



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 Monday, December 25 and Tuesday, December 26, in observance of Christmas, and on Monday, January 1, in observance of New Years Day.

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.

Attention: All Providers

Penalties and Interest Assessments Implemented by the Medicaid Program as a Result of N.C. General Statute 147-86.10

This article serves as a reminder of the Medicaid program's responsibility for effective management of funds as stated in NCGS 147-86.10 and the impact of this legislation on the provider community.

Effective October 1, 1999, the Medicaid program implemented the legislation enacted by NCGS 147-86.10. The legislation requires state agencies to devise techniques and procedures for the receipt, deposit, and disbursement of moneys coming into their control and custody, which are designed to maximize interest-bearing investment of cash, and to minimize idle and nonproductive cash balances.

As a result of this legislation, **all balances due to the Medicaid program NOT returned or paid within 30 days will automatically be assessed a one-time 10 percent penalty and interest on an accumulative basis.** The assessed interest rate is based on the variable rate set by the N.C. Department of Revenue (NC DOR). The current interest rate is 8 percent. To ensure compliance with any changes made by the NC DOR, the interest rate will be updated.

The following list summarizes the primary changes initiated as a result of NCGS 147-86.10. Special Bulletin V issued in October 1999 provides additional details and examples of these processing changes.

1. Penalty and Interest Assessments – Medicaid adjustments or other types of money due to the Medicaid program, whether identified by the Division of Medical Assistance (DMA), or initiated through audits and edits of the Medicaid program, or at the request of or known by the provider, which are not paid-in-full by claim payment or refunds within 30 days of processing are assessed a one-time 10 percent penalty and 8 percent interest on the outstanding balance. Interest is assessed on the total outstanding balance every subsequent 30-day period until the total balance is paid-in-full. DMA's Financial Operations section will consider provider's requests for a payment plan only in cases of extreme financial hardship. In such cases, DMA will establish the payment amount and a schedule for repayment.
2. Transfers of Adjustment Balances – Any aged adjustment balance will be transferred from an inactive provider (no claims payment) to an active provider (claims payment) if it has been determined that a provider is operating under the same identification number and, therefore, the same tax entity. Additionally, the appropriate assessment of penalty and interest will be applied and transferred. Interest will continue to accumulate on the transferred balance until the total balance is paid-in-full. Balances will be transferred for immediate collection based on the following criteria:
 - No payment has been received and the adjustment balance is more than 30 days old.
 - Only partial payment has been received and the adjustment balance is more than 60 days old.
 - If another provider with the same tax identification exists within the Medicaid program.
 - A provider with the same tax identification number is actively submitting claims and receiving payment from Medicaid
3. Medicaid Remittance and Status Advice (RA) Modifications and New Explanation of Benefit – For each change noted above, the Medicaid RA has been modified to detail all financial transactions to support reconciliation between payment and claims transaction data.

This article summarizes the primary changes initiated as a result of the legislation enacted by NCGS 147-86.10. Refer to Special Bulletin V issued in October 1999 for additional details and examples of these changes.

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James B. Hunt Jr., Governor

H. David Bruton, M.D., Secretary

December 1, 2000

Dear Fellow Physicians,

We have been running our Medicaid program on the belief that if we provide our physicians with correct information, they will practice clinically appropriate medicine. We have a problem of rapidly increasing drug costs. This is a complex problem that is not fully understood. Please read the following report summary prepared by Dr. Kenneth Fink, RWJ Clinical Scholar at the University of North Carolina-Chapel Hill.

We must all work together to prove that good clinical medicine is cost effective.

Sincerely,

A handwritten signature in cursive script that reads "H. David Bruton".

H. David Bruton, M.D.



A study was recently conducted evaluating the prescription expenditures in North Carolina's Medicaid program. Three continuous years of data from July 1, 1997 through June 30, 2000 were analyzed to identify the factors contributing to the rapidly rising prescription expenditures. In 1998, Medicaid prescription costs totaled \$461 million which increased to \$748 million in 2000 – a 62% increase. The factors that were evaluated in the study included the number of people enrolled in Medicaid during the year, the length of enrollment, the number of prescriptions written, the costs of the medications, and physicians' prescribing patterns.

Compared to 1998, 2.3% (27,543) more people were served by the Medicaid program in 2000, and the average length of enrollment increased by 5.5% (0.5 months) to 9.6 months. These factors accounted for 14% of the increase in prescription expenditures. In 1998, a patient enrolled in Medicaid for the entire year filled an average of 13.0 prescriptions. This increased to an average of 15.5 prescriptions filled in 2000. This could suggest the physicians were prescribing more frequently. This change accounted for 36% of the increase in prescription expenditures from 1998 to 2000. The total number of patient visits and complexity of visits were measured to potentially explain the apparent rise in prescribing, but the levels remained unchanged or decreased.

The costs of the medications increased during this period. The average price per dose for the twenty drugs with the greatest expenditures increased by about 4.2% annually, or just slightly above the rate of inflation. However, the average cost per prescription increased by 27% from \$39 in 1998 to \$49 per prescription in 2000. This phenomenon reflects the change in prescribing patterns to favor more expensive drugs (Table 1). For example, the number of tablets dispensed of H₂-blockers (i.e. Zantac and Pepcid) is decreasing while the number of tablets dispensed of proton pump inhibitors (i.e. Prilosec and Prevacid) is increasing. This finding would suggest that physicians are more frequently prescribing proton pump inhibitors as first line therapy. In another example, the selective cyclo-oxygenase-2 inhibitors (i.e. Celebrex and Vioxx) introduced in 1999 have become among the most frequently prescribed medications in 2000. This change in prescribing patterns accounted for 50% (\$143 million) of the increase in prescription expenditures. The more expensive medications are often more effective; some have been shown to reduce physician visits and hospitalizations and to improve patients' quality of life. The key factor in this, however, is that the correct medication needs to be prescribed for the right person.

The North Carolina Medicaid program has an open formulary, like all states, as required by the 1990 OBRA legislation. However, North Carolina's program does not restrict its formulary by using strategies such as prior authorization or therapeutic interchange, that are utilized by other states. The manner in which this state's Medicaid prescription program is conducted reflects the state's trust that physicians prescribe appropriately and judiciously. If prescription expenditures continue to increase, the state may need to implement strategies to control costs, which may interfere with physicians' autonomy. Physicians can potentially avoid this by prescribing appropriately and judiciously.

Table 1. Physicians are Prescribing Expensive Drugs More Frequently

	1998 Units / Person*Year of Eligibility	1999 Units / Person*Year of Eligibility	2000 Units / Person*Year of Eligibility
Prilosec	6.5	8.4	9.9
Zyprexa	2.4	3.8	4.6
Risperdal	4.6	5.4	6.6
Prevacid	1.9	3.6	5.9
Celebrex	0.0	1.9	7.0
Claritin	3.5	4.8	5.8
Prozac	3.8	4.2	4.6
Norvasc	4.5	5.5	6.7
Depakote	8.5	10.0	10.9
Paxil	3.5	4.1	4.5
Zoloft	3.6	4.2	4.7
Lipitor	1.4	2.8	4.4
Zantac	9.5	8.5	8.2
Neurontin	3.8	5.9	9.1
Glucophage	5.6	7.8	10.4
Vioxx	0.0	0.0	3.2
Oxycodone	0.8	1.9	3.7
Pepcid	3.8	4.1	3.8
Buspar	4.3	4.5	4.4
Zithromax	0.4	0.5	0.6
Lorazepam	7.0	7.7	8.1
Cipro	1.2	1.2	1.3

1998 Person*Years of Eligibility = 915,873

1999 Person*Years of Eligibility = 931,810

2000 Person*Years of Eligibility = 986,260

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: Adult Care Home Providers

Increase in Reimbursement Rates

Effective with date of service October 1, 2000 the per diem rates paid by Medicaid for Adult Care Home Personal Care Services are:

Description	Revenue Code	HCPCS Code	Maximum Reimbursement Rates
Basic ACH/PC (Facility Beds 1-30)	599	W8251	\$12.32
Basic ACH/PC (Facility Beds 31 and above)	599	W8258	\$13.67
Therapeutic Leave (TL) (Facility Beds 1-30)	183	W8251	\$12.32
Therapeutic Leave (TL) (Facility Beds 31 and above)	183	W8258	\$13.67
Enhanced ACH/PC (Eating)	599	W8256	\$ 9.71
Enhanced ACH/PC (Toileting)	599	W8257	\$ 3.47
Enhanced ACH/PC (Eating & Toileting)	599	W8259	\$13.18
Enhanced ACH/PC (Ambulation/Locomotion)	599	W8255	\$ 2.48

The transportation rate (RC 229) has increased to \$.58 per Medicaid resident per day.

No adjustments will be made to previously filed claims.

Providers are expected to bill their usual and customary rates.

Jackie Burnette, Financial Operations
DMA, 919-857-4015

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
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Change of Ownership

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

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

Group Practice Changes

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

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

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

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

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: All Providers

Coverage of 7-Valent Pneumococcal Polysaccharide-Protein Conjugate Vaccine (PCV7)

Distribution of PCV7 (7-valent pneumococcal polysaccharide-protein conjugate vaccine, CPT code 90669) began on November 1, 2000 through the Universal Childhood Vaccine Distribution Program (UCVDP). PCV7 is available for all Medicaid-eligible children aged 0 through 59 months through the Vaccines for Children Program (VFC). Effective with dates of service November 1, 2000, the N.C. Medicaid program will reimburse providers for the administration fee (W8012) when billing criteria is met (see **Billing Information** below).

Prenar is the brand name for PCV7 and is marketed by Wyeth Lederle Vaccines. Currently, it is the only pneumococcal polysaccharide-protein conjugate vaccine available.

Please see the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) Statement, released October 6, 2000, regarding usage and dosage recommendations. The document can be found on the Internet at www.cdc.gov/nip.

Billing Information

Providers must report PCV7 (CPT code 90669) when billing the vaccine administration fee (W8012). CPT code 90669 must be listed with the appropriate modifiers. Health departments may not bill an administration fee (W8012) if the vaccine is given on the same day as a Health Check screening. Private physicians may bill an administration fee (W8012) on any day a vaccine is administered, even if it is given on the same day as a Health Check screening.

EDS, 1-888-668-8669 or 919-851-8888

Attention: Inpatient Psychiatric Hospital Providers

Reminder of Importance of Timely “Peer-to-Peer” Reviews

First Health of Tennessee (FH) performs utilization reviews of inpatient services in all psychiatric hospitals and in specified general hospitals for individuals under the age of 21, and through 64 years of age in psychiatric units of specified general hospitals. This includes preadmission and concurrent review. As a result of this review, either additional days are certified because the information is completed and the client meets criteria for continued stay, or the case is referred for a physician consultation due to insufficient information to justify the stay.

At this time, FH arranges a “peer-to-peer” telephone conference between the consulting physician and the attending physician to discuss the case and to obtain more information. Reasonable attempts (two phone calls) by FH to contact the attending physician within a 24-hour period will be made.

Should the facility wish to set up a peer-to-peer review, the facility representative will provide the FH reviewer with the phone number of the client’s physician. The FH customer service representative for North Carolina will then schedule a time for the completion of the peer-to-peer review. The Division of Medical Assistance requests all participants to follow through with the peer-to-peer review within a 72-hour time frame. The physician should designate a back-up to participate in the review in the event that they are unable to participate. If a conference is scheduled and it is subsequently decided that the conference is not needed, please call and cancel.

Failure of the client’s physician to keep the appointment for the peer-to-peer consultation results in denial of continued stay for the client. This denial is an administrative or technical denial and there is no appeal process for the client.

**Carolyn Wiser, Behavioral Health Services Unit
DMA, 919-857-4025**

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	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					
PAID CLAIMS																		
MEDICAL																		
JONES MARY	D CO=81 RCC=			CLAIM NUMBER=101999165181580NCXIX														
988888888A	MED REC=9999999			ATTN PROV=89XXXX								1.0000						
NCXIX	06011999	06011999	1 3	99244	OUTPT. CONSULT, SEVERE- PHY	23000	11029	11971	00	11971	00	11971	534					
				25														
NCXIX	06011999	06011999	1 3	93526	COMB RT HEART CATHETERIZATI	130000	00	130000	00	130000	00	130000	99					
				26														
NCXIX	06011999	06011999	1 3	93543	INJECTION FOR HEART X-RAY	25100	22328	2772	00	2772	00	2772	98					
NCXIX	06011999	06011999	1 3	93545	INJECTION FOR HEART X-RAY	42500	39585	2915	00	2915	00	2915	98					
NCXIX	06011999	06011999	1 5	93555	IMAGING SUPERVISION, INTERP	26000	22581	3419	00	3419	00	3419	98					
				26														
NCXIX	06011999	06011999	1 5	93556	IMAGING SUPERVISION, INTERP	36500	32438	4062	00	4062	00	4062	98					
				26														
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	283100	127961	155139	00	155139	00	155139
ORIGINAL BILLED AMOUNT=			2831.00			ORIGINAL DETAIL COUNT=		6	TOTAL FINANCIAL PAYERS=						1			
MOORE JOE	D CO=77 RCC=			CLAIM NUMBER=101999170192650NCXIX														
999777777A	MED REC=00008888888			ATTN PROV=8900000								1.0000						
NCXIX	05311999	05311999	4 3	84520	UREA NITROGEN; QUANTITATIVE	2000	1061	939	00	939	00	939	2955					
NCXIX	05311999	05311999	1 3	82565	CREATININE; BLOOD	2300	2300	00	00	00	00	00	2954					
NCXIX	05311999	05311999	1 3	84132	POTASSIUM SERUM	2000	2000	00	00	00	00	00	2954					
NCXIX	05311999	05311999	1 3	85014	BLOOD COUNT; OTHER THAN SPU	1400	1073	327	00	327	00	327	98					
NCXIX	05311999	05311999	1 3	85018	HEMOGLOBIN	1800	1473	327	00	327	00	327	98					
NCXIX	06011999	06011999	1 3	93010	ELECTROCARDIOGRAM REPORT	3500	2491	1009	00	1009	00	1009	534					
DEDUCTIBLE=		.00	PAT LIAB=		.00	CO PAY=		.00	TPL=		.00	13000	10398	2602	00	2602	00	2602
ORIGINAL BILLED AMOUNT=			130.00			ORIGINAL DETAIL COUNT=		6	TOTAL FINANCIAL PAYERS=						1			
2 CLAIMS			15	MEDICAL			*****											
						296100	138359	157741	00	157741	00	157741						
****-->	TOTAL PAID CLAIMS			2 CLAIMS		296100	138359	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
P O BOX 1111
ANYWHERE NC 22222

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PAGE 3

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	EXPLANA- TION 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				MED REC= 00006100000		ATTN PROV= 8910000					
97777777A	11091998	11091998	1 3	86316	TUMOR ANTIGEN IMMUNOASSAY	8200	5324	2876	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				MED REC= 10455555		ATTN PROV= 7924000					
944444444B	06081999	06081999	1 3	99213	OV ESTAB. PT, MODERATE. PHYS	6200	6200	00	00	00	00	270			
NCXIX	06081999	06081999	1 3	82962	BLOOD GLUCOSE BY MONITORING D Q4	1300	1300	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		00		00	
****-->		TOTAL DENIED CLAIMS		2 CLAIMS		15700		12824		2876		00		00	

EXAMPLE 1

NORTH CAROLINA MEDICAID
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XYZ CORPORATION
ACCOUNTS RECEIVABLE DEPT
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PROVIDER NUMBER		8900000		REPORT SEQ. NUMBER		21		DATE		10/27/1999		PAGE		4			
NAME	RECIPIENT ID	SERVICE DATES		DAYS	PROCEDURE/ACCOMMODATION/DRUG	TOTAL	NON	TOTAL	PAYABLE	PAYABLE	OTHER	PAID	EXPLANA-				
POPULATION GROUP	MM	DD	CCYY	MM	DD	CCYY	OR	CODE AND DESCRIPTION	BILLED	ALLOWED	ALLOWED	CUTBACK	CHARGE	DEDUCTED	AMOUNT	CHARGES	CODES
CLAIMS IN PROCESS - THESE CLAIMS ARE BEING PROCESSED AS LISTED																	
PROFESSIONAL																	
945751888A	GARRETT	JOE	R09081998	09111998	CLAIM=	101999167167167	NCXIX		23600								102
901200000A	MCCONNELL	JERRY	04281999	04281999	CLAIM=	101999155166144	NCXIX		26500								102
900534500A	SHEPHERD	DAVID	J11011998	11011998	CLAIM=	1019991671111111	NCXIX		3500								102
94599200A	BEAN	ALICE	J02011999	02011999	CLAIM=	101999134988888	NCXIX		223								101
24966666A	BROWN	WADE	01141999	01141999	CLAIM=	901999155555555	NCXIX		1047								101
252645999A	DIXON	EDNA	07121998	07121998	CLAIM=	901999160999999	NCXIX		1370								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

280767

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 (A)	BAL FROM PRIOR CYCLE (B)	\$ APPLIED THIS CYCLE (C)	ENDING BALANCE (B-C=E) (E)	EOB				
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	A PAID CLAIMS AMOUNT	B WITHHELD AMOUNT(*)	C NET PAY AMOUNT (A-B)	D CREDIT AMOUNT	E NET 1099 AMOUNT (C-D)	F IRS WITHHELD AMOUNT	G POS & EDI	H OTHER W/H	I 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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280767

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**

EDS USE ONLY

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: Durable Medical Equipment Providers

Rate Decrease

Effective with date of service December 1, 2000, the maximum reimbursement rate for the following code is reduced. Please make this change 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
W4633	Eggcrate Mattress pad	\$19.67, new

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

Attention: Hospital Providers

Lower Level of Care and Swing Bed Reimbursement Rates

Effective with date of service October 1, 2000, the hospital lower level of care and swing bed maximum reimbursement rates per day of patient care are as follows.

Level of Care	Maximum Reimbursement Rate
Skilled Nursing Care	\$122.14
Intermediate Care	\$ 93.11
Ventilator Dependent Care	\$357.67

No adjustments will be made to previously filed claims.

**Carolyn Brown, Financial Operations
DMA, 919-857-4015**

Attention: Physicians and CRNAs

Billing for Dental Anesthesia

Physicians and CRNAs administering anesthesia for dental procedures must bill procedure code 40899 appended with either modifier YA or QS. The time, in units, must be entered in block 24G of the HCFA-1500 claim form. One minute equals one unit. The detail will deny if procedure code 40899 is billed without an anesthesia modifier.

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

ATTENTION PHYSICIANS

Medical Doctors ♦ Optomotrists ♦ Chiropractors ♦ Podiatrists ♦ Osteopaths ♦ Dentists

Changes in Provider Status Must be Reported to Your Local Blue Cross Representative

Charlotte	1-704-562-2740
Greensboro	1-336-316-5374
Greenville	1-252-758-4745
Hickory	1-877-889-0002
Raleigh	1-919-461-5246
Wilmington	1-877-889-0001
Border Areas	1-919-765-2471
Out-of-State*	1-919-765-2471

Do Not Notify DMA or EDS

Blue Cross will forward the updated information to DMA's Provider Services Unit

*Enrolled providers within 40 miles of the North Carolina border

Attention: Home Health Providers

Home Health Seminars

Home Health seminars are scheduled for February 2001. The January General Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

Attention: Mental Health Providers

Direct Enrollment Seminars

The Division of Medical Assistance will begin enrolling Licensed Psychologists (PhDs), Licensed Clinical Social Workers, Mental Health Certified Nurse Practitioners, and Clinical Nurse Specialists in the Medicaid program effective February 1, 2001. Direct Enrollment seminars are scheduled for February 2001. The January General Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

Checkwrite Schedule

December 5, 2000	January 9, 2001	February 6, 2001
December 12, 2000	January 17, 2001	February 13, 2001
December 21, 2000	January 25, 2001	February 22, 2001

Electronic Cut-Off Schedule

December 1, 2000	January 5, 2001	February 2, 2001
December 8, 2000	January 12, 2001	February 9, 2001
December 15, 2000	January 19, 2001	February 16, 2001

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



P.O. Box 300001
Raleigh, North Carolina 27622

Bulk Rate U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087
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