



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: www.dhhs.state.nc.us/dma

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed Monday, December 24, 2001 through Wednesday, December 26, 2001 in observance of Christmas, and on Tuesday, January 1, 2002 in observance of New Year's 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

Noninvasive Pulse Oximetry Reimbursement (CPT Codes 94760 and 94761)

Effective with date of service December 1, 2001, noninvasive pulse oximetry reimbursement is included in the payment of other payable services provided on the same date of service. The N.C. Medicaid program allows separate reimbursement for noninvasive pulse oximetry when the following conditions are met:

- The noninvasive pulse oximetry determination is the only service provided.
- CPT procedure codes 94760 and 94761 are not billed with any other covered Medicaid service.

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

Attention: Durable Medical Equipment Providers

Change in HCPCS Codes for Oxygen Concentrators

In order to comply with HCPCS changes, the following code changes in the Oxygen and Oxygen-Related Items section of the Durable Medical Equipment (DME) Fee Schedule will become effective with date of service January 1, 2002.

Code E1390, "oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate," will replace all current oxygen concentrator codes, E1400, E1401, E1402, E1403, and E1404. The maximum reimbursement rate for monthly rental of code E1390 is \$223.30. Providers must bill their usual and customary rate.

Code E1390 will require prior approval. The coverage criteria is the same as those previously established for codes E1400, E1401, E1402, E1403, and E1404. These criteria are provided on pages F-3 and F-4 of the March 1, 1999 reprint of the *N.C. Medicaid Durable Medical Equipment Manual*.

Providers who currently have temporary or permanent prior approvals for codes E1400, E1401, E1402, E1403, and E1404 will be required to send a copy of the approved Certificate of Medical Necessity and Prior Approval form to EDS Prior Approval indicating the need for a change of coding in the system. These requests must be sent to:

EDS
Attn: Prior Approval
P.O. Box 31188
Raleigh, NC 27622

**Melody B. Yeargan, P.T., Medical Policy
DMA, 919-857-4020**

Attention: Independent Practitioner and Head Start Programs

Change in Prior Approval Process

Effective December 1, 2001, the prior approval process for the Independent Practitioner (IP) and Head Start programs has been suspended. It is no longer necessary to submit forms to Purchase of Medical Care Services (POMCS) for review. However, until a new process is implemented, the provider's records are subject to retrospective review.

Providers should continue to submit claims for medically necessary services to EDS. Claims that exceed current IP program limits will deny.

Carol Robertson, Medical Policy Section
DMA, 919-857-4020

Attention: Carolina ACCESS Providers

Reduction in Management Fee

Effective January 1, 2002, the Carolina ACCESS (CA) management fee for any CA provider not linked with an ACCESS II and ACCESS III administrative entity will be reduced to \$2.00 per member per month. In addition, management fees paid to ACCESS II and ACCESS III providers for the first 250 enrollees will be reduced from \$3.00 per member per month to \$2.50 per member per month. The management fee will continue to be paid on the first checkwrite of every month for the current month.

Betty, West, Managed Care Section
DMA, 919-857-4022

Attention: All Providers

Tax Identification Information

Alert – Tax Update Requested

The N.C. Medicaid program must have the correct tax information on file for all providers. This ensures that 1099 MISC forms are issued correctly each year and that correct tax information is provided to the IRS. Incorrect information on file with Medicaid can result in the IRS withholding 30.5 percent of a provider's Medicaid payments. **The individual responsible for maintenance of tax information must receive the information contained in this article.**

How to Verify Tax Information

The last page of the Medicaid Remittance and Status Report (RA) indicates the tax name and number on file with Medicaid for the provider number listed. Review the Medicaid RA throughout the year to ensure that correct tax information is on file for each provider number. If you do not have access to a Medicaid RA, call EDS Provider Services at 919-851-8888 or 1-800-688-6696 to verify the tax information on file for each provider.

The tax information listed for a group practice is as follows:

- group tax name and group tax number
- attending Medicaid provider number in the group

How to Correct Tax Information

All providers are required to complete a W-9 form for each provider number with **incorrect** information on file. Corrected information must be received by December 15, 2001. The procedure for submitting corrected tax information to the Medicaid program is determined by the provider type.

- Physicians must submit completed and signed W-9 forms to their Blue Cross Blue Shield of North Carolina (BCBSNC) representative.
- Other providers, including Managed Care providers, must submit completed and signed W-9 forms along with a completed and signed Notification of Change in Provider Status form to the Division of Medical Assistance (DMA) Provider Services Unit.
- Carolina ACCESS (CA) providers must also submit a Carolina ACCESS Provider Information Change form to DMA Provider Services.

Copies of the change forms and the W-9 form can be obtained from the DMA website at <http://www.dhhs.state.nc.us/dma>.

Refer to the following instructions for completing the W-9. Additional instructions can be found on the IRS website at www.irs.gov under the link "Forms and Pubs."

- List the N.C. Medicaid provider number in the block titled "List account number(s) here."
- List the N.C. Medicaid provider name in the block titled "Business Name." It should appear **EXACTLY** as the IRS has on file.
- Indicate the appropriate type of business.
- Fill in either a social security number **OR** a tax identification number. Indicate the 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.)**
- An authorized person **MUST** sign and date this form or it will be returned as incomplete and the tax information on file with Medicaid **will not** be updated.

Change of Ownership

- Physicians must contact BCBSNC to report all changes in business ownership.
- All other providers, including Managed Care providers, must report changes to DMA Provider Services using the Notification of Change in Provider Status form.
- CA providers must also report changes to DMA Provider Services using the Carolina ACCESS Provider Information Change form.

DMA Provider Services will assign a new Medicaid provider number if necessary and will ensure the correct tax information is on file for Medicaid payments.

If DMA is not contacted and the incorrect tax id 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.

Physician Group Practice Changes

When a physician leaves or a physician is added to a group practice, contact BCBSNC to update Medicaid enrollment and tax information. CA providers must also report changes to DMA Provider Services using the Carolina ACCESS Provider Information Change form.

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

Form **W-9**
(Rev. December 2000)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

or

Employer identification number

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here Signature of U.S. person ▶ Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ³
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



NOTIFICATION OF CHANGE IN PROVIDER STATUS

This form is intended for use by ALL PROVIDERS except as noted on the back of this form. This form is **not** intended for use by PHYSICIANS. Physicians must make changes through Blue Cross and Blue Shield of North Carolina.

If you are requesting changes to a group, you **must** include the group name and number. Indicate the type of change you are submitting by placing an "X" in the appropriate box(es).

Address Change Name Change (Attach W-9) Change of Ownership (Attach W-9) Tax ID Change (Attach W-9) Delete Group Member

Indicate whether the change is for: Individual Provider Group Provider

Effective Date of Change _____

Provider Name _____ OLD (Existing information)

Medicaid Provider Number
****REQUIRED****

Provider Site Address _____

Provider Billing Address _____

Phone Number () _____

Tax ID Number _____

Tax ID Name _____

Name of Individual Provider to be Deleted from Group _____ Provider Number for Individual Provider to be Deleted from Group

Contact Name _____ Contact Telephone Number () _____

Signature of Owner or Authorized Agent _____

Print Name and Title of Owner or Authorized Agent _____

Return form to: **Provider Services, DMA, 2506 Mail Service Center, Raleigh, NC 27699-2506**

Revised 10/01

Report all changes to the Division of Medical Assistance using this form.

If you are enrolled as a Carolina ACCESS provider, you must also report changes using the Carolina ACCESS Provider Information Change Form.**

- Ambulance Services
- Certified Registered Nurse Anesthetists
- Developmental Evaluation Centers
- DSS Case Management
- Federal Qualified Health Centers
- Head Start Programs
- Health Departments
- Hearing Aid Dealers
- HIV Case Management
- Independent Diagnostic Treatment Facilities
- Independent Practitioners
 - Audiologists
 - Occupational Therapists
 - Physical Therapists
 - Respiratory Therapists
 - Speech Therapists
- Licensed Clinical Social Workers
- Licensed Psychologists
- Mental Health Centers
- Nurse Midwives
- Nurse Practitioners
- Optical Services
- Out-of-State Hospitals
- Planned Parenthood Programs
- Psychiatric Clinical Nurse Specialist
- Psychiatric Nurse Practitioners
- Public School Health Programs
- Residential Evaluation Centers
- School Based Health Centers

Report all changes to the Division of Medical Assistance using this form. Include a copy of your new CLIA certificate.

- Independent Free-Standing Laboratories

Report all changes to the Division of Medical Assistance using this form. Include a copy of your new accreditation from the Commission of Free-Standing Birthing Center.

- Free-Standing Birthing Centers

Report all changes to the Division of Medical Assistance using this form. Include a copy of your new license.

- Durable Medical Equipment Services
- Home Infusion Therapy Services
- Personal Care Services
- Pharmacies
- Private Duty Nurses

Report all changes to the Division of Medical Assistance using the Carolina ACCESS Provider Information Change Form.**

Providers (except chiropractors, dentists, optometrists, osteopaths, medical doctors, podiatrists) must also report changes to the Division of Medical Assistance using this form.

- Carolina ACCESS Providers

Report all changes to the Division of Medical Assistance using the Carolina ACCESS Provider Information Change Form and to the N.C. Office of Research, Demonstrations, and Rural Health Development (919-733-2040), ACCESS II and ACCESS III Providers**

Report all changes to the N.C. Office of Research, Demonstrations, and Rural Health Development (919-733-2040).

Providers (except chiropractors, dentists, optometrists, osteopaths, medical doctors, podiatrists) must also report changes to the Division of Medical Assistance using this form.

- ACCESS II and ACCESS III Administrative Entities

Report all changes to your HMO.

- HMO Providers

Report all changes to the Division of Medical Assistance using this form.

- HMO Risk Contracting Managed Care Plans

Report all changes to EDS by calling 1-800-688-6696 or 919-851-8888 or submit changes in writing on company letterhead.

- MQB Providers

Report all changes to the Division of Medical Assistance using this form. The DMA Provider Services unit will contact you to obtain additional information as needed to complete your change request.

- Community Alternative Program Services

Report all changes to the Division of Medical Assistance using this form.

Providers must also report changes to the Division of Facility Services by calling 919-733-1610.

If you are enrolled as a Carolina ACCESS provider, you must also report changes to the Division of Medical Assistance using the Carolina ACCESS Provider Information Change Form.**

- Adult Care Homes
- Ambulatory Surgical Centers
- Critical Access Hospitals
- Dialysis Centers
- Home Health Agencies
- Hospice
- Intermediate Care/Mental Retardation Facilities
- In-State Hospitals
- Nursing Facilities
- Portable X-Ray Suppliers
- Psychiatric Residential Treatment Facilities
- Residential Child Care Facility (Level II – IV)
- Rural Health Clinics

Physicians must report all changes to their regional Blue Cross and Blue Shield of North Carolina Representative.

If you are enrolled as a Carolina ACCESS provider, you must also report changes to the Division of Medical Assistance using the Carolina ACCESS Provider Information Change Form.**

Physicians

- Chiropractors
- Dentists
- Optometrists
- Osteopaths
- Medical Doctors
- Podiatrists

**** A copy of the Carolina ACCESS Provider Information Change Form is available on the Internet at www.dhhs.state.nc.us/dma or by calling DMA Provider Services at 919-857-4017.**

CAROLINA ACCESS PROVIDER INFORMATION CHANGE FORM

For DMA Office Use Only			
EIS _____	EDS _____	ACCESS _____	COUNTY _____

Date: _____

CA Practice Name: _____

CA Practice Provider Number: _____ County: _____

This CA practice requests the following change(s) be made to their CA application and information contained in CA databases:

Change **CA practice name** to: _____
Please make change effective for CA (date): _____

Change **CA practice provider number** to: _____ Make change effective for CA (date): _____
Reason for number change: _____

Terminate CA practice provider number effective (date): _____ Reason: _____

Change **enrollment restriction information (i.e., ages 15 and up only)**: _____

New enrollment restriction code(s): _____

Delete provider(s) from practice: _____

Add participating provider(s) to practice: (Note: Medical license number of all new provider(s) and individual Medicaid provider number of new physician(s) must be included.)

Provider Name	Title	License Number	Individual Medicaid Provider Number (MDs Only)

Change **CA practice site address** to: _____

Change **CA practice mailing address** (if different from site address) to: _____

Change **telephone** number to: _____ Change **after-hours** telephone number to: _____

Change **enrollment limit** from: _____ to: _____ (Note: maximum 2000 per participating provider in this practice.)

Change **contact person** to: _____ Title: _____

Add county(ies) served: _____ **Delete county(ies) served**: _____

Comments/Other: _____

Form Completed By: _____ **Title**: _____

Note: Please fax form to the **DMA Provider Services** at **(919) 715-8548** Changes will be entered in the database(s) and changes made to the CA application on file.

(Revised 10/01)

This form is intended for use when making a change in the information originally provided on the Carolina ACCESS (CA) PCP application. Providers are also responsible for ensuring that information on file with the **Medicaid** program for their practice or facility remains up-to-date. (Please refer to the January 2001 Special Bulletin I, *Provider Enrollment Guidelines* for information on notifying Medicaid of a change within your practice.) Medicaid bulletins and other valuable information are available on the Division of Medical Assistance's Internet web site at <http://www.dhhs.state.nc.us/dma>.

Multiple changes may be indicated on the same change form. The following information **must** be included for each change request:

- CA practice name
- CA practice provider number
- Name and title of the person at the practice requesting the change

Fax the completed form to DMA Provider Services at (919) 715-8548. **Note:** It is not necessary to fax the back of the form (instructions) with the change form.

When changing a CA practice provider number, the reason for the number change **must** be provided. When terminating a CA practice provider number, DMA will disenroll all enrollees from your practice effective on the first day of the next calendar month provided that the request is received prior to the 12th working day before the last day of the month. Requests received after that day will be made effective on the first day of the month following the next calendar month. Therefore, enrollees **may** remain enrolled **through the end of the month** following the notification of changes. Providers will be notified of the effective date of the termination.

When adding a participating provider to a practice, the provider's title (e.g., M.D., N.P., Midwife, P.A.) and the medical license number must be included for **all** new providers. The physician's individual Medicaid provider number **must** also be included on the form. For nurse practitioners, midwives, or physician assistants only the license number is required. If any of the required information is missing from the change form, the provider(s) cannot be listed as a CA provider with the practice.

A new CA application is required when **any** of the following occurs:

- The provider or representative who signed the CA Agreement is no longer with the practice.
- The practice has had a change in ownership.
- All the providers in the practice have changed since the original application and Agreement were signed.
- Multiple change forms have been submitted and the original application is no longer valid.

If a change form is submitted, but it is deemed appropriate to request a new CA application, the provider will be contacted by DMA

Note: When a new CA application and Agreement are sent to replace an existing application on file and the provider ID number is changing with the new application, a change form requesting the termination or cross referencing of the old number should be submitted together with the new application. This will prevent problems with management fee(s) and claim(s) payment(s). A new CA application can be obtained by calling DMA Provider Services at 919-857-4017.

Enrollment Restriction Codes

- 01 No restriction
- 02 Established patients only
- 06 MPW only (pink card)
- 07 Dialysis patients-including nephrology-only (in same or contiguous counties)
- 08 Chronic infectious disease patients only (in same or contiguous counties)
- 09 Oncology patients only (in same or contiguous counties)
- 10 Established patients and siblings
- 11 Newborns only
- 14 Two track clinics: facilities serving two distinct populations
- 15 Age restriction

Please call DMA Provider Services at 919-857-4017 if there are questions about the change form or the Carolina ACCESS application process.

Attention: Durable Medical Equipment Providers

Completion of Certificate of Medical Necessity and Prior Approval Form

Current efforts to resolve problems with incomplete Certificate of Medical Necessity and Prior Approval (CMN/PA) forms are delaying the review and disposition of durable medical equipment (DME) requests. EDS will not process incomplete forms. All incomplete forms will be returned to the DME provider for correction and resubmission. Correction fluid and strips are not permitted on the CMN/PA form and forms will be returned to the provider without review if they have been used on the form.

Please ensure that each request corresponds to the instructions for completion of the CMN/PA form given in Step 2 of Subsection 6.4 of the *N.C. Medicaid Durable Medical Equipment Manual*. It is not necessary to complete fields 3, 6, and 10. Entering ICD-9-CM codes in fields 11 and 12 and a CPT-4 code in field 13 is optional. All of the remaining fields must be completed. Field 24 is required for the following HCPCS codes: E0608, E0609, E0480, E0784, E0202, E0935, W4006, and W4007.

N/A must only be used in the following fields under the following circumstances:

- field 4 – if the patient does not have a Medicare number
- field 16 – if the patient is an infant or child, or the request is not for a bed
- field 24 – if the request is not for one of the HCPCS codes listed above

When completing field 26, be sure to fully identify the equipment that is being requested. The provider's return address must be entered in field 29. Failure to do so will delay the return of the form. A stamped address may be used. Each page of documentation with the CMN/PA must contain the recipient's name and Medicaid identification number. All of the information provided must be accurate and thorough.

Note: Effective immediately, EDS will retain all documentation attached to the CMN/PA. It is the provider's responsibility to maintain copies of the form for their records.

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

Attention: Home Health Agencies, Private Duty Nursing Providers, and Community Alternatives Program Lead Agencies

HCPCS Code W4646

Effective with date of service December 31, 2001, HCPCS code W4646 (Nebulizer kit, plastic or glass) will be end-dated because of low utilization. However, if a physician specifically orders this item and it meets the criteria listed in Section 5.1.6 of the *N.C. Medicaid Community Care Manual*, providers may bill Medicaid using HCPCS code W4655.

Providers must bill their usual and customary rates.

**Dot Ling, Medical Policy Section
DMA, 919-857-4021**

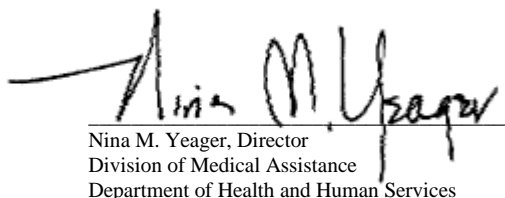
Checkwrite Schedule

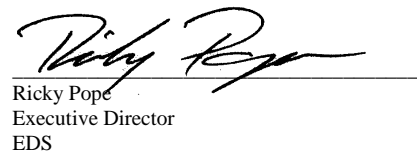
December 11, 2001	January 15, 2002	February 12, 2002
December 18, 2001	January 23, 2002	February 19, 2002
December 28, 2001	January 30, 2002	February 27, 2002

Electronic Cut-Off Schedule

December 7, 2001	January 11, 2002	February 8, 2002
December 14, 2001	January 18, 2002	February 15, 2002
December 21, 2001	January 25, 2002	February 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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