



# North Carolina Medicaid Bulletin

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

**C**linical Coverage Policy Update

All of the Division of Medical Assistance's clinical coverage policies have been updated to include the web address where providers can access DMA's policy statement on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). The policy statement is located on DMA's website at <http://www.dhhs.state.nc.us/dma/prov.htm>.

The clinical coverage policies are available on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm>.

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

**Clinical Policy and Programs**  
**DMA, 919-855-4260**

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Attention: All Providers

**E**arly Periodic Screening, Diagnostic and Treatment and Health Check

Information related to the federal requirements for Early Periodic Screening, Diagnostic and Treatment (EPSDT) and the Health Check program is available in the December 2005 Special Bulletin, *Medicaid for Children*, on DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.

**Clinical Policy and Programs**  
**DMA, 919-855-4260**

## Attention: All Providers

### DECAVAC – Tetanus and Diphtheria Toxoids (Td) Adsorbed, Preservative Free, for use in Individuals Seven Years or Older, for Intramuscular Use, (CPT 90714) – Coverage in the UCVDP/VFC Program and Billing Guidelines

Effective with date of service July 1, 2005, the N.C. Medicaid program recognizes the new preservative-free tetanus vaccine, DECAVAC. This vaccine is covered in the Universal Childhood Vaccine Distribution Program (UCVDP)/Vaccines for Children (VFC) program. UCVDP covers Td for all children seven through 18 years of age.

Due to the availability of these vaccines, Medicaid does not reimburse for UCVDP/VFC vaccines for children that are covered under the UCVDP/VFC program. As with other injectable vaccines covered in this program, an administration fee will be reimbursed by Medicaid, if applicable. ICD-9-CM diagnosis code V03.7 should be used when billing DECAVAC. Health Check providers should refer to the April 2005 Special Bulletin III, Health Check Special Billing Guide 2005, for additional billing information on billing Medicaid for vaccines and to the article titled, “CPT Codes 90465 and 90466 – New Immunization Administration Codes for Recipients Under Eight Years of Age,” in the July 2005 general Medicaid bulletin.

Certain adults may receive state-supplied DECAVAC. The ACIP Coverage Criteria states that UCVDP Td:

1. Can be given to any person of any age entering a North Carolina college/university (where Td is required by NC Immunization Law) for the first time who has not had a booster in 10 years.
2. Any adult can receive Td at the local health department, hospital, federally qualified health center (FQHC) or rural health center (RHC). Medicaid also does not reimburse for the Td state-supplied vaccine that is provided to those providers for administration to recipients over 18 years of age. However, an administration fee will be reimbursed by Medicaid, if applicable. Medicaid **will** reimburse for Td **purchased** vaccine when it is medically necessary. An administration code will also be reimbursed, if applicable.

#### Billing Guidelines:

- The procedure code for billing DECAVAC is CPT 90714.
- Effective with date of service July 1, 2005, report the vaccine code, CPT 90714, with no modifier for vaccine that was state-supplied and administered to a Medicaid recipient through 18 years of age. Bill a charge of \$0.00. An administration fee may be billed to Medicaid, if appropriate.
- Effective with date of service July 1, 2005, bill CPT 90714 with modifier SC for purchased vaccine given to those Medicaid recipients over 18 years of age. Bill the usual and customary charge.
- Effective with date of service July 1, 2005, report CPT 90714 with no modifier for state-supplied vaccine given to those Medicaid recipients over 18 years of age at health departments, FQHCs and RHCs. Bill a charge of \$0.00.
- ICD-9-CM diagnosis code V03.7 should be used when billing for DECAVAC.

The maximum reimbursement rate for purchased DECAVAC per unit (0.5 ml) is \$ 19.35. Add this vaccine to the list published in the November 2004 general Medicaid bulletin. Please refer to the new rate schedule for the Physician's Drug Program on DMA's website at <http://www.dhhs.state.nc.us/dma/fee/fee.htm>.

**Note:** The remaining tetanus vaccine containing a preservative provided by the UCVDP program which is still viable should be billed with CPT code 90718. The last expiration date of the preservative-containing tetanus vaccine that will be reimbursed for those recipients under 19 years of age as part of the UCVDP/VFC program will be June 30, 2006. Until this date, Medicaid will continue to reimburse for the administration of CPT 90718 with codes 90741 or 90472 as explained in the April 2005 Special Bulletin III, Health Check Special Billing Guide 2005. Providers should refer also to the article titled "CPT Codes 90465 and 90466 – New Immunization Codes for Recipients under Eight Years of Age" in the July 2005 general Medicaid bulletin regarding reimbursement for those administration codes. A future bulletin will discuss how to bill for CPT 90718 that is purchased and administered after the VFC vaccine has been exhausted.

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

## Attention: All Providers

### Influenza Vaccine and Reimbursement Guidelines

The N.C. Medicaid program reimburses for vaccines in accordance with guidelines from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Information pertinent to influenza disease and vaccine and recommendations regarding who should receive the vaccine can be found at:

Influenza ACIP recommendations for flu season 2004-2005:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm>.

Influenza tier in vaccine shortage: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5430a4.htm>.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm>.

Additional information regarding vaccine supply and prioritization can be found at  
<http://www.cdc.gov/flu/>.

The North Carolina Immunization Branch distributes childhood vaccines to local health departments, hospitals, and private providers under guidelines of the North Carolina Universal Distribution Program/Vaccine for Children (UCVDP/VFC).

UCVDP/VFC influenza vaccine is available at no charge to providers for children who meet one of the following criteria:

- All healthy children 6 months through 23 months of age;
- All high-risk children 6 months through 18 years of age; and,
- Pediatric household contacts (6 months through 18 years of age) of:
  - a. Any child aged 0 through 23 months or
  - b. Any high-risk child or adult.

*Note: Children  $\geq 6$  months through 8 years of age who have not received the influenza vaccine in previous years should receive 2 doses, 30 days apart. The recommended dosage for children  $\geq 6$  months through 35 months is 0.25 ml. The recommended dose for children  $\geq 3$  years is 0.5 ml.*

#### **Billing Guidelines:**

1. Medicaid does not cover influenza vaccine that is supplied through UCVDP/VFC for recipients through 18 years of age.
2. Private providers may bill for administration fees using CPT® code 90471 or 90471 and 90472 (if more than one vaccine is administered on the same day), with the EP modifier for recipients under 19 years of age. If provider counseling is performed for children under the age of 8 years bill using CPT® code 90465 or 90465 and 90466 (if more than one vaccine is administered on the same day) with the EP modifier. Local health departments may bill CPT® code 90471 or 90465 as appropriate with the EP modifier for any visit other than a Health Check screening. Rural Health Clinics and Federally Qualified Health Centers, using the C suffix, may bill 90471 or 90465 if the immunization administration is during a Health Check visit.

3. Private providers and local health departments may bill Medicaid for influenza vaccine for high risk adults  $\geq$  19 years of age using CPT® code 90656 or 90658 along with the administration fee CPT® code 90471. Information pertinent to influenza disease and vaccine recommendations about who should receive the vaccine can be found at <http://www.cdc.gov/nip/ACIP/default.htm>.
4. Use the following codes to **report** an influenza vaccine administered to a recipient less than 19 years of age and to **bill** for the administration fees. Additional information regarding reporting vaccines and billing for administration fees can be found in the Health Check Billing Guide 2005 at <http://www.dhhs.state.nc.us/dma/bulletin/HealthCheck0405.pdf>. Information on billing CPT® codes involving physician counseling can be found in the article entitled, *CPT® Codes 90465 and 90466*.

*New Immunization Administration Codes for Recipients Under Eight Years of Age*, which appeared in the July 2005 General Medicaid Bulletin. This article is available at <http://www.dhhs.state.nc.us/dma/bulletin/0705bulletin.htm#cpt>.

CPT® code	Description
<b>90655</b>	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
<b>90656</b>	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
<b>90657</b>	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
<b>90658</b>	Influenza virus vaccine, split virus, for use in individuals 3 year of age and above, for intramuscular use
<b>90471</b>	Immunization administration; one vaccine (single or combination vaccine/toxoid)
<b>90471 and 90472</b>	90471 – Immunization administration; one vaccine (single or combination vaccine/toxoid) <b>and</b> 90472 – each additional vaccine (single and combination vaccine/toxoid)
<b>90465</b>	Immunization administration under 8 years of age when physician counsels patient/family; first injection (single or combination vaccine/toxoid), per day
<b>90465 and 90466</b>	90465 – Immunization administration under 8 years of age when physician counsels patient/family; first injection (single or combination vaccine/toxoid), per day <b>and</b> 90466 – each additional injection (single or combination vaccine/toxoid), per day (list separately in addition to code for primary procedure)

5. For a recipient 19 years and older receiving an influenza vaccine, an Evaluation and Management (E/M) code cannot be reimbursed to any provider on the same day that injection administration fee codes (90471 or 90471 and 90472) are reimbursed, unless the provider bills an E/M code for a separately identifiable service by appending modifier 25 to the E/M code.
6. Use the following codes to **bill** Medicaid for an influenza vaccine administered to a recipient 19 years of age or older.

CPT® code	Description
<b>90656</b>	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
<b>90658</b>	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
<b>90471</b>	Immunization administration; one vaccine (single or combination vaccine/toxoid)
<b>90471 and 90472</b>	90471 – Immunization administration; one vaccine (single or combination vaccine/toxoid) <b>and</b> 90472 – each additional vaccine (single and combination vaccine/toxoid)

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

## Attention: All Providers

### Informed Decisions-Beneficiary Centered Enrollment Service

Informed Decisions, in collaboration with the National Association of Chain Drug Stores, offers a service called Beneficiary Centered Enrollment (BCE) to inform Medicaid recipients of their Medicare Part D options. BCE enables coordination of Medicaid data and random assignments under Medicare Part D to provide valuable information on the options available to individual Medicaid recipients under Medicare Part D.

Each Medicaid recipient that is eligible for Medicare will be receiving a personalized letter from DMA that includes a scorecard describing how each Prescription Drug Plan (PDP) available under Medicare Part D meets the recipient's needs in terms of medication regimen and pharmacy network. Each letter will include a sample list of drugs that have been paid for by North Carolina Medicaid for the recipient during 2005. The list of drugs has been compared to recently published information on Medicare PDP options that are available to the recipient for no cost other than co-payment. The letter includes the name of each of the recipient's drugs, the name of each of the no cost PDPs available and whether or not the PDP covers the drug. Pharmacy network information is also included.

An online BCE website will also be available to pharmacists and prescribers that identifies the plan each Medicaid recipient has been auto-enrolled in along with details of the plan. A sign-on ID and password will be provided for access to this website. Additional information about the BCE website, including training information, will be provided in the future.

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

## Attention: All Providers

### Medicaid Coverage Information for the Excluded Drug Classes under Medicare Part D

Beginning January 1, 2006, Medicaid recipients with Medicare will start receiving their drugs through a Prescription Drug Plan (PDP). The PDPs will have formularies of drugs that are covered and noncovered. If a client is prescribed a noncovered drug, Medicaid will not pay for the drug. The client will have to work with their PDP to get the drug covered or switch to another drug on the PDP's formulary.

There are classes of drugs that federal regulations do not require PDP formularies to cover. These classes of drugs are referred to as excluded drugs. Medicaid currently covers a subset of these excluded drugs and will continue to cover them for all Medicaid clients after January 2006.

The following criteria will be used in determining the drugs that will be covered by Medicaid once Medicare Part D is implemented on January 1, 2006:

There will be no coverage for the following excluded drug classes:

1. Agents Used for Anorexia, Weight Loss, Weight Gain
2. Agents Used to Promote Fertility
3. Agents Used for Cosmetic Purposes or Hair Growth
4. Covered Outpatient Drugs which the Manufacturer Seeks to Require as a Condition of Sale that Associated Tests or Monitoring Services be Purchased Exclusively from the Manufacturer or its Designee

There will be coverage for the following excluded drug classes if the manufacturer has a rebate agreement with the Centers for Medicare and Medicaid Services and if the drug is a legend drug:

1. Agents Used for the Symptomatic Relief of Cough and Colds
2. Prescription Vitamins and Mineral Products, Except Prenatal Vitamins and Fluoride
3. Barbiturates
4. Benzodiazepines
5. Nonprescription drugs covered by NC Medicaid as documented in General Clinical Policy A2 on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm>

All claims should be submitted to the PDP first to ensure that they are not covering these products. If denied, the claim can then be submitted to Medicaid through POS with a "03" (other coverage exists- this claim not covered) in the other coverage code field.

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

**Attention: All Providers****Meningococcal Conjugate Vaccine, MCV4 (CPT® code 90734), Menactra™  
Coverage in the UCVDP/VFC Program and Billing Guidelines**

Effective with date of service October 1, 2005, the N.C. Medicaid program recognized Menactra™ as a vaccine covered through the Universal Childhood Vaccine Distribution Program (UCVDP)/Vaccines for Children (VFC) program. These programs provide all vaccines required by the Advisory Committee of Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). UCVDP/VFC covered vaccines are available to children birth through 18 years of age. To review the complete MCV4 recommendations of the Advisory Committee on Immunization Practices (ACIP), refer to <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>.

Generally, UCVDP/VFC covered vaccines are available to all children birth through 18 years of age. However, because of restricted federal funding, state supplied MCV4 will only be available to children who are both:

1. Eligible for the VFC program, and
2. Are included in one of the ACIP recommended coverage groups below.

**Children eligible for the VFC program must meet at least one of the VFC criteria below:**

- Medicaid eligible,
- Uninsured,
- American Indian or Alaskan Native, or
- Underinsured children whose health insurance benefit plan does not cover the full cost of vaccinations and they receive immunizations at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).

**Children eligible for UCVDP state supplied MCV4 must meet one of the ACIP recommended coverage groups below:**

- Adolescents aged 11-12 years old,
- Adolescents at high school entry who were not vaccinated at the preadolescent visit,
- College freshmen, through 18 years of age, who live in dormitories,
- Children  $\geq$  11 years of age who are at increased risk for meningococcal disease. (See ACIP guidelines on children who are at increased risk.)

The manufacturer of Menactra recommends that it be used for persons aged 11-55 years. To view the complete MCV4 recommendations from ACIP, go to <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>.

**Billing Guidelines:**

- The procedure code for billing Menactra™ is CPT® 90734.
- Medicaid does not reimburse for meningococcal vaccine supplied through the UCVDP/VFC program for recipients through 18 years of age.
- For dates of service March 1, 2005 through September 30, 2005, bill 90734 **with** the SC modifier for vaccine that was **purchased** and administered to a Medicaid recipient 11 through 55 years of age. Bill the usual and customary charge. Refer to the table below.
- Beginning with date of service October 1, 2005, bill 90734 **without** the SC modifier for vaccine that is state supplied. Because this vaccine is available to recipients through 18 years of age through the UCVDP/VFC program, Medicaid does not reimburse for the cost of the vaccine; however, an administration fee may be billed to Medicaid, if appropriate. Refer to the table below.
- Beginning with date of service October 1, 2005, bill 90734 **with** the SC modifier for vaccine that was **purchased** and administered to those recipients **19 through 55 years of age**. Bill the usual and customary charge. Refer to the table below.
- Diagnosis code V01.84 or V03.89 must be used when billing for Menactra™, if applicable.

Dates Of Service	Vaccine Used	HCPCS Code and Modifier
March 1, 2005 – September 30, 2005	Purchased MCV4 vaccine for any Medicaid recipient 11 through 55 years of age.	Bill CPT® 90734 <b>with</b> SC modifier. Bill for vaccine administration fee.
October 1, 2005 forward	Vaccine For Children supplied MCV4 vaccine for recipients through 18 years of age.	Bill CPT® 90734 <b>without</b> SC modifier at a charge of \$0.00 Bill for vaccine administration fee.
October 1, 2005 forward	Purchased MCV4 vaccine for recipients 19 through 55 years of age.	Bill CPT® 90734 <b>with</b> SC modifier at the usual and customary charge Bill for vaccine administration fee.

In accordance with ACIP recommendations, Medicaid will reimburse for meningococcal vaccine for recipients 19 through 55 years of age. To view the complete MCV4 recommendations from ACIP, go to <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>.

The maximum reimbursement rate for purchased Menactra™ per unit (0.5 ml) is \$62.11 for dates of service prior to 11/01/05. For dates of service 11/01/05 and after, the maximum reimbursement rate for Menactra™ per unit is \$88.56.

Add this vaccine to the list of drugs in the Physician’s Drug Program fee schedule on DMA’s web site at <http://www.dhhs.state.nc.us/dma/fee/fee>.

For additional information on billing Medicaid for immunizations, providers should refer to the April 2005 Special Bulletin III, Health Check Billing Guide 2005, and to the article titled *CPT® Code 90645 and 90666 – New Immunization Administration Codes for Recipients Under Eight Years of Age*, published in the July 2005 general Medicaid bulletin.

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

## Attention: All Providers

### **N**orth Carolina Health Choice Children Age 0-5 Moving to Medicaid

During the 2005 session, the General Assembly passed legislation that will move children ages birth through five from the North Carolina Health Choice (NCHC) program to the North Carolina Medicaid program. Effective January 1, 2006, children birth through five years of age with family income equal to or less than 200% of the federal poverty level will be eligible for Medicaid. Children birth through five years of age currently enrolled in NCHC will be moved to the Medicaid program effective January 1, 2006. The NCHC program will continue to cover children between the ages of six through eighteen with family income between 100% to 200% federal poverty level.

Some of the children moving from NCHC to Medicaid have NCHC cards with expiration dates after January 1, 2006. These cards are not valid after December 31, 2005. A blue Medicaid card for the children will be issued early January 2006. Providers will be reimbursed Medicaid rates for children birth through age five that are moved from NCHC to Medicaid.

For more information, refer to the December 2005 Special Bulletin, North Carolina Health Choice (NCHC) Children Ages Birth through 5 Move to Medicaid on DMA's website at <http://www.dhhs.state.nc.us/dma/bulletin.htm>.

**Medicaid Eligibility Unit**  
**DMA, 919-855-4000**

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## Attention: Health Choice Providers

### **R**eimbursement Rate Changes

Effective January 1, 2006, the Health Choice reimbursement rates will be 115% of the Medicaid rates. Effective July 1, 2006, the reimbursement rates will be 100% of the Medicaid rates. This change will be implemented as a result of legislation passed in Session Law 2005-276. The rate change only affects the services that are covered by the Medicaid program and will not affect the benefit package these clients are currently receiving. Blue Cross/Blue Shield of N.C. continues to be the intermediary for the processing of these claims.

**North Carolina Health Choice**  
**1-800-422-4658**

**Attention: All Providers**

**Place of Service Codes**

Effective with date of service December 1, 2005, providers must enter one of the two-digit place of service (POS) codes listed in the table below in block 24B of the CMS-1500 claim forms.

Services rendered in schools must now be billed to Medicaid with POS 03 in lieu of the unassigned code 99.

<b>Place of Service Code</b>	<b>Definition</b>
00 – 02	Unassigned
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
09 – 10	Unassigned
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16 – 19	Unassigned
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27 – 30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35 - 40	Unassigned
41	Ambulance – Land
42	Ambulance – Air or Water
43 – 48	Unassigned
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization

<b>Place of Service Code</b>	<b>Definition</b>
53	Community Mental Health Center
54	Intermediate Care Facility for the Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment
57	Non-residential Substance Abuse Treatment Facility
58 – 59	Unassigned
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Center
62	Comprehensive Outpatient Rehabilitation Center
63 – 64	Unassigned
65	End-Stage Renal Disease Treatment Facility
66 – 70	Unassigned
71	State or Local Health Clinic
72	Rural Health Clinic
73 – 80	Unassigned
81	Independent Laboratory
82 - 98	Unassigned
99	Other Place of Service

This list has been expanded to include all of the POS codes approved by the Centers for Medicaid and Medicare Services and replaces the list of POS codes previously published in the *Basic Medicaid Billing Guide*.

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

**Attention: All Providers**

**R**einstituting Providers Suspended for Outstanding Repayments

Providers who have been suspended from the Medicaid program due to an unresolved repayment may request reinstatement by submitting a request in writing to:

DHHS  
Mail Service Center 2022  
Attn: John Moody  
Raleigh, NC 27699

The request must include the following:

1. The provider's Medicaid provider number.
2. A copy of the Remittance and Status Report showing the amount of the repayment that is due to Medicaid.  
**Note:** The amount of the repayment that is due to Medicaid can also be confirmed by calling the EDS Finance Department.
3. A check for the outstanding amount made payable to the Division of Medical Assistance.

Once the outstanding repayment is received and the request has been processed, the provider will be reinstated.

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

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**Attention: All Providers**

**U**ppdate to Family Planning Waiver August 2005 Special Bulletin

The revised Special Bulletin, Family Planning Waiver "Be Smart," will update information that was published in the August 2005 Special Bulletin about the Medicaid Family Planning Waiver. The updated information is effective with date of implementation October 1, 2005.

The revised Family Planning Waiver Special Bulletin supersedes the previously published special bulletin which will be available in December. For your convenience, shading will indicate new information.

Providers may contact EDS with billing questions.

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

## Attention: All Providers

### The HIPP Program

The HIPP (Health Insurance Premium Payment) program is designed to:

1. Help maintain commercial insurance for Medicaid recipients.
2. Save taxpayer dollars.

If you have patients who have a catastrophic medical condition *or* patients who have numerous conditions *or* several family members covered on a commercial insurance policy, please inform them of this program. Normally a patient who is on the transplant list, has had a transplant, is currently undergoing cancer treatment, or is HIV positive will automatically qualify.

The patient must be Medicaid eligible at all times for DMA to pay the health insurance premium. We do not cover the cost of Medicare supplements that have prescription coverage due to Part D.

To join this program patients must complete a DMA-2069 and submit it with either a three-month itemization of all claims submitted to the insurance company *or* three months of Explanations of Benefits from the commercial insurance company.

For more information, please contact the HIPP Program Coordinator in the Third Party Recovery Section at 919-647-8100.

**HIPP Coordinator, Third Party Recovery  
DMA, 919-647-8100**

## 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 will result in the IRS withholding 28 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 the 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.

#### How to Correct Tax Information

All providers are required to complete a W-9 form for each provider for which **incorrect** information is not file. A copy of a W-9 follows this article. Correct information must be received by **December 7, 2005**. The procedure for submitting corrected tax information to the Medicaid program is outlined below:

- All 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 address listed below:

Division of Medical Assistance  
Provider Services  
2501 Mail Service Center  
Raleigh, NC 27699-2501

Refer to the following instructions for completing the W-9. Additional instructions can be found on the IRS website at [www.irs.gov](http://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**

- All providers, including Managed Care providers, must report changes to DMA Provider Services using the Notification of Change in Provider Status form.
- Carolina ACCESS 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 appropriate and will ensure the correct tax information is on file for Medicaid payments.

If DMA is not contacted and the incorrect tax identification 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.

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

Form **W-9**  
(Rev. January 2003)  
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.

Print or type  
See Specific Instructions on page 2.

Name \_\_\_\_\_

Business name, if different from above \_\_\_\_\_

Check appropriate box:  Individual/  
Sole proprietor     Corporation     Partnership     Other ▶ \_\_\_\_\_     Exempt from backup  
withholding

Address (number, street, and apt. or suite no.) \_\_\_\_\_ Requester's name and address (optional) \_\_\_\_\_

City, state, and ZIP code \_\_\_\_\_

List account number(s) here (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 3. 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 3.**

Social security number								
or								

Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II 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 4.)

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain 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.

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

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

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

## Attention: All Outpatient UB-92 Billers

### ICD-9 CM Procedure Codes on Outpatient UB-92 Claims

In the January 2004 General Medicaid Bulletin providers were advised that under HIPAA rules, ICD-9 CM procedure codes were no longer acceptable on the outpatient UB-92 claim. The Division of Medical Assistance (DMA) has been unable to fully implement this change.

As an interim measure, the Division is working under a HIPAA contingency plan which allows for the continued billing of the ICD-9 procedure codes on the outpatient UB claims.

**Note:** Use of ICD-9 CM procedure codes on sterilization, abortion, hysterectomy and transplant claims will eliminate the majority of the EOB 082 denials you may have been receiving since billing without the ICD-9 procedure codes.

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

## Attention: CAP/DA Lead Agencies and Automated Quality and Utilization Improvement Program (AQUIP) Users

### New AQUIP System Training Seminars

Seminars on the new AQUIP system for all AQUIP users are scheduled for December 2005. Attendance at these sessions is of the utmost importance. The seminar will focus on using the new AQUIP system, RUGs, quality measures, and changes to the AQUIP User/System Manual.

Preregistration is required. Due to limited space, only 125 attendees can register for each session. Registration is on a first-come first served basis. Early registration is encouraged in order to get your first preference. CAP/DA lead agencies and AQUIP users may register online by going to the AQUIP website at <https://www2.mrnc.org/aquip> and clicking on registration. Select the session you plan to attend and complete the registration information. A computer-generated confirmation number will confirm your registration.

**Note:** Registration forms will be mailed to those counties that do not have computer access. The completed form may be faxed to (919) 380-9457 or mailed to The Carolinas Center for Medical Excellence (CCME), formerly Medical Review of North Carolina, Inc. Once the information is received, you will be sent a confirmation number.

The AQUIP training sessions are scheduled to begin at 9:30 a.m. and end at 3:30 p.m. Lunch will not be provided. Registration will be from 8:30 a.m. to 9:30 a.m.

The schedule for the AQUIP System Seminars is as follows:

<p><b>Tuesday, December 6, 2005</b>                      Holiday Inn Crowne Plaza                      One Holiday Inn Drive                      Asheville, N.C.</p>	<p><b>Wednesday, December 7, 2005</b>                      Park Inn Hickory                      909 Hwy 70 SW                      Hickory, N.C.</p>
<p><b>Thursday, December 8, 2005</b>                      Holiday Inn Select                      5790 University Parkway                      Winston Salem, N.C.</p>	<p><b>Tuesday, December 13, 2005</b>                      Hilton Charlotte University Place                      8629 J.M. Keynes Drive                      Charlotte, N.C.</p>
<p><b>Wednesday, December 14, 2005</b>                      Holiday Inn                      650 US Hwy 1                      Southern Pines, N.C.</p>	<p><b>Thursday, December 15, 2005</b>                      Sheraton Imperial                      4700 Emperor Blvd                      Durham, N.C.</p>
<p><b>Monday, December 19, 2005</b>                      Hilton Greenville                      207 SW Greenville Blvd                      Greenville, N.C.</p>	<p><b>Tuesday, December 20, 2005</b>                      Ramada Inn Conference Center                      5001 Market Street                      Wilmington, N.C.</p>

## Driving Directions to the AQUIP Training Sites

### **Holiday Inn Crowne Plaza & Resort - Asheville**

#### *I-40 West*

Exit 53B, I-240 W. take exit 3B, turn right. Follow signs to Holiday Inn. I-40 East, exit 46, I-240E. Take exit 3B and follow signs to Holiday Inn.

### **Park Inn Hickory – Hickory, North Carolina**

#### *I-40 East*

Take Interstate 40, exit at 123b to 321 Business and Highway 70 exit 44 – Hotel is on the right.

#### *I-40 West*

Take Interstate 40 west to exit 123b to exit 44 – The Hotel is located on the right off of the exit.

### **Holiday Inn Select - Winston –Salem, North Carolina**

Take Interstate 40 to Hwy 52 North, 8 miles to exit 115B, University Pkwy South, Hotel is on the right.

### **Hilton Charlotte University Place – Charlotte, North Carolina**

Exit from I-85 North or South at exit 45A, W.T. Harris Boulevard East. Hilton Charlotte University Place is ¼ mile on the left in University Place Complex. The hotel is the high-rise building in the complex, totally visible from Harris Boulevard. The left turn at J.M. Keynes Drive goes directly into the hotel parking lot.

### **Holiday Inn - Southern Pines, North Carolina**

Take US-1 south to Southern Pines, take the Service Rd. exit just before the Morganton Rd. Exit, turn right into the hotel from the service road. Hotel will be visible from US-1.

### **Sheraton Imperial – Durham, North Carolina**

#### *From Interstate 40 West*

Take exit # 282, Page Road. At the yield sign at the bottom of the exit ramp, turn right. Get into the far left lane and turn left at the first light. The hotel is one block up on the left.

#### *From Interstate 40 East*

Take exit # 282, Page Road. Stay in the center lane and at the stoplight; proceed straight across Page Road into the Imperial Center. The hotel is one block up on the left.

### **Hilton Greenville – Greenville, North Carolina**

#### *From Raleigh/Durham*

Take 64 East to 264 East. Follow 264 East to Greenville. Turn right on Allen Rd. once you enter Greenville. Go approximately 2 miles and Allen Rd. turns into Greenville Blvd/Alternate 264. Follow Greenville Blvd. for 2 ½ miles, the Hilton Greenville is located on the right.

## Attention: Durable Medical Equipment and Orthotic and Prosthetic Providers

### Place of Service for Durable Medical Equipment and Orthotic and Prosthetic Devices

Durable medical equipment (DME) and orthotic and prosthetic device providers are reminded that they may only bill for DME and orthotic and prosthetic devices, and related supplies when the patient resides in a private residence or an adult care home. Therefore, DME providers may not bill N.C. Medicaid for DME, orthotic or prosthetic devices or related supplies when the patient resides in a nursing facility or intermediate care facility. Remember that your designation of place of service "12" in block 24B on the CMS-1500 claim form indicates that you have verified the patient's place of residence as the recipient's home or an adult care home. Refer to Clinical Coverage Policies #5A, Durable Medical Equipment, and #5B, Orthotics and Prosthetics, on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm> for detailed coverage and billing information.

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

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## Attention: Prescribers, Nursing Facilities, Adult Care Homes, Intermediate Care Facilities for the Mentally Retarded, and Pharmacists

### Discontinuation of the 34-Day Grace Period for Prescription Drug Prior Authorization for Long-Term Care Facilities

Effective November 8, 2005, the 34-day grace period for obtaining prescription drug prior authorization for Medicaid recipients in nursing facilities, adult care homes, and intermediate care facilities for the mentally retarded was discontinued.

Prescribers should refer to the N.C. Pharmacy Program website at <http://www.ncmedicaidpbm.com> for the prior authorization drug list, criteria, forms, and additional information.

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

## Attention: Personal Care Service Providers

### PCS/PCS-Plus Training

The Division of Medical Assistance (DMA) has scheduled combined Personal Care Services (PCS) and PCS-Plus training sessions beginning in January 2006. The sessions will be held in the DMA office in Raleigh. The purpose of this training is to provide a policy orientation for new registered nurses (RNs) who conduct PCS and/or PCS-Plus assessments for Medicaid recipients. The training will include a review of the new policy guidelines for both the PCS and PCS-Plus programs. Attendees will learn the correct way to conduct and document a PCS assessment and how to develop a PCS plan of care. There will also be time for attendees to ask questions related to the program. The trainings are scheduled as follows:

<b>January</b>	5, 12 , 16, and 23	<b>July</b>	6 and 13
<b>February</b>	2, 9, 16, and 23	<b>August</b>	3 and 17
<b>March</b>	2 and 16	<b>September</b>	7 and 21
<b>April</b>	6 and 13	<b>October</b>	5 and 19
<b>May</b>	4 and 18	<b>November</b>	2 and 16
<b>June</b>	1 and 15	<b>December</b>	7 and 21

The training sessions begin at 9:00 a.m. and end at 1:30 p.m. Lunch will not be provided. Attendance is limited to 15 RN's per session on a first-come, first-served basis.

Pre-registration is required. To register, please complete the Class Registration Form and fax it to (919) 715-2628 or return it by mail to the address listed on the form. Registration by phone is not permitted. Providers will receive registration confirmation via fax with the date of the training session and directions to the DMA office.

**Facility and Community Care  
DMA, 919-855-4360**



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**  
**Clinical Policy & Programs**  
**PCS & PCS Plus**

1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

**PCS/PCS-PLUS Training for Registered Nurses**  
**Class Registration Form**

Fax: 919-715-2628

Date form faxed to DMA: \_\_\_\_/\_\_\_\_/\_\_\_\_

R.N. Name (print): \_\_\_\_\_

Date of RN Licensure: \_\_\_\_\_

Years of Home Health or Home Care experience: \_\_\_\_\_

Name of Agency Employed By: \_\_\_\_\_ Provider #: \_\_\_\_\_

Agency Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Fax Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>For DMA Use only</i>
Approved to attend DMA class by: _____
Approval Date: ____/____/____

<i>For DMA Use only</i>
Scheduled Class Date: ____/____/____
Location: ----Room 297 @ DMA
Time: ----9 a.m. – 1 p.m.

*(In lieu of a fax) Mail the form to:*  
Division of Medical Assistance  
Facility and Community Care Section  
1985 Umstead Drive  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
Attn: David or Phyllis

**Attention: Providers of Enhanced Mental Health Services**

**E**nhanced Mental Health Services Seminar Schedule

Enhanced Mental Health Services seminars have been scheduled for January 2006. Seminars are intended for providers who meet the approval and endorsement criteria to bill for Enhanced Mental Health Services on or after the implementation date. Topics to be discussed will include, but are not limited to, provider enrollment requirements, eligibility issues, billing instructions, and clinical coverage policies. Those who will be billing for these services to N.C. Medicaid are encouraged to attend.

The seminars are scheduled at the locations listed below. **Pre-registration is required.** It is recommended that the office manager, a clinical professional, and a billing person from each office attend these seminars. Due to limited seating, registration is limited to three staff members per office. Unregistered providers are welcome to attend if space is available.

Providers may register for the Enhanced Mental Health Services seminars by completing and submitting the registration form available on the next page or by registering online at <http://www.dhhs.state.nc.us/dma/prov.htm>. The seminars will begin at 9:00 a.m. and will end at 1:00 p.m. Providers are encouraged to arrive by 8:45 a.m. to complete registration. Refreshments will not be provided during the seminar.

Providers must print the PDF version of the January 2006 Special Bulletin, Providers of Enhanced Mental Health Services from DMA’s website at <http://www.dhhs.state.nc.us/dma/bulletin.htm> and bring it to the seminar. The January 2006 Special Bulletin will be available January 1, 2006. General information about billing Medicaid will also be discussed during the seminar. Providers may wish to print the August 2005 Basic Medicaid Billing Guide and bring it to the seminar, but they are not required to do so. The guide is available on DMA’s website at <http://www.dhhs.state.nc.us/dma/medbillcaguide.htm>.

<p><b>Monday, January 9, 2006</b>                  Crowne Plaza Resort                  (formerly Holiday Inn                  Sunspree)                  One Holiday Inn Drive                  Asheville, N.C.</p>	<p><b>Wednesday, January 11, 2006</b>                  Holiday Inn Statesville                  1215 Garner Bagnal Blvd.                  Statesville, N.C.</p>
<p><b>Tuesday, January 17, 2006</b>                  Greenville Hilton                  207 SW Greenville Boulevard                  Greenville, N.C.</p>	<p><b>Thursday, January 19, 2006</b>                  Jane S. McKimmon Center                  1101 Gorman Street                  Raleigh, N.C.</p>

# Directions to the Enhanced Mental Health Services Seminars

## **Crowne Plaza Resort (formerly Holiday Inn Sunspree)– Asheville, North Carolina**

### Traveling West on I-40

Take I-40 W to Exit 53B. Take I-240 W to Exit 3B – Westgate and Holiday Inn Drive.

### Traveling East on I-40

Take I-40 E to Exit 46, which is I-240 E. Go to Exit 3A and exit onto Patton Avenue. Take a right at the second light onto Regents Business Park. Entrance sign is on the immediate left.

## **Holiday Inn - Statesville, North Carolina**

### Traveling West on I-40

Merge onto I-77 S at Exit 152A toward Charlotte. Take Exit 49A toward Garner Bagnal Blvd.

### Traveling East on I-40

Merge onto I-77 S at Exit 152A toward Charlotte. Take Exit 49A toward Garner Bagnal Blvd.

## **Greenville Hilton – Greenville, North Carolina**

Take US 64 east to US 264 east. Follow 264 east to Greenville. Once you enter Greenville, turn right on Allen Road. After traveling approximately 2 miles, Allen Road becomes Greenville Boulevard/Alternate 264. Follow Greenville Boulevard for approximately 2½ miles. The Hilton Greenville is located on the right.

## **Jane S. McKimmon Center – Raleigh, North Carolina**

### Traveling East on I-40

Take exit 295 and turn left onto Gorman Street. Travel approximately one mile. The McKimmon Center is located on the right at the corner of Gorman Street and Western Boulevard.

### Traveling West on I-40

Take exit 295 and turn right onto Gorman Street. Travel approximately one mile. The McKimmon Center is located on the right at the corner of Gorman Street and Western Boulevard.

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(cut and return the registration form only)

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### **Enhanced Mental Health Services Seminar Registration**

(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

**1** or **2** or **3** (circle one) person(s) will attend the seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

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

**NCLeads Update**

Information related to the implementation of the new Medicaid Management Information System, *NCLeads*, can be found online at <http://ncleads.dhhs.state.nc.us>. Please refer to this web site for information, updates, and contact information related to the *NCLeads* system.

NCLeads Provider Relations  
 Office of MMIS Services  
 919-647-8315

**Proposed Clinical Coverage Policies**

In accordance with Session Law 2005-276, proposed new or amended Medicaid clinical 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.

Gina Rutherford  
 Division of Medical Assistance  
 Clinical Policy Section  
 2501 Mail Service Center  
 Raleigh, NC 27699-2501

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.

**Holiday Closing**

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, December 23 and Monday, December 26, in observance of the Christmas Holidays.

**2005-2006 Checkwrite Schedule**

<b>Month</b>	<b>Electronic Cut-Off Date</b>	<b>Checkwrite Date</b>
<b>December</b>	12/02/2005	12/06/2005
	12/09/2005	12/13/2005
	12/16/2005	12/22/2005
<b>January</b>	12/30/2005	01/06/2006
	01/06/2006	01/10/2006
	01/13/2006	01/18/2006
	01/20/2006	01/26/2006
<b>February</b>	02/03/2006	02/07/2006
	02/10/2006	02/14/2006
	02/17/2006	02/23/2006

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

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*Mark T. Benton*

Mark T. Benton, Senior Deputy Director and  
Chief Operating Officer  
Division of Medical Assistance  
Department of Health and Human Services

*Cheryll Collier*

Cheryll Collier  
Executive Director  
EDS

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