



North Carolina Medicaid Bulletin

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

Visit DMA on the Web at: <http://www.dhhs.state.nc.us/dma>

Attention: All Providers

Holiday Observance

The Division of Medical Assistance and EDS will be closed on Monday, November 11 in observance of Veteran's Day, and on Thursday, November 28, and Friday, November 29 in observance of Thanksgiving.

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

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

**Bold, italicized material is excerpted from the American Medical Association
Current Procedural Terminology (CPT) Codes. Descriptions and other data only are copyrighted
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Attention: All Providers

Provider Information Update

The N.C. Medicaid program is updating provider files to include a fax number and e-mail address. These two methods of communication will complement the already existing methods of communication and provide a quick avenue for providers to receive information. Because only one e-mail address and one fax number can be entered for a provider number, please submit the most appropriate information for the provider number given. Please complete and return the following form to EDS Provider Enrollment at the address listed below.

To report a change of ownership, name, address, tax identification number changes, group member, or licensure status, please use the Notification of Change in Provider Status form. Managed Care providers (Carolina ACCESS, ACCESS II, and ACCESS III) must also report changes in daytime or after-hours phone numbers and should report changes using the Carolina ACCESS Provider Information Change form.

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

Provider Update Form

Date _____
Provider Number: _____
Provider Name: _____
Address: Street _____
City _____
State _____ Zip Code _____
Contact Person: _____
Phone Number: () _____
Fax Number: () _____
E-Mail address: _____

Return completed form to:

EDS Provider Enrollment
PO Box 300009
Raleigh, NC 27622

Fax: 919-851-4014

Attention: All Providers

Routine Newborn Circumcision Coverage Policy

Effective with date of service December 1, 2002, optional newborn circumcisions will not be covered by the N.C. Medicaid program. Medically necessary circumcisions will continue to be covered for males of all ages. Providers must bill the most appropriate ICD-9-CM diagnosis code that supports medical necessity. Examples of medical necessity include:

- adherent prepuce
- congenital phimosis
- paraphimosis.

Claims without a diagnosis supporting medical necessity will be denied.

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

Attention: All Providers

Proposed Medical Coverage Policies

In accordance with Session Law 2001-424, Senate Bill 1005, proposed new or amended Medicaid medical coverage policies are available for review and comment on DMA's website at <http://www.dhhs.state.nc.us/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the website. Providers without Internet access can submit written comments to the address listed below.

Darlene Creech
Medical Policy Section
Division of Medical Assistance
2511 Mail Service Center
Raleigh, NC 27699-2511

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

**Darlene Creech, Medical Policy Section
DMA, 919-857-4020**

Attention: All Providers

Revised Medicaid Claim Adjustment Request Form

The Medicaid Claim Adjustment Request form has been revised. The revision of the "EDS Use Only" field was necessary to accommodate placement and scanning of the internal claim number (ICN) that is assigned when processing adjustments. Please begin using this revised form when submitting claim adjustments. A copy of the revised Medicaid Claim Adjustment Request form is available on page 4 of this bulletin or on DMA's website at <http://www.dhhs.state.nc.us/dma>. Providers may contact EDS Provider Services with questions about processing adjustment requests.

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

Attention: All Providers

Synagis/RespiGam Coverage Criteria

The N.C. Medicaid program requires prior authorization for the drugs Synagis (palivizumab) 50 mg or 100 mg vials and RespiGam (respiratory syncytial virus immune globulin human) for respiratory syncytial virus (RSV) prophylaxis.

The following criteria are used to determine eligibility for receiving prior approval for either of these drugs:

1. The patient must be:
 - a. an infant less than 24 months of age at the start of the RSV season with chronic lung disease (CLD) that necessitated treatment within the last six months, **or**
 - b. a neonate born between 28 weeks and 32 weeks gestation without CLD who is less than 6 months of age at the start of the RSV season, **or**
 - c. a neonate born at 28 weeks gestation or less without CLD who is less than 12 months of age at the start of the RSV season, **or**
 - d. a neonate born between 32 weeks and 35 weeks gestation without CLD who is less than 6 months of age at the start of the RSV season and who has other medical illnesses or two or more risk factors that predispose the patient to respiratory complications such as:
 - recipient has siblings attending school
 - recipient attends daycare
 - recipient has exposure to cigarette smoke in the home
 - recipient was part of a multiple baby birth (e.g., twin, triplet)
 - recipient is anticipated to have cardiac surgery for acyanotic heart disease
 - distance to and availability of hospital care for severe respiratory illness

and

2. The drug must be used for prevention of RSV and not for treatment.
3. Acyanotic congenital heart disease is not a contraindication.
4. The drug is approved for once-a-month administration for up to six doses during the RSV season as documented by the Center for Disease Control's annual guidelines (generally November through March or April).
5. The physician must include the following information in his/her own handwriting on the face of the prescription:
 - the patient's date of birth
 - the patient's gestational age at birth
 - the patient's current weight (in kg)
6. To expedite the process and allow for immediate discussion, the prior authorization request must be made by the physician's office.

Refer to page 6 for a copy of the Synagis/RespiGam Prior Authorization form. The form is also available online at <http://www.ncmedicaidpbm.com>.

ACS State Healthcare administers the Medicaid Drug Prior Approval program. Providers may call ACS toll free at 866-246-8505 for additional information.

**Melissa Weeks, Medical Policy Section
DMA, 919-857-4020**

North Carolina Medicaid

Synagis® / RespiGam® Prior Authorization for RSV Prophylaxis



Request Date _____
 Recipient's Medicaid ID# _____
 Recipient's Full Name _____
 Prescriber's Full Name _____ Prescriber's DEA # _____
 Prescriber's Address (mandatory) _____
 City _____ State _____ Zip _____
 Prescriber's Telephone # _____ Prescriber's Fax # _____
 Prescriber E-mail Address _____

RSV prophylaxis with Synagis® or RespiGam® should be initiated one month before or at onset of the RSV season and terminated at the end of the RSV season. The RSV season typically begins in November and ends in March or April. No more than 6 doses will be approved for the 2002-2003 RSV prophylaxis season. The recommended dose of Synagis® is 15 mg/kg of body weight, given once a month during RSV season. Synagis® is supplied in either a 100 mg vial or 50 mg vial. For RespiGam product information, please refer to product labeling. The request for these drugs must be made from the physician's office directly; the request should include the specific reasons for prophylaxis in children who fall into category 1d. This will expedite approval.

1. What is the **diagnosis or indication** for use of the product for prophylaxis? Please check one of the categories below.

- 1-a: Infant < 24 months of age at the start of RSV season **with** Chronic Lung Disease (CLD) that has necessitated treatment in the last 6 months.
- 1-b: Neonate born between 28 and 32 weeks gestation **without** Chronic Lung Disease (CLD) who is < 6 months of age at the start of RSV season.
- 1-c: Neonate born at 28 weeks gestation or less **without** Chronic Lung Disease (CLD) who is < 12 months old at the start of RSV season.
- 1-d: Neonate born between 32 and 35 weeks of gestation **without** Chronic Lung Disease (CLD) who is < 6 months old at the start of the RSV season who has other medical illnesses or other risk factors (two or more) that predispose to respiratory complications.

Other medical illness _____

Other risk factors - Check **all** that apply.

- Recipient has sibling(s) that attend school
- Recipient attends daycare
- Recipient has exposure to cigarette smoke in home
- Recipient was part of multiple baby birth (e.g., twin, triplet)
- Recipient is anticipated to have cardiac surgery for acyanotic heart disease
- Distance to and availability of hospital care for severe respiratory illness
- Other risk factor(s) _____

<p style="text-align: center;">ACS Use Only</p> <p>() Preliminary Approval Category 1-d</p> <p>() Preliminary Denial Category 1-d</p>
--

2. Additional recipient information. It should be noted that this information must also be handwritten by the physician on the face of the prescription:

Date of birth _____

Gestational age at birth (in weeks) _____

Current Weight (in kg) _____

3. Dose requested* _____

Synagis® 50mg vial(s) _____ Synagis® 100 mg vial(s) _____

RespiGam® _____

4. Date(s) requested*

a. Starting date _____ Ending date _____

Instructions to physician on how to submit: (Choose one)

To Fax or Mail:

1. Form may be completed electronically or hand written.
2. Fax or mail to ACS State Healthcare.

To E-mail:

1. Save the form using a different filename.
2. Complete electronically.
3. E-mail as an attachment to ACS State Healthcare.

Send to:

ACS State Healthcare, Prescription Benefits Management
Prior Authorization Dept.
Northridge Center One, Suite 400
365 Northridge Road
Atlanta, GA 30350

Fax: (866) 246-8507

E-Mail: nc.providerrelations@acs-inc.com

Questions - Phone: ACS - (866) 246-8505; M-F 7am-11pm, EST; S-S 7am-6pm

Attention: Durable Medical Equipment Providers

Return Address on Certificate of Medical Necessity and Prior Approval Form

Effective November 1, 2002, all three copies of each Certificate of Medical Necessity and Prior Approval (CMN/PA) form submitted to EDS for review must include the provider's return address in block 29 on the form. CMN/PA forms without the return address on all three copies will not be reviewed and will be returned to the provider for correction.

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

Attention: Optical Providers

Billing Dispensing Fees for Glasses that Cannot be Dispensed

Because EDS no longer retains the top copy of the Request for Prior Approval for Visual Aids, providers must include a copy of the request form along with the glasses, the claim, and required documentation when billing dispensing fees for glasses that cannot be dispensed.

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

Attention: Podiatrists, Physicians, and Nurse Practitioners

Modifier YR – Routine Foot Care

Effective with date of service December 1, 2002, state-created modifier YR will be end-dated to comply with the implementation of national codes mandated by the Health Insurance Portability and Accountability Act (HIPAA). Routine foot care in the absence of qualifying conditions remains non-covered. Refer to the June 1999 and November 1999 general Medicaid bulletins for complete information on qualifying circumstances and class findings required for coverage. Bulletins are available on DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.

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

Attention: Personal Care Services (in Private Residences) Providers

Change in Monthly Limit for Medicaid Personal Care Services in Private Residences

Effective with date of service December 1, 2002, the N.C. Medicaid program will cover no more than 240 units (60 hours) per calendar month of Personal Care Services (PCS) in a private residence for a client. This change is due to a provision in the state budget. There is no change to the maximum daily limit of 14 units (3.5 hours). Any time billed for a registered nurse (RN) will continue to count against the daily and monthly limits. PCS providers are to follow the instructions in this article to make any amendments to the PCS plan of care that are required to implement this change.

Guidance on care plan changes is found in subsection 6.8, *Changing the Plan of Care*, of the *N.C. Medicaid Community Care Manual*. The manual is available on DMA's website at <http://www.dhhs.state.nc.us/dma>. The procedures in subsection 6.8 are modified as follows to reduce the paperwork for providers and physicians when implementing the new monthly limit. The modifications apply only to this implementation. Providers must follow the guidance in subsection 6.8 for all other care plan changes.

Physician Signature Requirement

Physician orders **are not required** by the Division of Medical Assistance (DMA) for the following changes to implement the new monthly limit:

- All Home Management Changes: If the only change involves a home management task, a physician's order for the change is **NOT** required. The provider agency does not have to obtain the physician's order or the physician's signature on the documentation of the change.
- Rescheduling Personal Care and Medical Monitoring Tasks: If the change involves moving a personal care task or a medical monitoring task to another day, the RN uses professional judgment to decide whether to contact the physician and obtain the physician's approval of the change. DMA does not require a physician's order to make the change.

Physician orders **are required** by DMA for a change that deletes a personal care or medical monitoring task. If all of the personal care tasks are eliminated from a visit, the visit does not qualify for Medicaid reimbursement as PCS. The primary purpose of each PCS visit must be to perform personal care for the client.

Implementing the Change

Providers may begin initiating the paperwork for any changes required in the plan of care, including any required physician orders. Providers must ensure that all of the paperwork clearly shows the effective date of the change. If a change unrelated to the implementation of the new monthly limit is needed, providers must follow the procedures in subsection 6.8 of the *N.C. Medicaid Community Care Manual*.

Example: A provider completes all of the documentation for the December 1, 2002, date of service change on November 12, 2002. On November 15, 2002, the provider learns that the client needs a change to the current plan of care. The provider makes the November 15 change for the balance of November according to subsection 6.8 of the manual, including the physician's signature requirements in that subsection. If the November 15 plan of care needs to be revised to implement the new monthly limit, the provider may apply the modifications included in this article to make that change.

Other Documentation Requirements

- The RN documents the change by one of the following means:
- The RN notes the details of the change on the agency's change order – that is, the task(s) moved or deleted as well as the effective date of the change – and signs and dates the documentation; **OR**
- The RN notes the change and the effective date of the change on a copy of the existing plan of care, annotating each change with the RN's initials and the date; **OR**
- The RN prepares, signs, and dates a new plan of care that details the change and the effective date of the revision.

Providers are reminded to be sure each of their PCS clients meets the criteria for the service, the tasks performed for the client are allowed by Medicaid policy, and the time billed to Medicaid is appropriate for the performed tasks.

**Adelle Kingsberry, Community Care Section, Medical Policy
DMA, 919-857-4021**

Attention: Prescribers and Pharmacists**“Medically Necessary” Replaces “Dispense as Written”**

Effective January 1, 2003, the words “*medically necessary*” written on a prescription will be necessary to dispense a trade or brand name drug, except for antipsychotic drugs and drugs listed in the narrow therapeutic index. “*Dispense as written*” will no longer be valid. Senate Bill 1115, Section 21.19(h) Dispensing of Generic Drugs mandates this change.

Section 21.19(h) Dispensing of Generic Drugs. – Notwithstanding G.S. 90-85.27 through G.S. 90-85.31, or any other law to the contrary, under the Medical Assistance Program (Title XIX of the SSA), and except as otherwise provided in this subsection for atypical antipsychotic drugs and drugs listed in the narrow therapeutic index, a prescription order for a drug designated by a trade or brand name shall be considered to be an order for the drug by its established or generic name, except when the prescriber has determined, at the time the drug is prescribed, that the brand name drug is medically necessary and has written on the prescription order the phrase “*medically necessary*.” An initial prescription order for an atypical antipsychotic drug or a drug listed in the narrow therapeutic drug index that does not contain the phrase “*medically necessary*” shall be considered an order for the drug by its established or generic name, except that a pharmacy shall not substitute a generic or established name prescription drug for subsequent brand or trade name prescription orders of the same prescription drug without explicit oral or written approval of the prescriber given at the time the order is filled. Generic drugs shall be dispensed at a lower cost to the Medical Assistance Program rather than trade or brand name drugs. As used in this subsection, “brand name” means the proprietary name the manufacturer places upon a drug product or on its container, label, or wrapping at the time of packaging; and “established name” has the same meaning as in section 502(e) (3) of the Federal Food, Drug, and Cosmetic Act as amended, 21 U.S.C. § 352 (e) (3).

Please note that the pharmacist is not required to call the prescriber to substitute a generic drug if “*medically necessary*” is absent from the prescription unless the prescription is for an atypical antipsychotic drug or a drug listed in the narrow therapeutic drug index.

**Melissa Weeks, Medical Policy Section
DMA, 919-857-4020**

Attention: Prescribers and Pharmacists

Senior Care Drug Assistance Program

The North Carolina Health and Wellness Trust Fund Commission is implementing a senior prescription drug assistance and medication management program called Senior Care. The Senior Care program will be funded for three years. It is estimated that over 50,000 senior enrollees will receive assistance through the program. Senior Care will cover 60 percent of the first \$1,000 of the cost of drugs needed for the treatment of COPD, cardiovascular disease or diabetes mellitus. The program employs an open formulary.

Applications are available at distribution points throughout the state such as local senior centers, departments of social services, departments of public health, hospitals, health centers, and pharmacies. Adults over the age of 65 residing in North Carolina who meet specific income criteria are eligible to apply for the Senior Care program. Senior adults who have third party insurance coverage or are enrolled with Medicaid are not eligible to apply for Senior Care. Seniors who apply and are deemed eligible can begin using their Senior Care card on November 1, 2002.

Senior Care has contracted with ACS to serve as the pharmacy benefit manager for the program. ACS will process enrollment applications, pay claims, contract with pharmacies, and provide customer service. ACS is currently in the process of contracting with pharmacies throughout the state to participate in their network for Senior Care.

Pharmacists can contact at ACS at 1-866-226-1388.

Michael Keough
Office of Rural Health, 919-733-2040

Attention: Independent Practitioners and Local Education Agencies

Independent Practitioners and Local Education Agencies Seminars

Seminars for Independent Practitioners (IPs) and Local Education Agencies (LEAs) are scheduled for December 2002. The seminars will consist of four service-specific sessions and will focus on the claim filing process and Y code conversions to standard national codes as mandated by the Health Insurance Portability and Accountability Act (HIPAA).

Due to limited seating and fire code restrictions, preregistration is required and limited to two staff members per office. Unregistered providers are welcome to attend if space is available. Providers may register for the IP and LEA seminars by completing and submitting the registration form on page 13, or providers can register online beginning November 1, 2002 at <http://www.dhhs.state.nc.us/dma> under the heading Provider Links. **Please indicate on the registration form the session(s) you plan to attend.**

Providers must access and print the PDF version of the December 2002 Special Bulletin VII, *HIPAA Code Conversion for Independent Practitioners and Local Education Agencies*, from DMA’s website at <http://www.dhhs.state.nc.us/dma> and bring it to the seminar. Providers may choose to print only those sections that pertain to the specific service session they plan to attend.

The seminars in Hickory and Greenville are scheduled to begin at 9:30 a.m. and end at 1:15 p.m. Two seminars are scheduled in Raleigh. The first seminar is scheduled to begin at 8:30 a.m. and end at 11:30 a.m. The second session is scheduled to begin at 1:00 p.m. and end at 4:00 p.m. Only one session will be provided on Respiratory Therapy. It is scheduled to begin at 11:30 a.m. and end at 12:00 p.m. Providers may register for the morning seminar and stay through 12:00 p.m. for the Respiratory Therapy session or providers may register for the afternoon seminar and arrive at 11:30 a.m. for the Respiratory Therapy session.

Hickory, Tuesday, December 3, 2002
Greenville, Wednesday, December 4, 2002

Session	Time
Respiratory Therapy	9:30 a.m. to 10:00 a.m.
Speech/Language and Audiology	10:15 a.m. to 11:30 a.m.
Physical and Occupational Therapy	11:45 a.m. to 12:30 p.m.
Psychological Therapy	12:45 p.m. to 1:15 p.m.

Raleigh, Friday, December 6, 2002

Morning Session	Time
Speech/Language and Audiology	8:30 a.m. to 9:45 a.m.
Physical and Occupational Therapy	10:00 a.m. to 10:45 a.m.
Psychological Therapy	11:00 a.m. to 11:30 a.m.
Only Session	Time
Respiratory Therapy	11:30 a.m. to 12:00 p.m.
Afternoon Session	Time
Speech/Language and Audiology	1:00 p.m. 2:15 p.m.
Physical and Occupational Therapy	2:30 p.m. to 3:15 p.m.
Psychological Therapy	3:30 p.m. to 4:00 p.m.

Directions to the Independent Practitioners and Local Education Agencies Seminars

Hickory – Park Inn Gateway Conference Center **909 US Highway 70 SW**

Take I-40 to exit 123. Follow signs to Highway 321 North. Take the first exit (Hickory exit) and follow the ramp to the stoplight. Turn right at the light onto Highway 70. The Gateway Conference Center is on the right.

Greenville – Brody Auditorium

Brody Medical Science Building, 600 Moye Boulevard

From Highway 264 (becomes Stantonsburg Road into Greenville), turn onto Moye Boulevard. Turn left onto North Campus Loop. The Brody Building is the nine-story complex. At the front entrance, walk through the lobby and take the first left to the Auditorium.

Raleigh – Andrews Conference Center

WakeMed, 3000 New Bern Avenue

Driving and Parking Directions

Take the I-440 Raleigh Beltline to exit 13A, New Bern Avenue.

Paid parking (\$3.00 maximum per day) is available on the **top two levels** of parking deck P3. To reach the parking deck, turn left at the fourth stoplight on New Bern Avenue, and then turn left at the first stop sign. Parking for oversized vehicles is available in the overflow lot for parking deck P3. Handicapped accessible parking is available in parking lot P4, directly in front of the conference center.

To enter the Andrews Conference Center, follow the sidewalk toward New Bern Avenue past the Medical Office Building to entrance E2 of the William F. Andrews Center for Medical Education. A map of the WakeMed campus is available online at <http://www.wakemed.org/maps/>.

Illegally parked vehicles will be towed. Parking is **not** permitted at East Square Medical Plaza, Wake County Human Services or in parking lot P4 (except for handicapped accessible parking).

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

(cut and return registration form only)

Independent Practitioners and Local Education Agencies Seminar Registration Form

(No Fee)

Please check the session(s) you plan to attend:

_____ PT/OT _____ Speech/Audiology _____ Respiratory _____ Psychological

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number (____) _____ Date _____

E-Mail address _____ Fax Number _____

 1 2 Persons will be attending the seminar at _____ on _____
(Circle 1 or 2) (Location)* (Date)

*If attending a seminar in Raleigh, please indicate morning or afternoon session: _____ a.m. _____ p.m.

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

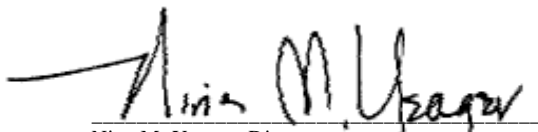
Checkwrite Schedule

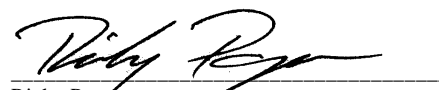
November 5, 2002	December 10, 2002
November 13, 2002	December 17, 2002
November 19, 2002	December 27, 2002
November 26, 2002	

Electronic Cut-Off Schedule

November 1, 2002	December 6, 2002
November 8, 2002	December 13, 2002
November 15, 2002	December 20, 2002
November 22, 2002	

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.


Nina M. Yeager, Director
Division of Medical Assistance
Department of Health and Human Services


Ricky Pope
Executive Director
EDS

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P.O. Box 300001
Raleigh, North Carolina 27622

Presorted Standard

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