	Propiomazine HCL, up to 20 mg
	J1800	Propranolol HCL, up to 1 mg (Inderal)
	J2720	Protamine Sulfate, per 10 mg
	J2725	Protirelin, per 250 mg
	J2780	Rantidine (Zantac) 25 mg.
	J2994	Retepase (37.6 mg/ 2 SDV)
	J7120	Ringers Lactate Infusion, up to 1000 cc
	J9310	Rituximab (Rituxan) 100 mg./ 10ml.
	W5198	Sandostatin (Octreotide Acetate) 50 mcg
*	J2352	Sandostatin (Octreotide Acetate) LAR Depot 1 mg (10 or 20 mg) (30 mg. ^^)
	J2820	Sargramostim (GM-CSF), (Leukine, Prokine) 50 mcg
	J2860	Secobarbital Sodium, up to 250 mg (Seconal)
	Y1856	Sodium Bicarbonate 7.5% up to 50 ml
	J2912	Sodium Chloride 9% per ml
	J3320	Spectinomycin-Dihydrochloride, up to 2 gm (Trobicin)
	X1270	Stadol
	J7051	Sterile Saline or Water (up to 5cc)
	J2995	Streptokinase, per 250,000 IU
	J3000	Streptomycin 1 gm
	J9320	Streptozocin, 1 gm (Zanosar)
	J0330	Succinylcholine Chloride, up to 20 mg (Anectine, Quelicin, Surostrin)
	J9170	Taxotere 20 mg
	J3105	Terbutaline Sulfate, up to 1 mg (Brethine)

	Procedure Codes	Description
	J1060	Testosterone Estradiol Cypionate, 50 mg
	J1080	Testosterone Estradiol Cypionate, 200 mg
	J1090	Testosterone Cypionate, 50 mg
	J1070	Testosterone Estradiol Cypionate, 100 mg
	J0900	Testosterone Enanthate and Estradiol Valerate 1 cc
	J3120	Testosterone Enanthate, 100 mg
	J3130	Testosterone Enanthate, 200 mg
	J3150	Testosterone Propionate, 100 mg
	J3140	Testosterone Suspension, 50 mg
**	J0120	Tetracycline, up to 250 mg (Achromycin)
	J3280	Thiethylperazine Maleate, 10 mg (Norzine, Torecan)
	J9340	Thiotepa Triethylthiophosphoromide, 15 mg
	J2330	Thiothixene, up to 4 mg (Navane)
	J3240	Thyrotropin Alfa (Thyrogen) 0.9 mg
	J3260	Tobramycin Sulfate, up to 80 mg (Nebcin)
	J9350	Topotecan (4 mg.)
	J3265	Torsemide 10 mg/ml
	J2670	Tolazoline HCL, up to 25 mg (Priscoline HCL)
	J3301	Triamcinolone Acetonide, per 10 mg
	J3302	Triamcinolone Diacetate, per 5 mg
	J3303	Triamcinolone Hexacetonide, per 5 mg
	J3400	Triflupromazine HCL, up to 20 mg
	J0400	Trimethapan Camsylate up to 500 mg
	J3250	Trimethobenzamide HCL, up to 200 mg (Tigan)
	J3305	Trimetrexate Glucuronate 25 mg
	J3350	Urea, up to 40 gm
	J3365	Urokinase, 250,000 i.u. vial
	J3364	Urokinase, 5000 iu vial
	J9357	Valstar (Valvubicin) 200 mg
	J3370	Vancomycin HCL, up to 500 mg
	J9360	Vinblastine Sulfate, 1 mg
	J9370	Vincristine Sulfate, 1 mg (Oncovin, Vincasar PFS)
	J9375	Vincristine Sulfate, 2 mg
	J9380	Vincristine Sulfate, 5 mg (Oncovin, Vincasar PFS)
	J3430	Vitamin K, Phytonadione 1 mg/0.5ml
	J2500	Zemplar (Paricalcitol) 5 mcg

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

Attention: All Providers

Facsimiles and Electronic Signatures

Facsimiles (FAXes) and electronic signatures that meet the Division of Medical Assistance (DMA) requirements listed below are acceptable for supporting Medicaid claims. This policy does not exempt a provider from meeting licensure, certification, enrollment, and accreditation requirements, or other legal and regulatory requirements.

Fax Copies

Providers may furnish FAX copies of physicians' orders and certifications for Medicaid services, provided prior arrangements for sending FAX information have been made. (Unsolicited items faxed to EDS may not reach the appropriate destination.) Although providers are not required to have original physician signatures on file, it is the provider's responsibility to produce the document with the original signature in the event that additional information is needed during a review of documentation related to the Medicaid claim.

Electronic Signatures

Providers that maintain patient records by computer rather than hard copy may use electronic signatures on valid supporting documentation for Medicaid claims if such entries are appropriately authenticated and dated. The following requirements apply:

- Electronic entries must be dated and accompanied by the unique identifier of a primary author who has reviewed and approved the entry.
- Computer or other code signatures must be maintained under adequate safeguards.
- Entry of electronic signatures and codes must be made in a secure environment which prevents unauthorized access to records and which protects the security of patient information being electronically transmitted.
- Sanctions must be in place and imposed for improper or unauthorized use of stamp, computer key, or other code signatures.
- The provider agency must have a process for reconstruction of electronic records in the event of a system breakdown.

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

Attention: All Providers

Coverage of Atrial Septectomy or Septostomy

Effective with dates of service April 1, 2000, North Carolina Medicaid began covering CPT codes 92992, atrial septectomy or septostomy, transvenous method; and 92993, atrial septectomy or septostomy, blade method.

Providers who have received denial code 009 on procedure code 92992 or 92993 for dates of service April 1, 2000 to present may request an adjustment through the adjustment section at EDS.

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

Attention: Nursing Facility Providers

Preadmission Screening and Annual Resident Review (PASARR)

Effective January 1, 2001, all nursing facility residents must have a First Health Services (formerly First Mental Health) PASARR number. Residents who were “grandfathered” in with PASARR forms used prior to February 1994, must be screened and receive a PASARR number from First Health Services (FHS) by the effective date.

Tracking forms must be sent to FHS for **all new admissions** in order for the receiving facility to obtain a copy of the Level I and, if appropriate, the Level II results. **Level I and Level II documentation must be kept in the resident’s medical record.**

FHS authorization numbers end with an “alpha” character. The following is an explanation of the alpha characters:

- A** Nursing facility placement appropriate, does not meet target population for mental illness (MI), mental retardation (MR), or related condition (RC).
- B** Nursing facility placement appropriate, no specialized services required. An annual resident review is required.
- C** Nursing facility placement appropriate, specialized services required. An annual resident review is required.
- D** Represents 7-day time-limited approvals.
- E** Represents 30-day time-limited approvals.
- F** Represents 60-day time-limited approvals.
- J** Residents approved for admission only to state psychiatric hospitals.
- Z** Denial for placement in a nursing facility.

NOTE: The D, E, and F alphas indicate time-limited stays and the EDS prior approval number (PA) for level of care is also time-limited. Payment will be denied when the PA number is end-dated. Residents who have PASARR numbers with these alpha characters must be closely monitored. If a resident needs to remain in the facility beyond the specified time limit, a Level II screening must be initiated through FHS. Payment will be denied for each day past the time-limited stay. For time-limited stays E and F, a new FL2 **must** be submitted to EDS as soon as the facility receives the new PASARR number.

**Margaret O. Langston, RN, Institutional Services, Medical Policy Section
DMA, 919-857-4020**

Attention: All Providers

Electronic Funds Transfer

EDS currently offers Electronic Funds Transfer (EFT) as an alternative to paper check issuance. EFT enables the receipt of Medicaid payments through automatic deposit at a bank while the provider continues to receive the Remittance and Status Report (RA) at the current mailing address. This process guarantees payment in a timely manner and prevents checks from being lost or stolen.

Frequently Asked Questions about Automatic Deposit:

Q. What is the automatic deposit process?

A. EDS generates a list of deposits on an electronic wire, which represents payments to providers who have chosen automatic deposit. This electronic wire is sent to the Federal Reserve Bank, which makes the transactions to the providers' bank. Simultaneously, the EDS account is debited for the funds.

Q. What are the advantages to automatic deposit?

A. The major advantage is that automatic deposit eliminates needless worry about check delays and checks lost in the mail. It generally takes 2 to 3 weeks to reissue a lost check.

Q. How do I enroll for EFT?

A. Providers must complete an EFT Agreement form. A copy of the form follows this article or can be obtained by calling EDS at 1-800-688-6696 (select option "1"). The form is also available online at www.dhhs.state.nc.us/dma. A separate form must be completed for each provider number your organization plans to enroll. A deposit slip or voided check for each bank account **must** be attached to verify the account number and bank transit number.

Q. Where do I send my completed forms?

A. Mail completed form along with a deposit slip or voided check for each bank account to:
EDS, 4905 Waters Edge Dr., Raleigh, NC 27606, ATT: Finance-EFT
Or fax to: EDS, ATT: Finance-EFT, 919-859-9703

Q. How will I know when my form has been processed and direct deposit begins?

A. The last page of the RA indicates the method of payment for that checkwrite. A "check number" or an "EFT number" is indicated in the top left corner beneath the provider number.

Q. When will funds be deposited into my account?

A. Funds are automatically deposited within four days of the checkwrite date. Refer to the back of the Medicaid Bulletin for each month's checkwrite dates.

Q. How can I be sure my bank received the money?

A. Once EDS initiates the transfer, it is each individual bank's responsibility to receive the funds and post them to your account. Transfers can be confirmed by calling your bank's automatic clearinghouse department. The bank will need your account number, the checkwrite date, and the amount of money EDS paid on the checkwrite date. The transfer amount can be obtained by calling the Automated Voice Response System at 1-800-723-4337.

Q. How do I report changes in my banking service?

A. Providers must complete and submit a new EFT agreement with the new information. Providers receive paper checks during the interim period of two checkwrites before automatic deposit begins to the new account.

Q. Will recoupments ever be withdrawn from my bank account?

A. No. EFT cannot withdraw money from your account. It can only make deposits to your account.

Q. What if I have a question or concern regarding my automatic deposit?

A. EDS will be glad to address any questions or concerns regarding automatic deposit. You may contact Provider Services by calling 1-800-688-6696.

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

**Electronic Funds Transfer (EFT)
Authorization Agreement for Automatic Deposits (EFT)**

Electronic Data Systems currently offers Electronic Funds Transfer (EFT) as an alternative to paper check issuance. This service will enable you to receive your Medicaid payments through automatic deposit at your bank while you continue to receive your Remittance and Status Report (RA) at your current mailing address. This process will guarantee payment in a timely manner and prevent your check from being lost through the mail.

To ensure timely and accurate enrollment in the EFT program, please fill out the form on this page, attach a deposit slip or voided check and return them by mail to:

EDS- Financial Unit, 4905 Waters Edge, Raleigh, NC, 27606
or
Fax: 919-859-9703, Attention : Finance-EFT

We will run a trial test between our bank and yours. This test will be done on the first checkwrite you are paid after we receive this form. Thereafter, your payments will go directly to your bank account. Your RA will continue to come through the mail. On the last page of your RA in the top left corner it will state "EFT number" rather than "Check number" when the process has begun. Contact Provider Services at 1-800-688-6696 with any questions regarding EFT.

Thank you for your cooperation in making this a smooth transition to Electronic Funds Transfer, and for helping us to make the Medicaid payment process more efficient for the Medicaid provider community.

We hereby certify this checking or savings account is under our direct control and access; therefore, we authorize Electronic Data Systems to initiate credit entries to our checking or savings account indicated below and the depository name below, hereafter called DEPOSITORY, to credit the same account number.

DEPOSITORY NAME _____
 BRANCH _____
 CITY _____ STATE _____ ZIP CODE _____
 BANK TRANSIT/ABA NO. _____
 ACCOUNT NO. _____

This authority is to remain in full force and effect until EDS has received written notification from us of its termination in such time and in such a manner as to afford EDS a reasonable opportunity to act on it.

PROVIDER NAME(S) _____
 BILLING PROVIDER NUMBER _____
 DATE _____ SIGNED _____

Please list a name and telephone number of someone to contact with questions EDS may have on initiating this automatic deposit.

CONTACT _____ TELEPHONE NUMBER _____

USE A SEPARATE FORM FOR EACH PROVIDER NUMBER.

⊞ A DEPOSIT SLIP OR VOIDED CHECK MUST BE ATTACHED FOR EACH BANK ACCOUNT IN ORDER FOR US TO PROCESS YOUR EFT.

DEPOSIT TICKET	<p>JOHN B. SMITH 123 East Main St. Anytown, USA 12345</p> <p>DATE _____ 19 _____</p> <p>FIRST UNITED BANK OF ANYTOWN ROUTING AND TRANSIT NO. 123456789</p> <p>⑆23010565⑆ 1000000495945 ⑆</p>	<table border="1"> <tr><th colspan="2">CASH</th></tr> <tr><td>DEPOSIT</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> <tr><td>LESS CASH RECEIVED</td><td></td></tr> </table> <p>BE SURE EACH ITEM IS ENDORSED</p>	CASH		DEPOSIT		TOTAL		LESS CASH RECEIVED		<p>22/1040/465</p> <p><small>This document is subject to the provisions of the uniform commercial code and the Uniform Electronic Transactions Act. It is not valid for immediate withdrawal.</small></p>
	CASH										
DEPOSIT											
TOTAL											
LESS CASH RECEIVED											

Attention: Nursing Facility Providers

Utilization Review

Effective **January 1, 2001**, all Utilization Review (UR) FL2 forms must have a First Health Services (formerly First Mental Health) Preadmission Screening and Annual Resident Review (PASARR) number documented in block 10. Recommended level of care (LOC) changes will not be processed and approved if the PASARR number is not on the FL2.

All UR FL2s and their transmittal sheets (FL12s) **must** be mailed to the Division of Medical Assistance (DMA). Note below the appropriate DMA mailing addresses for UR FL2 and FL12 forms:

REGULAR MAIL

Division of Medical Assistance
Medical Policy
2511 Mail Service Center
Raleigh, NC 27699-2511
ATTN: Utilization Review

FEDEX/PRIORITY/OVERNIGHT

Division of Medical Assistance
Medical Policy
1985 Umstead Drive
Raleigh, NC 27603
ATTN: Utilization Review

The correct prior approval (PA) number and current LOC **must** be documented on the UR FL2. (If you are unsure of the correct number, check with your nursing facility billing office or call the resident's county of eligibility.)

If you have a UR LOC change request already in the **UR process**, do not call EDS for an LOC change and new PA number. This will result in denial of payment if the incorrect PA number is used on the claim.

The correct and complete responsible party's name and address and the correct and complete attending physician's name and address **must** be noted on the UR FL2. When this information is incomplete, staff at DMA and Medical Review of North Carolina must contact the nursing facility to obtain the correct information, causing a delay in the facility receiving approval for LOC recommendations as well as a delay in appropriate payment. In addition, if the LOC change letter is sent to the incorrect responsible party or address, letters may be received late, interfering with the resident's right to appeal.

When a resident or responsible party appeals a LOC change, the resident must remain at the LOC until the hearing is held and a decision is made by the hearing officer. Do not submit a LOC change through EDS PA or DMA UR for a resident who has requested an appeal. If there is a major change in the resident's condition, the resident is hospitalized or the resident expires, you must notify the DMA Hearing Office at 919-857-4016.

**Utilization Review, Medical Policy Section
DMA, 919-857-4020**

Attention: All Providers

Mail Service Center Addresses

Effective January 2, 2001, all mail to the Division of Medical Assistance (DMA) must be addressed to the appropriate Mail Service Center address. Mail sent to any address other than the Mail Service Center addresses will not be forwarded and will be returned to the sender. Refer to the table below for DMA’s Mail Service Center addresses.

UPS, FEDEX, Airborne, and other freight companies will continue to deliver to DMA’s physical address, 1985 Umstead Drive, Raleigh NC, 27626. Include the DMA employee’s name and section with the address to ensure that the delivery is routed correctly.

If you are using forms that have not been updated with DMA’s Mail Service Center addresses, refer to the table below for the correct Mail Service Center address.

<p><u>Administration and Regulatory Affairs</u> Division of Medical Assistance 2504 Mail Service Center Raleigh, NC 27699-2504</p>	<p><u>Audit</u> Division of Medical Assistance 2507 Mail Service Center Raleigh, NC 27699-2507</p>
<p><u>Carolina ACCESS; Managed Care</u> Division of Medical Assistance 2516 Mail Service Center Raleigh, NC 27699-2516</p>	<p><u>Claims Analysis and Medicare Buy-In</u> Division of Medical Assistance 2519 Mail Service Center Raleigh, NC 27699-2519</p>
<p><u>Community Care</u> Division of Medical Assistance 2502 Mail Service Center Raleigh, NC 27699-2502</p>	<p><u>DHHS Accounts Receivable</u> Division of Medical Assistance 2022 Mail Service Center Raleigh, NC 27699-2022</p>
<p><u>Director or Deputy Director</u> Division of Medical Assistance 2517 Mail Service Center Raleigh, NC 27699-2517</p>	<p><u>Eligibility Unit</u> Division of Medical Assistance 2512 Mail Service Center Raleigh, NC 27699-2512</p>
<p><u>Financial Operations</u> Division of Medical Assistance 2509 Mail Service Center Raleigh, NC 27699-2509</p>	<p><u>Hearing Office</u> Division of Medical Assistance 2505 Mail Service Center Raleigh, NC 27699-2505</p>
<p><u>Information Services</u> Division of Medical Assistance 2514 Mail Service Center Raleigh, NC 27699-2514</p>	<p><u>Mail Management</u> Division of Medical Assistance 2513 Mail Service Center Raleigh, NC 27699-2513</p>

<p><u>Medicaid Mgt. Info. System (MMIS)</u> Division of Medical Assistance 2510 Mail Service Center Raleigh, NC 27699-2510</p>	<p><u>Medical Policy/Utilization Control</u> Division of Medical Assistance 2511 Mail Service Center Raleigh, NC 27699-2511</p>
<p><u>Program Integrity</u> Division of Medical Assistance 2515 Mail Service Center Raleigh, NC 27699-2515</p>	<p><u>Provider Services</u> Division of Medical Assistance 2506 Mail Service Center Raleigh, NC 27699-2506</p>
<p><u>Quality Control</u> Division of Medical Assistance 2518 Mail Service Center Raleigh, NC 27699-2518</p>	<p><u>Third Party Recovery or Health Insurance Premium Payment Program (HIPP)</u> Division of Medical Assistance 2508 Mail Service Center Raleigh, NC 27699-2508</p>

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

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

**Clarence Rogers, Financial Operations
 DMA, 919-857-4015**

Attention: Carolina ACCESS Providers

Office Wait Times for Carolina ACCESS Primary Care Providers

Effective November 1, 2000, all Carolina ACCESS primary care providers (PCPs) must adhere to the following office-wait time limits:

1. Walk-in Appointment – within two (2) hours
 (The walk-in patient should be triaged and treated according to practice protocol and severity of condition. If the condition warrants a visit with the medical provider that day, the wait should not exceed two (2) hours).
2. Scheduled Appointment – within one (1) hour
3. Life-threatening Emergencies – must be managed immediately

Carolina ACCESS PCPs should keep their enrollees apprised of their office policies and standards. PCPs may advise enrollees of their obligations to be punctual and to keep scheduled appointments.

**Program Operations, Managed Care Section
 DMA, 919-857-4022**

Attention: All Providers

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

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

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

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

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

Part I - Remittance and Status Advice

Part II - Adjustment Requests – NEW FORM

Part III - Prior Approval (PA)

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

Implementation Schedule

Updated Implementation Date: The implementation of system changes for the ITME project has been extended to February 9, 2001. The revised date of February 9, 2001 supercedes the original implementation date reflected in the September and October, 2000 ITME bulletin articles. Please note that all references to effective dates in the remainder of this article have been revised to reflect the extended date of February 9, 2001.

The RA will reflect the changes noted in Part I beginning February 9, 2001. Part II reflects the new N.C. Medicaid adjustment form. Use of this form is required as of February 9, 2001. Part III provides new instructions for submitting services that have been prior approved. Part IV addresses changes to the AVR System and EVS resulting from this enhancement.

Provider Impact

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

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

Addition of Financial Payer Code

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

Addition of Population Group Payer Code

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

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

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

Addition of new totals following the current claim total line

An additional line is added following each claim total line of the paid and denied claim sections of the RA for the following claim types: Medical (J), Dental (K), Home Health, Hospice and Personal Care (Q), Medical Vendor (P), Outpatient (M), and Professional Crossover (O). This additional line reflects original claim billed amount, original claim detail count, and total number of financial payers. Upon implementation February, 2001, N.C. Medicaid will be the only financial payer; these new totals will reflect the submitted claim totals.

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

Addition of a new summary page at end of RA

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

New specifications for Tape RA

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

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

The N.C. Medicaid program will begin using a new RA format in February, 2001. This new format affects the way adjustment request forms are completed by the provider and processed by EDS. The appropriate “financial payer” information found on the new RA will be required on all adjustment request forms after February 9, 2001. DMA and EDS have implemented a new adjustment request form to help with these changes. One of the predominant changes is in the “claim number” field. This area is now identified with twenty boxes, each box for one number of the referenced claim number. Until February 9, 2001, there will be five empty boxes at the end of the claim number. After the February 9, 2001 implementation of the MMIS enhancements, these spaces will be used for the financial payer code information. Providers may begin using this new adjustment request form now if it facilitates implementing these changes. (Refer to example of claim field below.) Please contact EDS Provider Services with questions about the new format and processing of an adjustment request.

Claim # field on Adjustment form from RA prior to February 9, 2001:

Claim #:

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

Claim # field on Adjustment form from RA after February 9, 2001:

Claim #:

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

Part III: Prior Approval (PA)

Effective February 9, 2001, entering the prior approval number on the claim form by the provider to receive payment for services rendered will no longer be required. This holds true for all prior approved Medicaid services, regardless of the entity giving the prior approval.

Prior approval requirements and the criteria for approval of services have not changed. Those services that previously required prior approval before the implementation of the enhanced MMIS will continue to require prior approval. If a service was approved prior to February 9, 2001 but was not provided or billed until after February 9, 2001, the original prior approval is still valid. The MMIS will verify that prior approval was obtained before claims payment can occur. If the services being submitted on the claim form require prior approval, and approval has not been obtained, that claim will be denied. The only change is that the input of the prior approval number is no longer required on the claim form by the provider as of February 9, 2001.

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

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

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

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

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

PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		1		280767	
NAME	SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES					
RECIPIENT ID	FROM	TO															
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS										
PAID CLAIMS MEDICAL																	
JONES MARY	D CO=81 RCC=			CLAIM NUMBER=101999165181580NCXIX													
988888888A	06011999 06011999		1 3	99244	OUTPT. CONSULT, SEVERE- PHY	23000	11029	11971	00	11971	00	11971	1.0000	11971	534		
				25													
NCXIX	06011999 06011999		1 3	93526	COMB RT HEART CATHETERIZATI	130000	00	130000	00	130000	00	130000		130000	99		
				26													
NCXIX	06011999 06011999		1 3	93543	INJECTION FOR HEART X-RAY	25100	22328	2772	00	2772	00	2772		2772	98		
NCXIX	06011999 06011999		1 3	93545	INJECTION FOR HEART X-RAY	42500	39585	2915	00	2915	00	2915		2915	98		
NCXIX	06011999 06011999		1 5	93555	IMAGING SUPERVISION, INTERP	26000	22581	3419	00	3419	00	3419		3419	98		
				26													
NCXIX	06011999 06011999		1 5	93556	IMAGING SUPERVISION, INTERP	36500	32438	4062	00	4062	00	4062		4062	98		
				26													
DEDUCTIBLE=		.00		PAT LIAB=		.00		CO PAY=		.00		TPL=		.00		283100	
ORIGINAL BILLED AMOUNT=		2831.00		ORIGINAL DETAIL COUNT=		6		TOTAL FINANCIAL PAYERS=		1		155139		155139		155139	
MOORE JOE	D CO=77 RCC=			CLAIM NUMBER=101999170192650NCXIX													
999777777A	05311999 05311999		4 3	84520	UREA NITROGEN; QUANTITATIVE	2000	1061	939	00	939	00	939	1.0000	939	2955		
NCXIX	05311999 05311999		1 3	82565	CREATININE; BLOOD	2300	2300	00	00	00	00	00		00	2954		
NCXIX	05311999 05311999		1 3	84132	POTASSIUM SERUM	2000	2000	00	00	00	00	00		00	2954		
NCXIX	05311999 05311999		1 3	85014	BLOOD COUNT; OTHER THAN SPU	1400	1073	327	00	327	00	327		327	98		
NCXIX	05311999 05311999		1 3	85018	HEMOGLOBIN	1800	1473	327	00	327	00	327		327	98		
NCXIX	06011999 06011999		1 3	93010	ELECTROCARDIOGRAM REPORT	3500	2491	1009	00	1009	00	1009		1009	534		
DEDUCTIBLE=		.00		PAT LIAB=		.00		CO PAY=		.00		TPL=		.00		13000	
ORIGINAL BILLED AMOUNT=		130.00		ORIGINAL DETAIL COUNT=		6		TOTAL FINANCIAL PAYERS=		1		2602		2602		2602	
2 CLAIMS		15		MEDICAL		*****		138359		00		157741		00		157741	
****--> TOTAL PAID CLAIMS		2 CLAIMS				296100		157741		00		157741		00		157741	
						296100		157741		00		157741		00		157741	

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

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

PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		280767		PAGE		2		
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAYED	EXPLANA-						
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION						
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES						
ADJUSTED CLAIMS																		
PROFESSIONAL ADJUSTMENT																		
BARNES	LARRY	D	CO=43	RCC=	CLAIM NUMBER=901999183001888NCXIX **ADJ**DEBIT TO 101998100300888NCXIX				PAID 12231998	ATTN PROV=								
977788888A	08131998	08141998	2	3	99232	HOSP VISIT, MODERATE. PHYS	18200	8096	10104	8083	2021	00	2021	8926				
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888				MED REC=00009033333									8926				
	21 DUPLICATE OF CLAIM NCXIX 1019990466666666 PAID 03011999																	
NCXIX	08171998	08171998	1	3	99231	HOSP VISIT, STABLE. PHYS T	5900	2474	3426	2741	685	00	685	8926				
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																	
NCXIX	18181998	08181998	1	3	99232	HOSP VISIT, MODERATE. PHYS	9100	4048	5052	4042	1010	00	1010	8926				
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																	
NCXIX	08191998	08191998	1	3	99238	HOSPITAL DISCHARGE DAY MANA	10200	4227	5973	4778	1195	00	1195	8926				
NCXIX	86 ADJUSTMENT OF CLAIM NCXIX 101998100300888																	
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	43400	18845	24555	19644	4911	00	4911
1	CLAIMS		5		PROFESSIONAL ADJUSTMENT							43400	18845	24555	19644	4911	00	4911
****->	TOTAL ADJUSTED CLAIMS		1		CLAIMS							43400	18845	24555	19644	4911	00	4911

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION
ACCOUNTS RECEIVABLE DEPT
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PROVIDER NUMBER 8900000		REPORT SEQ. NUMBER 21		DATE 10/27/1999		PAGE 3						
NAME	SERVICE DATES		DAYS OR	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANATION CODES
RECIPIENT ID	FROM	TO										
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS					
DENIED CLAIMS MEDICAL												
JONES JERRY	D CO=77			CLAIM NUMBER=901999197050025NCXIX								
97777777A				MED REC= 00006100000				ATTN PROV= 8910000				
NCXIX	11091998	11091998	1 3	86316 TUMOR ANTIGEN IMMUNOASSAY	8200	5324	2876	00	00	00	00	21
21 DUPLICATE OF CLAIM NCXIX 10199904777777 PAID 0531999												
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 8200 5324 2876 00 0 00 0												
ORIGINAL BILLED AMOUNT= 82.00 ORIGINAL DETAIL COUNT= 1 TOTAL FINANCIAL PAYERS= 1												
PERRY JOHNNY	A CO=48			CLAIM NUMBER=901999172168421NCXIX								
944444444B				MED REC= 10455555				ATTN PROV= 7924000				
NCXIX	06081999	06081999	1 3	99213 OV ESTAB. PT, MODERATE. PHYS	6200	6200	00	00	00	00	00	270
NCXIX	06081999	06081999	1 3	82962 BLOOD GLUCOSE BY MONITORING D Q4	1300	1300	00	00	00	00	00	270
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 7500 7500 00 00 00 00 00												
ORIGINAL BILLED AMOUNT= 75.00 ORIGINAL DETAIL COUNT= 2 TOTAL FINANCIAL PAYERS= 1												
2 CLAIMS 3 MEDICAL ***** 15700 12824 2876 00 00 00												
****--> TOTAL DENIED CLAIMS 2 CLAIMS 15700 12824 2876 00 00 00												

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION
ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
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PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		4	
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG		TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-		
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION		BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION		
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS				CHARGES		CODES		
CLAIMS IN PROCESS - THESE CLAIMS ARE BEING PROCESSED AS LISTED															
PROFESSIONAL															
945751888A	GARRETT	JOE	R09081998	09111998	CLAIM=	101999167167167	NCXIX	23600			MED REC=	00006655555		102	
901200000A	MCCONNELL	JERRY	04281999	04281999	CLAIM=	101999155166144	NCXIX	26500			MED REC=	00009160000		102	
900534500A	SHEPHERD	DAVID	J11011998	11011998	CLAIM=	1019991671111111	NCXIX	3500			MED REC=	00006644444		102	
94599200A	BEAN	ALICE	J02011999	02011999	CLAIM=	101999134988888	NCXIX	223			MED REC=	00004333333		101	
24966666A	BROWN	WADE	01141999	01141999	CLAIM=	901999155555555	NCXIX	1047			MED REC=	00009588888		101	
252645999A	DIXON	EDNA	07121998	07121998	CLAIM=	901999160999999	NCXIX	1370			MED REC=	00004444444		101	
6	CLAIMS		PROFESSIONAL		*****			56240							
***-->	TOTAL PENDING CLAIMS		6 CLAIMS					56240							
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY															
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H <100%	TXF IND	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB				
ADJUSTMENTS															
NEGATIVE															
PRINCIPAL															
JONES MIRA 900846721Q	09/01/1999 11/15/1999	931999307990020 1999309750040	NCXIX NCXIX	1999254751630	NCXIX	99%/ N	50000	50000	00	00	50000	0112			
						SUB TOTAL:	50000	50000	00	00	50000				
INTEREST															
MOORE JOHN 976542318P	08/01/1999 10/20/1999	931999400500040 1999293502360	NCXIX NCXIX	1999254751631	NCXIX	N	1627	1627	00	00	1627	2256			
						SUB TOTAL:	3702	3702	00	00	3702				
						TOTAL PPI:	53702	53702	00	00	53702				

(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = WITHHELD AMOUNT ON CLAIMS PAYMENT SUMMARY PAGE)

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

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

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PROVIDER NUMBER 8900000				REPORT SEQ. NUMBER 21			DATE 10/27/1999		PAGE 5			
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-
RECIPIENT ID	FROM	TO	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	TION
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	UNITS			CHARGES		CODES
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY												
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	REFUND CCN/ ORIGINAL CCN/ICN	AR CCN	REFUND AMOUNT	BAL FROM PRIOR CYCLE	\$ APPLIED THIS CYCLE	ENDING BALANCE (B-C=E)	EOB				
				(A)	(B)	(C)	(E)					
REFUNDS												
INMAN WILLI 246705500A	04/22/1998 05/03/1999	1999153000002NCXIX 101999109666666NCXIX		4359	4359	517	3842	2242				
ROPER JOE 246705500A	03/28/1998 02/01/1999	1999177400050NCXIX 101999204772555NCXIX		2755	2755	2755	00	2242				
TOTAL:				7114	7114	3272	3842					
(TOTAL OF COLUMN C=TO CREDIT AMOUNT ON CLAIMS PAYMENT SUMMARY PAGE)												
TOTAL FINANCIAL ITEMS		5	*****	60816	60816	56974						

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

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

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

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

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

EXAMPLE 1

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

XYZ CORPORATION
ACCOUNTS RECEIVABLE DEPT
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PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		8	
NAME	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAYED	EXPLANA- TION CODES			
RECIPIENT ID	FROM	TO	OR		BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT				
POPULATION GROUP	MM	DD	CCYY		MM	DD	CCYY	UNITS		CHARGES					
TOTALS BY POPULATION GROUPING:															
POPULATION GROUPING NUMBER	POPULATION GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT												
NCXIX	MEDICAID	1626.52	3000.00												
CA-I	CCN1	0	1100.00												
CA-II	CCN2	0	900.00												
TOTAL PAID		1626.52	5000.00												

MEDICAID CLAIM ADJUSTMENT REQUEST

(This form is not to be used for claim inquiries or time limit overrides.)
PLEASE COMPLETE THIS FORM IN BLUE OR BLACK INK ONLY

MAIL TO:

EDS ADJUSTMENT UNIT
PO BOX _____ (PAYER SPECIFIC)
RALEIGH, NC 27622

**A CORRECTED CLAIM
AND THE APPROPRIATE
RA MUST BE ATTACHED**

<u>EDS USE ONLY</u>
One Step: _____

Provider #: _____ Provider Name: _____
Recipient Name: _____ MID#: _____

**SUBMIT A COPY OF THE
RA WITH REQUEST**

Claim #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date From: ____/____/____ Billed Amount: Paid Amount: RA Date:
Of Service: To: ____/____/____ \$ _____ \$ _____ ____/____/____

Please check (✓) reason for submitting the adjustment request:
 Over Payment Under Payment Full Recoupment Other

Please check (✓) changes or corrections to be made:
 Units Procedure/Diagnosis Code Billed Amount
 Dates of Service Patient Liability Further Medical Review
 Third Party Liability Medicare Adjustments Other

Please Specify Reason for Adjustment Request:

Signature Of Sender: _____ Date: ____/____/____ Phone #: (____) ____ - _____

EDS INTERNAL USE ONLY

Clerk ID#: _____ Sent to: _____ Date sent: ____/____/____
 Reason for review: _____
 Reviewed by: _____ Date reviewed: ____/____/____
 Outcome of review: _____
 Date received back in the Adjustment Department: ____/____/____

EDS USE ONLY. DO NOT WRITE IN THIS BOX.

Attention: Outpatient Hospital Providers

Billing Outpatient Diabetes Self-Management Training

Outpatient hospital providers who meet the requirements for “Certificate of Recognition” from the American Diabetes Association may bill for Outpatient Diabetes Self-management Training. Refer to the November 1999 North Carolina Medicaid Bulletin for additional information. Revenue code (RC) 942 and the appropriate CPT code 99404, individual counseling, or 99412, group counseling, must be used to bill the service. North Carolina Medicaid covers RC 942 only for Diabetes Self-management Training.

If you received claim denials for dates of service on or after November 1, 1999 that stated the service is noncovered, refile the claim using the appropriate RC and CPT code combination.

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

Attention: All Providers

Tax Identification Information

Alert – Tax Update Requested

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

How to Verify Tax Information

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

Providers should complete a Special W-9 (see 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 (**must be completed**).
- Fill in the North Carolina Medicaid Provider Number (**must be completed**).
- Part I Correction field – Indicate tax identification number exactly as the IRS has on file for the provider’s business. Do not insert a Social Security Number unless the business is a sole proprietorship or individually owned and operated.
- Part II Correction field – Indicate tax name exactly as the IRS has on file for the provider’s business.
- Part III – Indicate the appropriate type of organization for the provider’s business. If a Social Security Number is indicated as the tax identification number, select individual/sole proprietor as the type of organization.
- Part IV – An authorized person **MUST** sign and date this form, or it will be returned as incomplete and the tax data on file with Medicaid **will not** be updated.

Send Completed and Signed Forms by December 8, 2000 to:

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

Change of Ownership

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

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

Group Practice Changes

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

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

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

Special W-9

Complete all four parts below and return to EDS. Incomplete forms will be returned to you for proper completion.

Provider Name: Provider Number:

Part I. Provider Taxpayer Identification Number:

Your tax identification number should be reflected below exactly as the IRS has on file for you and/or your business. Please verify the number on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field (please write clearly in black ink):

Employer Identification Number/Taxpayer Identification Number

Social Security Number **If you do not have an employer ID then indicate social security number if you are an individual or sole proprietor only

Part II. Provider Tax Name:

Your tax name should be reflected below exactly as the IRS has on file for you and/or your business. Individuals and sole proprietors must use their proper personal names as their tax name. Please verify the name on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field:

Part III. Type of Organization - Indicate below:

Corporation/Professional Association Individual/Sole Proprietor Partnership
 Other: _____ Government: _____

Part IV. Certification

Certification – Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

_____ _____ _____
 Signature Title Date

EDS Office Use Only

Date Received: _____ Name Control: _____ Date Entered: _____

Attention: All Providers

PCG Medicare Recoupment Mailouts

During the month of October, Public Consulting Group, Inc. (PCG) and the Division of Medical Assistance, Third Party Recovery Section forwarded to hospitals a list of Medicare claims with a **December 31, 2000** filing deadline date. A separate mailing will be issued for Medicare claims with a **December 31, 2001** filing deadline date.

Please direct all questions to Jennifer Malchak with PCG.

Jennifer Malchak
PCG, 1-800-372-0878

Attention: Nursing Facility Providers

Level of Care Monitoring

Each month a sample of the Utilization Review (UR) FL2s received at the Division of Medical Assistance (DMA) is sent to Medical Review of North Carolina (MRNC), the contractor for level of care (LOC) monitoring. DMA has recently increased the sample number. Therefore, nursing facilities can expect the UR FL2s to be reviewed several times a year.

MRNC nurses review the sample FL2s to determine if the LOC recommended by the UR Committee is appropriate to meet the resident's needs. (This process is outlined in Chapter Seven of the June 2000 Nursing Facility provider manual.) When the documentation on the FL2 is not consistent with the LOC, MRNC will request medical records for the most recent thirty (30) days. If MRNC changes the LOC, written notification will be forwarded to the nursing facility. **The new prior approval number** will appear in the upper right corner of the notification letter. A copy of the FL2 will not be mailed with the notification letter.

Utilization Review, Medical Policy Section
DMA, 919-857-4020

Attention: Nursing Facility Providers

Discharge of a Nursing Facility Resident

When a nursing facility resident requires hospitalization, the nursing facility provider **must** indicate a **Discharge Status in form locator 22** and a **Discharge Bill Type in form locator 4** on the UB-92 claim form. (Bill Types and Discharge Status Codes are noted in Chapter Eight of the June 2000 Nursing Facility provider manual.)

Payments made to nursing facilities for claims billed with the incorrect bill type will be recouped.

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

Attention: All Prescribers

Conversion from UPIN Numbers to DEA Numbers on Pharmacy Prescriptions and Claims

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

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

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

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

FAX, 919-851-4014

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

DEA NUMBER:

Provider Name _____

Medicaid Provider Number _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

DEA Number _____

Or

Medicaid Identification Number _____

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

Attention: Carolina ACCESS Providers

Changes Made within Your Practice

Carolina ACCESS (CA) primary care providers (PCPs) must communicate all pertinent changes made within the practice to the local Managed Care Representative. Changes may involve hospital admitting privileges, the CA contact person for the office, new office hours, new providers added to the practice, etc. The Managed Care Representative will notify the Division of Medical Assistance (DMA) Managed Care Section, and the change will be made to the CA application and agreement on file. If information is needed regarding the best way to contact your Managed Care Representative, please call the DMA Managed Care Section at 919-857-4022.

**Kirby Ferguson, Managed Care Section
DMA, 919-857-4022**

Attention: Carolina ACCESS Primary Care Providers

Mandatory Participation in Medicare and Medicaid for Carolina ACCESS Primary Care Providers (PCPs)

Carolina ACCESS (CA) welcomes and encourages Medicaid recipients who are also receiving Medicare benefits (Dually Eligible) to enroll in the CA program. If a Dually Eligible recipient chooses to participate in CA, they must select a CA PCP who participates in both Medicare and Medicaid.

CA PCPs electing to care for CA Dually Eligible recipients must participate in both the Medicare and Medicaid programs. In addition, PCPs must report to the Division of Medical Assistance if their participation with Medicare or Medicaid is voluntarily or involuntarily terminated.

**Program Operations, Managed Care Section
DMA, 919-857-4022**

Attention: Independent Practitioner Service Providers

Health-Related Services for Recipients Provided By Independent Practitioner (IP) Providers

Effective with date of service October 1, 2000, the October 1999 workshop handout published by EDS will be used as the updated version of DMA's medical policy for IPs until further notice. Updated handouts were provided at the EDS workshops in 1999 and mailed to all enrolled providers.

Please review the October 1999 EDS handout for updates, deletions, and other changes to the medical policy for IP providers. A copy of the handout may be obtained by calling EDS Provider Services at 1-800-688-6696 or 919-851-8888.

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

Attention: Optometrists and Ophthalmologists

Reminder: Eye Refractions and Office Visits for Diabetic Patients

Diabetic recipients do not generally require more frequent eye refractions or eyeglass lens changes than other recipients. However, retinal disease (diabetic retinopathy, diabetic macular edema, etc.) is the leading cause of blindness in diabetic patients. Therefore, it is important that diabetic recipients are seen annually to evaluate the health of the eye.

For diabetic recipients with no complications, providers should bill for an office visit a minimum of one year from the previous eye exam date. Based on the findings, more frequent evaluation may be indicated. Providers should bill one of the following CPT codes and follow CPT guidelines:

Office Visit - New Patient

(No Prior Authorization Required)

99201
99202
99203
99204
99205

Office Visit - Established Patient

(No Prior Authorization Required)

99211
99212
99213
99214

When a diabetic patient is evaluated for retinopathy, documentation of the evaluation should be forwarded to the primary care physician or referring physician.

When a significant change in visual acuity is detected during an office visit, the recipient should be referred back to the medical physician for evaluation of the diabetic condition (stable or unstable). The medical physician should write a referral to the ophthalmologist or optometrist stating the diabetic condition and requesting a new eye refraction. The ophthalmologist or optometrist may request a **refraction only** by submitting a general Request for Prior Approval form (371-118) and the referring medical physician's letter to the EDS address listed on the top of the form. The optometrist or ophthalmologist should document medical justification for an early refraction in block 7 of the Request for Prior Approval form (i.e., visual acuity with current glasses, pressure changes, current medications, etc.). A minimal change of one diopter in power is required for approval of a new lens(es). Each request for an early refraction will be reviewed on a case-by-case basis.

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

Attention: Adult Care Home Providers

Policy for Correcting the DMA-3050

The Division of Medical Assistance (DMA) has implemented a policy to allow Adult Care Home (ACH) providers to make limited corrections to the ACH assessment and care plan form (DMA-3050).

Acceptable Format

Corrections to the DMA-3050 are acceptable when the incorrect information is lined through once with the new information noted, initialed, and dated by the assessor. Example: ~~supervise toileting~~, ^{bh 11/1/00} assist on and off toilet.

Conditions

- The crossed out information must be legible.
- The corrected information must be dated before or on the date the assessor signs the DMA-3050.
- The corrections must be initialed and dated by the assessor.

**Bill Hottel, Adult Care Home Services Unit, Medical Policy Section
DMA, 919-857-4020**

Attention: Durable Medical Equipment Providers

Rate Decrease

Effective with date of service December 1, 2000, the following codes have a maximum reimbursement rate reduction. Please make these changes on the Durable Medical Equipment Fee schedule dated August 1, 2000. Providers are expected to bill their usual and customary rate

CODE	DESCRIPTION	MAXIMUM REIMBURSEMENT RATE
A4627	Spacer, Bag or Reservoir, w/ or w/o mask, for use w/ metered dose inhaler	\$ 35.37, new
A4614	Peak Expiratory Flow Rate Meter, hand held	\$ 25.60, new
W4721	Group 27 Gel Cell Battery, each	\$203.00, new
W4721	Group 27 Gel Cell Battery, each	\$152.25, used
W4721	Group 27 Gel Cell Battery, each	\$ 20.30, rented

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

Checkwrite Schedule

November 7, 2000	December 5, 2000	January 9, 2001
November 14, 2000	December 12, 2000	January 17, 2001
November 21, 2000	December 21, 2000	January 25, 2001
November 30, 2000		

Electronic Cut-Off Schedule

November 3, 2000	December 1, 2000	January 5, 2001
November 10, 2000	December 8, 2000	January 12, 2001
November 17, 2000	December 15, 2000	January 19, 2001
November 22, 2000		

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

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

John W. Tsikerdanos
Executive Director
EDS



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