

All Providers:

- A Reminder about Preadmission Screening and Annual Resident Reviews, 12/03
- Abortion Procedures - Revision to Billing Guidelines, 10/03
- Ambulatory Visit Limits and Diagnosis Code V900, 6/03
- Anesthesia -Billing CPT Anesthesia Codes Instead of Surgical Codes, 1/03
- Anesthesia - Conversion from CPT Surgical Coding to CPT Anesthesia Coding, 5/03
- Anesthesia Billing for Labor and Delivery, 11/03
- Anesthesia Services Conversion to CPT Anesthesia Codes, 9/03
- Corrected 1099 Requests:
 - 1/03
 - 2/03
- Business Associate Agreements, 5/03
- Carolina ACCESS Response to Hurricane Isabel, 10/03
- Condition Codes D7 and D9 Change for Medicare Overrides, Part A and Part B, 9/03
- CPT Anesthesia Codes, 11/03
- CPT Code Update 2003:
 - 7/03
 - 9/03
- CPT Code Update for 2002, 5/03
- CPT Code Update: Time Limit Override for New 2002 Codes, 8/03
- CPT Codes Covered for Dates of Service on or After January 1, 2002, 7/03
- CPT Update for 2003, 1/03
- Depo-Provera (Medroxyprogesterone Acetate, HCPCS Code J1051, 50 mg Injection) - Billing Guidelines, 10/03
- Dexamethasone Acetate (HCPCS Code J1094, 1 mg Injection) - Billing Guidelines, 10/03
- Electronic Funds Transfer Form, 5/03
- Electronic Submissions of FL2s, 8/03
- Endoscopy CPT Base Codes and Their Related Procedures:
 - 1/03
 - 9/03
- General Medicaid Billing Seminars:
 - 7/03
 - Directions - 8/03
 - Schedule - 8/03
- HIPAA Implementation Training Seminars:

- 1/03
 - 2/03
- HIPAA Implementation Update, 10/03
- HIPAA Transaction Implementation:
 - 5/03
 - 6/03
- HIPAA Transaction Testing, 10/03
- HIPAA - Questions and Answers, 5/03
- HIPAA Update, Special Bulletin II, June 2003
- HIPAA Update: Change to Implementation Date:
 - 8/03
 - 9/03
- Influenza Vaccine Reimbursement Guidelines, 10/03
- Insulin Injection (Per 5 Units, HCPCS Code J1815) Billing Guidelines, 10/03
- Managed Care Seminars:
 - 4/03
 - Directions - 5/03
 - Schedule - 5/03
- Mecklenburg County Managed Care Update, 2/03
- Medicaid Contact Information, 12/03
- Medicaid Coverage for Pregnancy-Related Services, 7/03
- Medicaid Credit Balance Reporting, 11/03
- Medical Coverage Policies:
 - 2/03
 - 3/03
 - 10/03
 - 11/03
 - 12/03
- Medicare - Medicaid Matching Project, 9/03
- New Address for Medical Review of N.C., 6/03
- New Billing Guidelines for Abortion Procedures, 9/03
- New Billing Guidelines for Sterilization Procedures, 0/03
- New Mailing Address for the Division of Medical Assistance, 10/03
- Performance Bonds, 1/03
- Progesterone, per 50 mg (HCPCS Code J2675) - Coverage Reinstated, 0/03
- Proposed Medical Coverage Policies:
 - 1/03
 - 2/03
 - 3/03
 - 4/03

- 5/03
- 6/03
- 7/03
- 8/03
- 9/03
- 10/03
- 11/03
- 12/03
- Provider Information Update:
 - 3/03
 - 6/03
- Remittance and Status Report Changes:
 - 8/03
 - 11/03
- Revised Health Insurance Information Referral Form, 2/03
- Routine Newborn Circumcision Coverage Policy Clarification, 3/03
- Severe Acute Respiratory Syndrome Assessment, 5/03
- Sodium Hyaluronate for Intra-Articular Injection – Billing Guidelines, 3/03
- State-Created Diagnosis Codes, 9/03
- Sterilization Procedures - Revision to Billing Guidelines, 10/03
- Supplemental Security Income Medicaid Recipients with Incorrect Medicare Indicators, 11/03
- Tax Identification Information, 12/03
- Third Party Health Insurance and Medicaid Eligibility Policy Clarification, 2/03
- Transplants: Submitting Claims for Reimbursement, 6/03
- Unidentifiable Provider Numbers, 3/03
- Unlisted Procedure Code Claims and EOB 1224 Revision, 8/03
- Update on HIPAA Implementation Training Seminars, 3/03
- Update to Regional Managed Care Consultant List, 2/03
- Zoledronic Acid, 1 mg (Zometa, J3487) – Billing Guidelines Update, 1/03

Adult Care Home Providers:

- Adult Care Home Personal Care Services Rate Increase, 10/03
- Amended Implementation of Transfer of Assets Policy for Specified Home Care Services, 2/03
- Change to Implementation Date for Adult Care Home Personal Care Services Code Conversion, 9/03
- Directions to the Adult Care Home Mental Health Needs Assessment Seminar, 7/03

- HIPAA Code Conversion for Adult Care Homes Personal Care Services, 8/03
- Implementation of Transfer of Assets Policy for Specified Home Care Services, 1/03
- Mental Health Needs Assessment Project, 7/03
- Personal Care Services Rate Increase, 12/03

Ambulance Service Providers:

- New Ambulance Billing Guidelines:
 - 4/03
 - 5/03
 - 9/03
 - 10/03

Ambulatory Surgical Centers:

- ADA Procedure Codes Must be Billed with the "D" Prefix, 5/03
- CPT Code Update for 2003, 10/03

Anesthesiologists:

- Anesthesia - Billing CPT Anesthesia Codes Instead of Surgical Codes, 1/03
- Anesthesia - Conversion from CPT Surgical Coding to CPT Anesthesia Coding, 5/03
- Anesthesia Billing for Labor and Delivery, 11/03
- Anesthesia Guidelines Replacement Article, 6/03
- Anesthesia Services Conversion to CPT Anesthesia Codes, 9/03
- Billing for Certified Registered Nurse Anesthetist Services, 2/03
- Change in Carolina ACCESS Editing for Anesthesiology, Pathology or Radiology Services, 7/03
- CPT Anesthesia Codes, 11/03

Area Mental Health Centers:

- Addition of V Code Diagnosis for Outpatient Specialized Therapies, 5/03
- Area Mental Health and Residential Child Care Treatment Seminar Schedule:
 - 8/03
 - 11/03
- Billing Changes for CAP-MR/DD Services, 7/03
- Billing Update and Population Groups for CAP-MR/DD Services, 9/03
- Cancellation of Area Mental Health and Residential Child Care Treatment Seminars, 9/03
- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03

- Clarification on the Use of the F2 Stamp, 9/03
- Correction to Billing Unit for HCPCS Code H0040, 12/03
- Correction to V Code Diagnosis for Outpatient Occupational Therapy Services, 7/03
- Criterion #5 Services - Authorization Process, 12/03
- Directions to the Area Mental Health and Residential Child Care Treatment Seminars:
 - 8/03
 - 11/03
- HIPAA Code Conversions, Special Bulletin IV, November 2003
- N.C. Medicaid Criteria for Continued Acute Stay in an Inpatient Psychiatric Facility, 3/03
- Out-of-State Youth Residential Placements, 12/03
- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Respiratory Therapy Criteria, 7/03
- Seminars for HIPAA Code Conversions for Services Provided to Children under the Age of 21, 7/03

At-Risk Case Management:

- HIPAA Code Conversion for Case Management Services for Adults and Children at Risk of Abuse, Neglect or Exploitation, 5/03

Carolina ACCESS Providers:

- Carolina ACCESS Medical Records Guidelines, 6/03
- Carolina ACCESS Enrollment, Referral, Emergency Room, and Utilization Reports, 7/03
- Carolina ACCESS Web-Based Reports, 12/03
- Change in Carolina ACCESS Editing for Anesthesiology, Pathology or Radiology Services, 7/03
- New Primary Care Provider Application Packet, 10/03
- Quarterly Utilization Review Report, 3/03
- Reduction in Management Fee, 3/03
- Referral Policy for Specialty Care, 7/03

Certified Registered Nurse Anesthetists:

- Billing for Certified Registered Nurse Anesthetist Services, 2/03

Children's Developmental Service Agencies:

- Medical Coverage Policy 8J, Children's Developmental Service Agencies, 9/03

Community Alternatives Program Case Managers:

- Automated Voice Response System Changes, 12/03
- HCPCS Code Changes for Home Health Supplies:
 - 3/03
 - 5/03
 - 6/03
 - 9/03
 - 11/03
- Rate Increase for Ostomy Supplies, 11/03

Community Alternatives Program Services for Children:

- Billing Changes for the Community Alternatives Program for Children, 8/03
- HCPCS Code Changes, 12/03

Community Alternatives Program Services for Disabled Adults:

- Authorizations and Claims for Community Alternatives Program Services for Disabled Adults, 8/03
- Billing Changes for the Community Alternatives Program for Disabled Adults, 8/03
- Clarification on Billing for In-Home Aide Services, 10/03

Community Alternatives Program Services for Persons with AIDS:

- Billing Changes for the Community Alternatives Program for Persons with AIDS, 0/03
- Clarification on Billing for In-Home Aide Services, 10/03

Community Alternatives Program Services for Persons with Mental

Retardation/Developmental Disabilities:

- Billing Changes for CAP-MR/DD Services, 7/03
- Billing Update and Population Groups for CAP-MR/DD Services, 9/03
- Cost Reports for CAP-MR/DD Services, 10/03

Developmental Evaluation Centers:

- Addition of V Code Diagnosis for Outpatient Specialized Therapies, 5/03

- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03
- Correction to V Code Diagnosis for Outpatient Occupational Therapy Services, 7/03
- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Respiratory Therapy Criteria, 7/03

Dental Providers:

- ADA Code Updates for the Year 2003 and the New Dental Claim Form:
 - 5/03
 - 7/03
 - 9/03
- Dental Rate Change, 5/03

Dialysis Providers:

- Calcitriol Injection, 0.1 mcg (J0636) - Billing Guidelines, 9/03
- Darbepoetin Alfa, 5 mcg (Aranesp, J0880) – Billing Guidelines, 3/03
- Doxercalciferol, 1 mcg (Hectoral, J1270) - Billing Guidelines , 8/03
- Ferrlecit (Sodium Ferric Gluconate Complex in Sucrose, HCPCS Code J2916, 12.5 mg Injection) - Billing Guidelines, 10/03
- Occurrence Code Change for First Date of Ongoing Dialysis Treatment, 3/03
- Venofer (Iron Sucrose Injection, HCPCS Codes J1755 and J1756) - Billing Guidelines, 10/03
- Zemplar (Paracalcitrol, HCPCS Code J2501, 1 mcg Injection) - Billing Guidelines, 10/03

Durable Medical Equipment Providers:

- Amended Implementation of Transfer of Assets Policy for Specified Home Care Services, 2/03
- Change in Code for Durable Medical Equipment Repairs, 12/03
- Conversions to National Miscellaneous Codes, 12/03
- Deletion of Codes E0452 and E0453 and Addition of Codes K0532 and K0533, 6/03
- Deletion of Codes W4007 and W4035, 9/03
- Durable Medical Equipment Prescriptions and Certificate of Medical Necessity and Prior Approval Forms, 3/03

- End-Dated Codes, 10/03
- End-Dated Codes W9934 and W4046, 11/03
- Fee Schedules Available on the Internet, 2/03
- HCPCS Code Changes:
 - 2/03
 - 7/03
 - 8/03
 - 9/03
 - 10/03
- HCPCS Code Changes for Durable Medical Equipment, 11/03
- Implementation of Transfer of Assets Policy for Specified Home Care Services, 1/03
- Length of Need Documentation, 7/03
- Reimbursement Rate Correction for HCPCS Code S8490, 10/03
- Removal of Codes E1405 and E1406, 7/03
- Use of Modifiers for Durable Medical Equipment Claims, 7/03

Electronic Billers:

- NCECS Software Seminar:
 - Directions - 5/03
 - Schedule - 5/03
- North Carolina Electronic Claims Submission Web-Based Tool:
 - 8/03
 - 9/03
 - 10/03

Federally Qualified Health Centers:

- Home Visit for Postnatal Assessment and Follow-Up Care When There is No Delivery Code, 9/03
- Injectable Drug Coverage through the Pharmacy and Physician's Drug Programs, 4/03
- Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle, HCPCS Code J1056) – Billing Guidelines, 4/03
- Purchasing Drugs for Administration in a Provider's Office, 9/03

Head Start Programs:

- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Respiratory Therapy Criteria, 7/03

Health Check Providers:

- Directions to the Health Check Seminars, 04/03
- Health Check Billing Guide 2003, Special Bulletin I, April 2003
- Health Check Seminars:
 - 3/03
 - 4/03
- Laboratory Tests are Not Payable on Same Day as Health Check Screening, 12/03
- Vision and Hearing Assessments for Health Check Screenings, 11/03

Health Department Dental Clinics:

- ADA Code Updates for the Year 2003 and the New Dental Claim Form:
 - 5/03
 - 7/03
 - 9/03

Health Departments:

- Addition of V Code Diagnosis for Outpatient Specialized Therapies, 5/03
- Agalsidase Beta, 35 mg (Fabrazyme, J3490) - Billing Guidelines, 8/03
- Alefacept, 7.5 mg IV; 15 mg IM (Amevive, J3490) - Billing Guidelines , 8/03
- Billing Health Assessments for Refugees, 10/03
- Bortezomib, 3.5 mg (Velcade, J9999) - Billing Guidelines, 8/03
- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03
- Code Crosswalk Clarification, 8/03
- Correction to V Code Diagnosis for Outpatient Occupational Therapy Services, 7/03
- Factor VIIa (Coagulation Factor, Recombinant) per 1.2 mg (Novoseven, Q0187) – Billing Guidelines, 2/03
- Family Planning Claims Denials, 9/03
- Fulvestrant, 250mg/5ml (Faslodex, J9999) – Billing Guidelines, 2/03
- Home Visit for Postnatal Assessment and Follow-Up Care When There is No Delivery Code, 9/03
- Immune Globulin Intravenous Injection (J1563, 1 gm and J1564, 10mg) - Billing Guidelines, 9/03
- Injectable Drug Coverage through the Pharmacy and Physician's Drug Programs, 4/03
- Leuprolide Acetate Implant, 65mg (Viadur, J9219) – Billing Guidelines, 2/03
- Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle, HCPCS Code J1056) – Billing Guidelines, 4/03

- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Pegfilgrastim, 6mg (Neulasta, S0135) – Billing Guidelines, 2/03
- Progestacert IUD, W5142 Now End-dated, 4/03
- Purchasing Drugs for Administration in a Provider's Office, 9/03
- Respiratory Therapy Criteria, 7/03
- Teleconference for Local Health Departments on Revisions to the Health Check Billing Requirements, 4/03
- Zemplar (Paracalcitrol, HCPCS Code J2501, 1 mcg Injection) - Billing Guidelines, 10/03

Hearing Aid Providers:

- HIPAA Code Conversion for the Hearing Aid Program, 7/03
- Prior Approval for Ear Molds for Recipients Four Years Old and Younger, 4/03

HIV Case Management Services Providers:

- Billing Code Changes for HIV Case Management Services, 6/03
- Change to Implementation Date and Rate Change for Procedure Code T1017, 9/03
- State-Created Diagnosis Codes, 10/03

Home Health Agencies:

- Amended Implementation of Transfer of Assets Policy for Specified Home Care Services, 2/03
- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03
- Deletion of Skilled Nursing HCPCS Codes W9952 through W9959, 7/03
- Denials Due to Incorrect Billing Procedure, 7/03
- Fee Schedules Available on the Internet, 2/03
- HCPCS Code Changes for Home Health Supplies:
 - 3/03
 - 5/03
 - 6/03
 - 9/03
 - 11/03
- Implementation of Transfer of Assets Policy for Specified Home Care Services, 1/03

- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Rate Increase for Ostomy Supplies, 11/03
- Respiratory Therapy Criteria, 7/03
- Use of Revenue Codes for Home Health Skilled Nursing Claims, 9/03

Home Infusion Therapy Providers:

- Amended Implementation of Transfer of Assets Policy for Specified Home Care Services, 2/03
- Billing Changes for Home Infusion Drug Therapies, 7/03
- Fee Schedules Available on the Internet, 2/03
- HCPCS Code Change, 12/03
- Implementation of Transfer of Assets Policy for Specified Home Care Services, 1/03
- Use of Modifiers for Home Infusion Therapy Claims, 9/03

Hospice Providers:

- Reimbursement Rate Increase for Hospice Providers, 12/03

Hospital Outpatient Clinics:

- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03
- Modifier YS for Teleconsults, 1/03
- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Respiratory Therapy Criteria, 7/03

Hospitals:

- Billing for Certified Registered Nurse Anesthetist Services, 2/03
- Clarification on Preadmission Review for Psychiatric/Substance Abuse Treatment, 8/03
- Change to Medicare Part B:
 - 8/03
 - 11/03

- Cochlear Implant Device – Billing Clarification, 1/03
- Criterion #5 Services - Authorization Process, 12/03
- Delivery Services and Sterilization Procedures for Undocumented Aliens, 12/03
- Denials Due to Incorrect Billing Procedure, 7/03
- Modifier YS for Teleconsults, 1/03
- N.C. Medicaid Criteria for Continued Acute Stay in an Inpatient Psychiatric Facility, 3/03
- New Patient Status Codes, 05/03
- Prior Approval for Non-Emergency Out-of-State Services, 6/03
- Update to Change to Medicare Part B Pricing Policy, 12/03

Independent Practitioners:

- Addition of V Code Diagnosis for Outpatient Specialized Therapies, 5/03
- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03
- Correction to December 2002 Special Bulletin VII, *HIPAA Code Conversion*, 2/03
- Correction to V Code Diagnosis for Outpatient Occupational Therapy Services, 7/03
- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Respiratory Therapists, 5/03
- Respiratory Therapy Criteria, 7/03
- Speech/Language Therapy Code Changes, 3/03

Laboratory Services:

- Laboratory Tests are Not Payable on Same Day as Health Check Screening, 12/03

Local Education Agencies:

- Correction to December 2002 Special Bulletin VII, *HIPAA Code Conversion*, 2/03
- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Respiratory Therapy Criteria, 07/03

- Speech/Language Therapy Code Changes, 3/03

Mecklenburg County Providers:

- Injectable Drug Clarification, 5/03

Nurse Midwives:

- Calcitriol Injection, 0.1 mcg (J0636) - Billing Guidelines, 9/03
- CPT Code 59025, 8/03
- Injectable Drug Coverage through the Pharmacy and Physician's Drug Programs, 4/03
- Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle, HCPCS Code J1056) – Billing Guidelines, 4/03
- Progestacert IUD, W5142 Now End-dated, 4/03
- Purchasing Drugs for Administration in a Provider's Office, 9/03

Nurse Practitioners:

- Agalsidase Beta, 35 mg (Fabrazyme, J3490) - Billing Guidelines, 8/03
- Alefacept, 7.5 mg IV; 15 mg IM (Amevive, J3490) - Billing Guidelines, 8/03
- Amphotericin B - Change in Billing Guidelines, 9/03
- Billing Health Assessments for Refugees, 10/03
- Bortezomib, 3.5 mg (Velcade, J9999) - Billing Guidelines, 8/03
- Calcitriol Injection, 0.1 mcg (J0636) - Billing Guidelines, 9/03
- Darbepoetin Alfa, 5 mcg (Aranesp, J0880) – Billing Guidelines, 3/03
- Durable Medical Equipment Prescriptions and Certificate of Medical Necessity and Prior Approval Forms, 3/03
- Factor VIIa (Coagulation Factor, Recombinant) per 1.2 mg (Novoseven, Q0187) – Billing Guidelines, 2/03
- Ferrlecit (Sodium Ferric Gluconate Complex in Sucrose, HCPCS Code J2916, 12.5 mg Injection) - Billing Guidelines, 10/03
- Fulvestrant, 250mg/5ml (Faslodex, J9999) – Billing Guidelines, 2/03
- Immune Globulin Intravenous Injection (J1563, 1 gm and J1564, 10 mg) - Billing Guidelines, 9/03
- Injectable Drug Coverage through the Pharmacy and Physician's Drug Programs, 4/03
- Laronidase, 2.9 mg/5 ml (Aldurazyme, J3490) - Billing Guidelines, 8/03

- Leuprolide Acetate Implant, 65mg (Viadur, J9219) – Billing Guidelines, 2/03
- Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle, HCPCS Code J1056) – Billing Guidelines, 4/03
- Octreotide Acetate, 1 mg (Sandostatin LAR Depot, J2352) – Clarification to Billing Guidelines, 4/03
- Oxaliplatin, 50 mg (Eloxatin, J9999) - Billing Guidelines, 9/03
- Pegfilgrastim, 6mg (Neulasta, S0135) – Billing Guidelines, 2/03
- Progestacert IUD, W5142 Now End-dated, 4/03
- Purchasing Drugs for Administration in a Provider's Office, 9/03
- Venofer (Iron Sucrose Injection, HCPCS Codes J1755 and J1756) - Billing Guidelines, 10/03
- Zemplar (Paracalcitrol, HCPCS Code J2501, 1 mcg Injection) - Billing Guidelines, 10/03

Nursing Facility Providers:

- Emergency Procedures and Billing Guidelines for Nursing Facility Residents Relocated Due to Hurricane Isabel, 10/03
- Medicaid Nursing Facility Payments, 1/03
- New Reimbursement Methodology for Nursing Facilities, 12/03
- Termination of Utilization Review Committees, 10/03

OB/GYN Providers

- Delivery Services and Sterilization Procedures for Undocumented Aliens, 12/03

Optical Providers:

- HIPAA Code Conversion for the Visual Services Program, 7/03
- Making Medicare Part B Optical Claims Medicaid Ready, 6/03
- New Ophthalmic Frames for Children, 8/03

Outpatient Behavioral Health Providers:

- Mental Health Services for HMO Enrollees Provided by Direct-Enrolled Mental Health Providers, 1/03

Pathologists:

- Change in Carolina ACCESS Editing for Anesthesiology, Pathology or Radiology Services, 7/03

Personal Care Services Providers:

- Amended Implementation of Transfer of Assets Policy for Specified Home Care Services, 2/03
- Billing and Claim Form Changes for Personal Care Services in Private Residences, 7/03
- Change to Implementation Date for New Codes and Claim Form, 9/03
- Implementation of Personal Care Services-Plus, 11/03
- Implementation of Transfer of Assets Policy for Specified Home Care Services, 1/03
- Personal Care Services-Plus Program Seminar:
 - Directions - 11/03
 - Schedule - 11/03
- Personal Care Services-Plus Program, Special Bulletin V, December 2003

Pharmacists:

- Coverage of Over-the-Counter Medications, 12/03
- Days Supply on Pharmacy Claims:
 - 8/03
 - 10/03
- Levitra, 11/03
- "Medically Necessary" Replaces "Dispense as Written", 2/03
- Recipient Lock-In to One Pharmacy Per Month, 6/03

Physician Assistants:

- Durable Medical Equipment Prescriptions and Certificate of Medical Necessity and Prior Approval Forms, 3/03

Physicians:

- Addition of V Code Diagnosis for Outpatient Specialized Therapies, 5/03
- Agalsidase Beta, 35 mg (Fabrazyme, J3490) - Billing Guidelines, 8/03
- Alefacept, 7.5 mg IV; 15 mg IM (Amevive, J3490) - Billing Guidelines, 8/03
- Amphotericin B - Change in Billing Guidelines, 9/03
- Billing Health Assessments for Refugees, 10/03
- Bortezomib, 3.5 mg (Velcade, J9999) - Billing Guidelines, 8/03
- Calcitriol Injection, 0.1 mcg (J0636) - Billing Guidelines, 9/03
- Clarification of Billing Instructions for Outpatient Specialized Therapies, 6/03
- Correction to V Code Diagnosis for Outpatient Occupational Therapy Services, 7/03
- Darbepoetin Alfa, 5 mcg (Aranesp, J0880) - Billing Guidelines, 3/03

- Durable Medical Equipment Prescriptions and Certificate of Medical Necessity and Prior Approval Forms , 3/03
- Factor VIIa (Coagulation Factor, Recombinant) per 1.2 mg (Novoseven, Q0187) – Billing Guidelines, 2/03
- Ferrlecit (Sodium Ferric Gluconate Complex in Sucrose, HCPCS Code J2916, 12.5 mg Injection) - Billing Guidelines, 10/03
- Fulvestrant, 250mg/5ml (Faslodex, J9999) – Billing Guidelines, 2/03
- Immune Globulin Intravenous Injection (J1563, 1 gm and J1564, 10 mg) - Billing Guidelines, 9/03
- Injectable Drug Coverage through the Pharmacy and Physician's Drug Programs, 4/03
- Laronidase, 2.9 mg/5 ml (Aldurazyme, J3490) - Billing Guidelines, 8/03
- Leuprolide Acetate Implant, 65mg (Viadur, J9219) – Billing Guidelines, 2/03
- Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle, HCPCS Code J1056) – Billing Guidelines, 4/03
- Modifier YS for Teleconsults, 1/03
- Octreotide Acetate, 1 mg (Sandostatin LAR Depot, J2352) – Clarification to Billing Guidelines, 4/03
- Outpatient Specialized Therapies, 10/03
- Outpatient Specialized Therapies and Independent Practitioners Medical Coverage Policy Revisions, 4/03
- Outpatient Specialized Therapies Prior Approval Process:
 - 4/03
 - 11/03
- Oxaliplatin, 50 mg (Eloxatin, J9999) - Billing Guidelines, 9/03
- Pegfilgrastim, 6mg (Neulasta, S0135) – Billing Guidelines, 2/03
- Prior Approval for Non-Emergency Out-of-State Services, 6/03
- Progestacert IUD, W5142 Now End-dated, 4/03
- Purchasing Drugs for Administration in a Provider's Office, 9/03
- Respiratory Therapy Criteria, 7/03
- Venofer (Iron Sucrose Injection, HCPCS Codes J1755 and J1756) - Billing Guidelines, 10/03
- Zemplar (Paracalcitrol, HCPCS Code J2501, 1 mcg Injection) - Billing Guidelines, 10/03

Private Duty Nursing Providers:

- Amended Implementation of Transfer of Assets Policy for Specified Home Care Services, 2/03
- Billing Changes for Private Duty Nursing, 7/03

- Change to Implementation Date for New Codes and Claim Form, 9/03
- HCPCS Code Changes for Home Health Supplies:
 - 3/03
 - 5/03
 - 6/03
 - 9/03
 - 11/03
- Implementation of Transfer of Assets Policy for Specified Home Care Services, 1/03
- Rate Increase for Ostomy Supplies, 11/03

Prescribers:

- Coverage of Over-the-Counter Medications, 12/03
- Days Supply on Pharmacy Claims:
 - 8/03
 - 10/03
- Levitra, 11/03
- "Medically Necessary" Replaces "Dispense as Written", 2/03
- Recipient Lock-In to One Pharmacy Per Month, 6/03

Radiologists:

- Change in Carolina ACCESS Editing for Anesthesiology, Pathology or Radiology Services, 7/03

Residential Treatment Providers:

- Area Mental Health and Residential Child Care Treatment Seminar Schedule:
 - 8/03
 - 11/03
- Cancellation of Area Mental Health and Residential Child Care Treatment Seminars, 9/03
- Clarification on the Use of the F2 Stamp, 9/03
- Correction to Billing Unit for HCPCS Code H0040, 12/03
- Directions to the Area Mental Health and Residential Child Care Treatment Seminars:
 - 8/03
 - 11/03
- HIPAA Code Conversions, Special Bulletin IV, November 2003
- Seminars for HIPAA Code Conversions for Services Provided to Children under the Age of 21, 7/03

Rural Health Clinics:

- Home Visit for Postnatal Assessment and Follow-Up Care When There is No Delivery Code, 9/03
- Injectable Drug Coverage through the Pharmacy and Physician's Drug Programs, 4/03
- Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle, HCPCS Code J1056) – Billing Guidelines, 4/03
- Purchasing Drugs for Administration in a Provider's Office, 9/03