

All Providers

- 2010 Census, 3/10
- 2011 Checkwrite Schedule: 10/10, 11/10
- Adjusting North Carolina Medicaid Claims Electronically, 2/10
- Amendment Approval to the Family Planning Waiver, 3/10
- Basic Medicaid Seminars: 2/10, 3/10, 8/10, 9/10
- Change of Ownership, 12/10
- Change in Implementation Date for Revised Coverage Criteria for Breast Surgeries, 11/10
- Changes to the EOB Code Crosswalk to HIPAA Standard Codes: 7/10, 12/10
- Changes to the N.C. Medicaid Preferred Drug List, 8/10
- Clarification of Bariatric Surgery Requirements, 9/10
- Clarification on Procedures for Reviewing Prior Approval Requests and for Obtaining Additional Information, 1/10
- Clarification on the Provider Enrollment Fee, 3/10
- Clinical Coverage Policies: 3/10, 4/10, 6/10, 8/10, 9/10, 10/10, 12/10
- Coming Soon: Remittance and Status Reports in PDF Format, 4/10
- Contact E-Mail Addresses, 11/10
- Copayment Changes, 10/10
- Copayments and Copayment Exemptions, 1/10
- Corrected 1099 Requests for Tax Years 2007, 2008, and 2009: Action Required by March 1, 2010, 1/10
- Coverage of Prescription Vitamin and Mineral Products, 8/10
- CPT Code 99420, 6/10
- CPT Code Update 2010, 1/10
- CPT Codes 64490, 64491, 64492, 64493, 64494, and 64495, 4/10
- CPT Procedure 29828 and Modifier 51, 10/10
- CPT Procedure Code 93351, 12/10
- CPT Procedure Codes 34812 and 34820 with Modifier 50, 2/10
- Critical Access Behavioral Health Agencies: 5/10, 6/10
- Denials of CPT Procedure Codes 93320, 93321, and 93325, 2/10
- Denials with CPT Procedure Code 72295, 2/10
- Diagnosis Codes V18.11 and V18.19, 11/10
- DMA Prior Approval Information Web Page, 4/10
- Electronic Claim Submission EOB Code, 1/10
- Electronic Funds Transfer, 1/10
- Elimination of Coverage for Bariatric Surgery, 8/10
- End-Dated Coverage of Panniculectomy, 8/10
- End-Dated Coverage of Panniculectomy: Correction to Procedure Code, 9/10
- Enrollment Fee Update: 9/10
 - Reminders, 10/10, 12/10
- Enrollment of Medicare/Medicaid Recipients into Community Care of North Carolina/Carolina ACCESS, 4/10
- False Claim Act Education Compliance for Federal Fiscal Year 2009: 10/10, 12/10
- Family Planning Waiver Update, 9/10
- Flu Testing: CPT Code 87804, 4/10
- HCPCS Code Changes for the Physician's Drug Program, 3/10
- Health Check/EPSTDT Billing Guide, 12/10
- Health Check/EPSTDT Seminars: 3/10, 4/10
- Helpful Hints to Ensure a Provider Enrollment Application is Processed Without Delay, 4/10
- HP Enterprise Services Address Change, 2/10
- HP Mailing Address Changes, 4/10

- Human Papilloma Virus (HPV) Vaccine, Quadrivalent (CPT Code 90649, Gardasil): Additional Coverage Guidelines, 3/10
- Human Papilloma Virus (HPV) Vaccine, Types 16, 18, Bivalent, 3-Dose Schedule for Intramuscular Use (Cervarix, CPT Codes 90650): Billing Guidelines, 8/10
- Implementation of a Recipient Management Lock-in Program, 8/10
- Implementation of the National Correct Coding Initiative: 10/10, 12/10
- Important Safety Information on Valproate, 7/10
- Incomplete Application Final Notice, 11/10
- Incomplete Provider Enrollment Applications, 7/10
- Influenza Vaccine and Reimbursement Guidelines for 2010/2011, 10/10
- Maintaining the Security and Accessibility of Records after a Provider Agency Closes, 6/10
- Maternal Outreach Worker Program, 8/10
- Medicaid Credit Balance Reporting: 3/10, 6/10, 9/10
- Medicaid Integrity Contractors Audit: 5/10, 6/10, 7/10, 8/10, 9/10, 10/10
- Medicaid Integrity Contractors Audit: Updated Information Effective October 1, 2010: 11/10, 12/10
- Medicaid Provider Administrative Participation Agreement: 7/10
 - Update, 8/10
- Medicaid Provider Payment Suspension, 4/10
- Medicaid Recipient Appeal Process and Early and Periodic Screening, Diagnosis, and Treatment Seminars: 1/10, 12/10
- Medicaid Reimbursement Rate Update, 9/10
- Medicare and Medicaid Health Information Technology: Title IV of the American Recovery and Reinvestment Act: 1/10, 9/10, 10/10, 11/10
- MedSolutions' Commitment to Assuring a Collaborative, Successful Ultrasound Management Program in North Carolina, 5/10
- New Option for Submitting Recipient Commercial Insurance Information Updates, 4/10
- NC Mental Health, Developmental Disabilities, and Substance Abuse Services Health Plan Waiver (Formerly, Piedmont Cardinal Health Plan): 6/10, 12/10
- NC Tracks Website Maintenance, 6/10
- North Carolina Electronic Claim Submission and Electronic Initiatives Seminars, 1/10
- North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool, 1/10
- North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool: Medicare Indicators, 4/10
- North Carolina Medicaid's Use of CPT Consultation Codes, 2/10
- North Carolina Medicaid Preferred Drug List: 3/10, 4/10
- Optical Character Recognition for Paper Claims, 7/10, 10/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Paper Claim Submissions, 1/10
- Password Changes for the North Carolina Electronic Claims Submission Web Tool, 4/10
- Payment Error Rate Measurement in North Carolina: 5/10, 6/10, 7/10, 8/10, 9/10, 10/10, 11/10, 12/10
- PDF Format Remittance and Status Reports Changes, 6/10
- PDF Format Remittance and Status Reports Changes Implemented, 7/10
- Pneumococcal Conjugate Vaccine, 13 Valent, (PCV13) for Intramuscular Use (Prevnar, 13, CPT Code 90670): Coverage Guidelines, 5/10
- Policy Changes for Coverage of Breast Surgeries, 8/10
- Pregnancy Medical Home Project: 10/10, 12/10
- Prior Approval for Bariatric Surgery, 12/10
- Prior Approval for Imaging Procedure Policy and Update for Lesser Intensity Procedures, 11/10

- Prior Authorization for Non-emergency High-tech Outpatient Radiology and Ultrasound Procedures: Updates, 2/10
- Procedures for Prescribing Synagis for RSV Season 2010/2011, 10/10
- Program Integrity Prepayment Claims Review, 2/10
- Prosecution for Fraudulent Activity, 9/10
- Provider Enrollment Application Process, 10/10
- Provider Information Regarding Changes in N.C. Health Choice Administration: 6/10, 7/10
- Provider Information Regarding Changes in N.C. Health Choice Copayments: 6/10, 7/10
- Recipient Notifications, 9/10
- Reductions to Covered Podiatry Services: 8/10, 10/10
- Reimbursement for the Duplication of Medical Records, 5/10
- Remittance and Status Reports in PDF Format, 5/10
- Reporting Fraud, Waste, and Program Abuse: 4/10, 6/10
- Resolution of the Storage of Haemophilus Influenzae Type B (Hib) Vaccine and Clarifications Regarding Hib Vaccines, 8/10
- Requirement for Internal Claim Number on Self-Audits, 10/10
- Risperdone, Long Acting, 0.5 mg (Risperdal Consta, HCPCS Code J2794: Additional Coverage Guidelines, 4/10
- SPECIAL BULLETIN – Health Check Billing Guide, 4/10
- State Medicaid Health Information Technology Plan, 7/10
- The N.C. Health Insurance Premium Payment Program, 11/10
- Top EOB Codes for Claims Denials, 7/10
- UD Modifier and 340B Purchased Drugs, 7/10
- Unauthorized Use of a Community Care of NC/Carolina ACCESS Provider's NPI Number Is Considered Medicaid Program Abuse, 10/10
- Upcoming Change to EOB Crosswalk to HIPAA Standard Codes, 6/10
- Update on the N.C. Health Information Technology Plan and Schedule, 12/10
- Update to the Annual Medicaid Identification Card, 8/10
- Updated EOB Code Crosswalk to HIPAA Standard Codes: 1/10, 4/10
- Urine Drug Screening: 9/10, 11/10
- Who's Who in North Carolina Medicaid, 1/10

Adult Care Home Providers

- Adult Care Home Prior Approval and Admissions, 8/10
- Clarification of Suspension of Mandatory Cost Reporting for Rate Adjustments, 4/10
- Items Billed to Medicaid on Behalf of Residents, 1/10
- N.C. Medicaid Applies to CMS for Services Authorized Under 1915(I) Adult Care Home Residents, 11/10
- Suspension of Mandatory Cost Reporting for Rate Adjustments, 3/10

Ambulatory Surgical Centers

- CPT Procedure Codes 64490, 64491, 64492, 64493, 64494, and 64495, 8/10
- Reimbursement Rate Update, 1/10

Anesthesia Providers

- Anesthesia Policy Clarification, 6/10

Case Management Providers

- Limits for Medicaid Case Management Services, 1/10
- Policy Changes for Case Management Services: 2/10
 - Correction to Article, Feb. 2, 2010: 3/10

Certified Registered Nurse Anesthetists

- Anesthesia Policy Clarification, 6/10

Children's Developmental Services Agencies

- Community Based Rehabilitative Services: 1/10
 - Updates, 3/10, 5/10, 7/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Policy Changes for Case Management Services: 2/10
 - Correction to Article, 2/2/10: 3/10
- Post-Payment Validation Review "Helpful Hints", 9/10

Community Alternatives Program Case Managers

- Additions to the Home Health Medical Supply Fee Schedule, 4/10
- New Enrollment for Durable Medical Equipment Suppliers for Community Alternatives Program Waiver Supplies, 5/10
- Policy Changes for Case Management Services: 2/10
 - Correction to Article, Feb. 2, 2010, 3/10
- Update to Coding on Home Health Fee Schedule, 1/10
- Video Conference Seminars for Providers of Durable Medical Equipment and Orthotics and Prosthetics: 6/10, 7/10

CAP/C Case Managers

- CAP/C Waiver Renewal, 9/10
- CAP/C Waiver Renewal Training, 8/10
- New Rate for Split of Services for Private Duty Nursing and CAP/C Nursing Services and Congregate Nursing Code, 11/10
- Video Conference Seminars for CAP/C Case Managers and CAP/C Providers, 12/10

CAP/C Service Providers

- CAP/C Waiver Renewal, 9/10
- Medical Supplies Provision for Recipients Approved for Private Duty Nursing Services, 4/10
- New Rate for Split of Services for Private Duty Nursing and CAP/C Nursing Services and Congregate Nursing Code, 11/10
- Video Conference Seminars for CAP/C Case Managers and CAP/C Providers, 12/10

CAP/MR-DD Service Providers

- Adverse Determination Notification Changes, 11/10
- Changes in Utilization Review Vendor for CAP/MR-DD Utilization, 11/10
- Clarification of Suspension of Mandatory Cost Reporting for Rate Adjustments, 4/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Suspension of Mandatory Cost Reporting for Rate Adjustments, 3/10
- Utilization Review for CAP/MR-DD, 12/10

Community Care of NC/Carolina ACCESS Primary Care Providers

- Addition of Pen Needles to Pharmacy Point of Sale, 3/10
- Carolina ACCESS Provider Management Reports, 9/10
- Recipient Enrollment by Primary Care Providers, 7/10

Critical Access Behavioral Health Agencies

- Adverse Determination Notification Changes, 11/10
- Application Clarifications, 8/10
- Community Support Case Management Component, 6/10

- Critical Access Behavioral Health Agency Benchmarks and Transition Planning, 11/10
- Critical Access Behavioral Health Agencies: 5/10, 6/10
- Enrollment, Authorization, and Billing Frequently Asked Questions, 10/10
- Enrollment/Authorization/Billing Seminars for Critical Access Behavioral Health Agencies, 8/10
- Extension of Case Management Functions of Community Support Services, 8/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Peer Support Services Status, 12/10
- Performance Bonds, 12/10
- Prior Authorization and Billing for Community Support Team, 9/10
- Prior Authorization and Billing for Mental Health/Substance Abuse Targeted Case Management, 10/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Reminder about Authorizations for Community Support Team, Intensive In-Home, Day Treatment, and Community Support Services for Providers Who Have Not Achieved CABHA Status, 11/10
- Service Orders for Mental Health/Substance Abuse Targeted Case Management, 11/10
- Top Reasons that Could Cause an Interruption in Payment, 9/10
- Transition Timeframe for Full Critical Access Behavioral Health Agency Implementation, 8/10
- Update on Mental Health/Substance Abuse Targeted Case Management, 9/10
- Update on New Prior Authorization Guidelines for Behavioral Health Services, 8/10
- Update on Unmanaged Visits for Children, 10/10
- ValueOptions ProviderConnect Reminders, 11/10

Dental Providers

- Dental Program Changes Included in the 2010 Budget Bill, 11/10

Durable Medical Equipment Providers

- Addition of Pen Needles to Pharmacy Point of Sale, 3/10
- Additional Information on Prodigy Diabetic Supplies: 1/10, 3/10, 5/10
- Changes to HCPCS Codes A4253, A4259, and S8490, 7/10
- Items Billed to Medicaid on Behalf of Residents, 1/10
- Medically Necessary Incontinence, Ostomy, and Urological Supplies: 3/10
 - Update, 3/10
- New Enrollment for Durable Medical Equipment Suppliers for Community Alternatives Program Waiver Supplies, 5/10
- Rate Adjustments for Selected HCPCS Codes, 5/10
- Rates for Codes B4100, B4103, B4104, and S8265, 5/10
- Video Conference Seminars for Providers of Durable Medical Equipment and Orthotics and Prosthetics: 6/10, 7/10

Early Intervention Services Providers

- Community Based Rehabilitative Services: 1/10
 - Updates, 3/10, 5/10, 7/10
- Policy Changes for Case Management Services: 2/10
 - Correction to Article, Feb. 2, 2010, 3/10

Enhanced Behavioral Health (Community Intervention) Services Providers

- Adverse Determination Notification Changes, 11/10

- Clarification of Suspension of Mandatory Cost Reporting for Rate Adjustments, 4/10
- Community Support Authorizations, 11/10
- Community Support Case Management Component, 6/10
- Community Support Team Services Revised Effective Date and Rate, 7/10
- Critical Access Behavioral Health Agency Benchmarks and Transition Planning, 11/10
- DHHS/DMA Program Integrity Contract with Public Consulting Group, 4/10
- Enhanced Services Policy Updates, 3/10
- Extension of Case Management Functions of Community Support Services, 8/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization and Billing for Community Support Team, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Reminder about Authorizations for Community Support Team, Intensive In-Home, Day Treatment, and Community Support Services for Providers Who Have Not Achieved CABHA Status, 11/10
- Suspension of Mandatory Cost Reporting for Rate Adjustments, 3/10
- ValueOptions ProviderConnect Reminders, 11/10

Federally Qualified Health Centers

- HCPCS Procedure Code T1015 and Modifier HI, 1/10

Health Department Dental Centers

- Dental Program Changes Included in the 2010 Budget Bill, 11/10

Health Departments

- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Post-Payment Validation Review "Helpful Hints", 9/10

HIV Case Management Providers

- Announcement of New Vendor for HIV Case Management Program, 8/10
- HIV Case Management Provider Training Sessions: 10/10, 12/10
- Implementation of HIV Case Management Policy, 9/10
- Procedure Code Change for HIV Case Management, 8/10
- Reminders and Updates for HIV Case Management Services, 11/10
- Transfer of HIV Case Management Operations, 4/10

Home Health Agencies

- Additions to the Home Health Medical Supply Fee Schedule, 4/10
- Items Billed to Medicaid on Behalf of Residents, 1/10
- Medical Supplies Provision for Recipients Approved for Private Duty Nursing Services, 4/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Post-Payment Validation Review "Helpful Hints", 9/10
- Update to Coding on Home Health Fee Schedule, 1/10

Hospice Services

- CAP/C Waiver Renewal, 9/10

Hospital Outpatient Clinics

- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Outpatient Specialized Therapies Video Conference Seminars: 2/10, 3/10
- Post-Payment Validation Review “Helpful Hints”, 9/10

Hospitals

- Grouper 26 Implementation, 1/10

Independent Laboratories

- Flu Testing: CPT Code 87804, 4/10
- Urine Drug Screening, 9/10

Independent Practitioners

- Code Addition, 1/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Outpatient Specialized Therapies Video Conference Seminars: 2/10, 3/10
- Post-Payment Validation Review “Helpful Hints”, 9/10
- Posting of Respiratory Therapy Services Policy, 5/10

Inpatient Behavioral Health Services

- Adverse Determination Notification Changes, 11/10
- DHHS/DMA Program Integrity Contract with Public Consulting Group, 4/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10

Institutional (UB-04/837I) Billers

- Medicare Health Maintenance Organization: Institutional Services, 5/10
- Non-Monetary Value Codes, 10/10

Intermediate Care Facilities for Individuals with Mental Retardation

- ICF/MR Provider Assessment Fee Decrease, 7/10
- ICF/MR Provider Assessment Fee Increase, 1/10

Local Education Agencies

- Code Addition, 1/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Post-Payment Validation Review “Helpful Hints”, 9/10

Local Management Entities

- Changes in Utilization Review Vendor for CAP/MR-DD Utilization, 11/10

- Community Support Authorizations, 11/10
- Community Support Case Management Component, 6/10
- Critical Access Behavioral Health Agency Benchmarks and Transition Planning, 11/10
- DHHS/DMA Program Integrity Contract with Public Consulting Group, 4/10
- Enhanced Services Policy Updates, 3/10
- Extension of Coverage for Provisionally Licensed Providers Billing Outpatient Behavioral Health Services through the Local Management Entity: 3/10, 4/10
- Injectable Drugs: Update to Billing Guidelines, 10/10
- New Prior Authorization Guidelines, 6/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Olanzapine Injectable (Zyprexa Relprevv, HCPCS Code J3490, and Zyprexa, HCPCS Code S0166): Billing Guidelines, 5/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Peer Support Services Status, 12/10
- Post-Payment Validation Review “Helpful Hints”, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Update on New Prior Authorization Guidelines for Behavioral Health Services, 8/10
- Utilization Review for CAP/MR-DD, 12/10

N.C. Health Choice Providers

- N.C. Health Choice Non-Covered Policies, 12/10
- N.C. Health Choice Review Process, 11/10
- Provider Information Regarding Changes in N.C. Health Choice Administration, 6/10
- Provider Information Regarding Changes in N.C. Health Choice Copayments, 6/10

Nurse Practitioners

- Adult Care Home Prior Approval and Admissions, 8/10
- Apoetin Alfa (Epogen/Procitr, HCPCS Code J0885) and Darbepoetin Alfa (Aranesp, HCPCS Code J0881) for Non-ESRD Use: New Billing Guidelines, 1/10
- Bevacizumab (Avastin, HCPCS Code J9035): Update to Billing Guidelines, 5/10
- C1 Esterase Inhibitor (Human) 10 units (Cinryze, Berinert HCPCS Code J0598): Billing Guidelines, 2/10
- C1 Esterase Inhibitor (Human) Injectable, 10 Units (Berinert, HCPCS Code J3590): Revised Billing Guidelines, 4/10
- C1 Esterase Inhibitor (Human) Injectable, 10 Units (Cinryze, HCPCS Code J0598): Revised Billing Guidelines, 4/10
- Cabazitaxel Injection (Jevtana, HCPCS Code J9999): Billing Guidelines, 10/10
- Coagulation Factor VIII Complex/von Willebrand Factor (Human) (Wilate, HCPCS Code J3590): Billing Guidelines, 5.10
- CPT Codes 57452, 57454, and 57505, 4/10
- Denosumab Injection (Prolia, HCPCS Code J3590): Billing Guidelines, 9/10
- Dexamethasone Implant, Intravitreal (Ozurdex, HCPCS Code J3490): Billing Guidelines, 2/10
- Ecallantide Injectable (Kalbitor, HCPCS Code J3490): Billing Guidelines, 5/10
- Epoetin Alfa (Epogen/Procrit, HCPCS Code J0885) and Darbepoetin Alfa (Aranesp, HCPCS Code J0881): New Billing Guidelines, 12/10

- Fondaparinux Sodium Injectable 0.5 mg (Arixtra, HCPCS Code J1652): Billing Guidelines, 2/10
- Immune Globulin Subcutaneous (Human) Injectable (Hizentra, HCPCS Code J3590): Billing Guidelines, 6/10
- Injectable Drugs: Update to Billing Guidelines, 10/10
- Interferon Beta-1b Injectable (Extavia, HCPCS Code J1830): Billing Guidelines, 2/10
- Ofatumumab Injectable (Arzerra, HCPCS Code J9999): Billing Guidelines, 2/10
- Olanzapine Injectable (Zyprexa Relprevv, HCPCS Code J3490, and Zyprexa, HCPCS Code S0166): Billing Guidelines, 5/10
- Pralatrexate Injectable (Folotyn, HCPCS Code J9999): Billing Guidelines, 2/10
- Ranibizumab (Lucentis, HCPCS Code J2778): Update to Billing Guidelines, 10/10
- Rilonacept (Arcalyst, HCPCS Code J2793): Billing Guidelines, 2/10
- Sildenafil Injectable (Revation, HCPCS Code J3490): Billing Guidelines, 5/10
- Telavancin Injectable (Vibativ, HCPCS Code J3490): Billing Guidelines, 2/10
- Tocilizumab Injectable (Actemra, HCPCS Code J3590): Billing Guidelines, 5/10
- Ustekinumab Injectable (Stelara, HCPCS Code J3590): Billing Guidelines, 2/10
- Velaglucerase Alfa Injectable (VPRIV, HCPCS Code J3590): Billing Guidelines, 6/10
- Zoledronic Acid (Reclast, HCPCS Code J3488): Update to Billing Guidelines, 10/10

Nursing Facilities

- MDS Validation and Case Mix Documentation Review Policies for Onsite Reviews, 11/10
- Minimum Data Set 3.0 Validation Program Seminars, 8/10
- North Carolina Referral Process for MDS 3.0 Section Q, 10/10
- Nursing Facility Provider Assessment Fee Increase, 1/10

OB/GYN Providers

- Proposed Obstetrical Ultrasound Requirements, 8/10
- Updates to Prior Authorization for Obstetrical Ultrasounds, 10/10

Orthotics and Prosthetics Providers

- 2010 HCPCS Code Changes for Orthotics and Prosthetics, 2/10
- Changes to HCPCS Code S1040, 9/10
- Coverage of Prosthetic Components, 11/10
- Video Conference Seminars for Providers of Durable Medical Equipment and Orthotics and Prosthetics: 6/10, 7/10

Outpatient Behavioral Health Providers

- Adverse Determination Notification Changes, 11/10
- DHHS/DMA Program Integrity Contract with Public Consulting Group, 4/10
- Extension of Coverage for Provisionally Licensed Providers Billing Outpatient Behavioral Health Services through the Local Management Entity: 3/10, 4/10
- New Prior Authorization Guidelines, 6/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Update on New Prior Authorization Guidelines for Behavioral Health Services, 8/10
- Update on Unmanaged Visits for Children, 10/10
- ValueOptions ProviderConnect Reminders, 11/10

Personal Care Services Providers

- Clarification of Suspension of Mandatory Cost Reporting for Rate Adjustments, 4/10

- Implementation of Independent Assessment, Prior Authorization, and New Personal Care Services and PCS-Plus Clinical Coverage Policy, 4/10, 5/10
- Implementation of PCS PACT Reviews and Independent Assessments: 1/10, 2/10, 3/10
- Independent Assessment Reminders: 6/10, 7/10, 8/10, 9/10, 10/10, 11/10, 12/10
- Suspension of Mandatory Cost Reporting for Rate Adjustments, 3/10

Pharmacists

- Addition of Pen Needles to Pharmacy Point of Sale, 3/10
- Additional Information on Prodigy Diabetic Supplies: 1/10, 3/10, 5/10
- Changes to HCPCS Codes A4253, A4259, and S8490, 7/10
- Coverage of Over-the-Counter Second Generation Antihistamine and Decongestant Combinations, 9/10
- Discontinuation of Focused Risk Management Program, 12/10
- End-Dated Coverage for Exocrine Pancreatic Insufficiency Drugs, 6/10
- End-Dated Coverage of Generic Colchicine, 12/10
- Lost Prescriptions Limited to One Occurrence during a 365-Day Time Period, 8/10
- N.C. Medicaid Preferred Drug List Changes, 6/10
- New Prior Authorization Requirements for Brand-Name Anticonvulsants, 1/10
- New Prior Authorization Requirements for Topical Anti-inflammatory Medications, 1/10
- Point-of-Sale Overrides for Leukotrienes, Statins, Orally Inhaled Steroids, and Second Generation Anticonvulsants, 9/10
- Policies for Emend, Leukotrienes, Lidodrem, Orally Inhaled Corticosteroids, Statins, and Suboxone and Revised Policies for CII Narcotic Analgesics and Second Generation Anticonvulsants, 9/10
- Prior Authorization Requirements for Fibrates and Lovaza: Clarification, 1/10
- Recipient Management Lock-in Program Emergency Fill, 10/10
- Removal of Active Pharmaceutical Ingredients and Excipients as Covered Outpatient Drugs, 12/10
- Substitution for Duoneb and Insulin Cartridges and Pens, 9/10
- Substitution of Preferred Brand Drugs, 9/10
- Synagis Pharmacy Claims for 2009/2010 Season, 6/10

Physicians

- Adult Care Home Prior Approval and Admissions, 8/10
- Epoetin Alfa (Epogen/Procrit, HCPCS Code J0885) and Darbepoetin Alfa (Aranesp, HCPCS Code J0881) for Non-ESRD Use: New Billing Guidelines, 1/10
- Bevacizumab (Avastin, HCPCS Code J9035): Update to Billing Guidelines, 5/10
- C1 Esterase Inhibitor (Human) 10 units (Cinryze, Berinert HCPCS Code J0598): Billing Guidelines, 2/10
- C1 Esterase Inhibitor (Human) Injectable, 10 Units (Berinert, HCPCS Code J3590): Revised Billing Guidelines, 4/10
- C1 Esterase Inhibitor (Human) Injectable, 10 Units (Cinryze, HCPCS Code J0598): Revised Billing Guidelines, 4/10
- Cabazitaxel Injection (Jevtana, HCPCS Code J9999): Billing Guidelines, 10/10
- Coagulation Factor VIII Complex/von Willebrand Factor (Human) (Wilate, HCPCS Code J3590): Billing Guidelines, 5/10
- Collagenase Clostridium Histolyticum Injectable (Xiaflex, HCPCS Code J3590): Billing Guidelines, 5/10
- Denosumab Injection (Prolia, HCPCS Code J3590): Billing Guidelines, 9/10
- Dexamethasone Implant, Intravitreal (Ozurdex, HCPCS Code J3490): Billing Guidelines, 2/10
- Ecallantide Injectable (Kalbitor, HCPCS Code J3490): Billing Guidelines, 5/10
- Epoetin Alfa (Epogen/Procrit, HCPCS Code J0885) and Darbepoetin Alfa (Aranesp, HCPCS Code J0881): New Billing Guidelines, 12/10

- Fondaparinux Sodium Injectable 0.5 mg (Arixtra, HCPCS Code J1652): Billing Guidelines, 2/10
- Immune Globulin Subcutaneous (Human) Injectable (Hizentra, HCPCS Code J3590): Billing Guidelines, 6/10
- Interferon Beta-1b Injectable (Extavia, HCPCS Code J1830): Billing Guidelines, 2/10
- Ofatumumab Injectable (Arzerra, HCPCS Code J9999): Billing Guidelines, 2/10
- Olanzapine Injectable (Zyprexa Relprevv, HCPCS Code J3490, and Zyprexa, HCPCS Code S0166): Billing Guidelines, 5/10
- Outpatient Specialized Therapies: Documentation Standards, 12/10
- Outpatient Specialized Therapies Prior Authorization Process: Post-Payment Validation, 4/10
- Outpatient Specialized Therapies: Prior Authorization and Post-Payment Validation, 3/10
- Outpatient Specialized Therapies Video Conference Seminars: 2/10, 3/10
- Post-Payment Validation, 4/10
- Post-Payment Validation Review “Helpful Hints”, 9/10
- Pralatrexate Injectable (Folotyn, HCPCS Code J9999): Billing Guidelines, 2/10
- Proposed Obstetrical Ultrasound Requirements, 8/10
- Ranibizumab (Lucentis, HCPCS Code J2778): Update to Billing Guidelines, 10/10
- Rilonacept (Arcalyst, HCPCS Code J2793): Billing Guidelines, 2/10
- Sildenafil Injectable (Revation, HCPCS Code J3490): Billing Guidelines, 5/10
- Telavancin Injectable (Vibativ, HCPCS Code J3490): Billing Guidelines, 2/10
- Tocilizumab Injectable (Actemra, HCPCS Code J3590): Billing Guidelines, 5/10
- Ustekinumab Injectable (Stelara, HCPCS Code J3590): Billing Guidelines, 2/10
- Velaglucerase Alfa Injectable (VPRIV, HCPCS Code J3590): Billing Guidelines, 6/10
- Zoledronic Acid (Reclast, HCPCS Code J3488): Update to Billing Guidelines, 10/10

Podiatry Services

- Reductions to Covered Podiatry Services, 8/10

Prescribers

- Coverage of Over-the-Counter Second Generation Antihistamine and Decongestant Combinations, 9/10
- Discontinuation of Focused Risk Management Program, 12/10
- End-Dated Coverage for Exocrine Pancreatic Insufficiency Drugs, 6/10
- End-Dated Coverage of Generic Colchicine, 12/10
- N.C. Medicaid Preferred Drug List Changes, 6/10
- New Prior Authorization Requirements for Brand-Name Anticonvulsants, 1/10
- New Prior Authorization Requirements for Topical Anti-inflammatory Medications, 1/10
- Policies for Emend, Leukotrienes, Lidodrem, Orally Inhaled Corticosteroids, Statins, and Suboxone and Revised Policies for CII Narcotic Analgesics and Second Generation Anticonvulsants, 9/10
- Prior Authorization Requirements for Fibrates and Lovaza: Clarification, 1/10
- Removal of Active Pharmaceutical Ingredients and Excipients as Covered Outpatient Drugs, 12/10
- Substitution for Duoneb and Insulin Cartridges and Pens, 9/10
- Substitution of Preferred Brand Drugs, 9/10

Private Duty Nursing Providers

- Code Changes for Hourly Nursing Services, 9/10
- New Rate for Split of Services for Private Duty Nursing and CAP/C Nursing Services and Congregate Nursing Code, 11/10

Professional (CMS-1500/837P) Billers

- Medicare Health Maintenance Organization: Professional Services, 5/10

Psychiatric Hospitals

- Adverse Determination Notification Changes, 11/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Updated Authorization Request Forms, 11/10

Psychiatric Residential Treatment Facilities (PRTF)

- Adverse Determination Notification Changes, 11/10
- DHHS/DMA Program Integrity Contract with Public Consulting Group, 4/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Updated Authorization Request Forms, 11/10

Private Duty Nursing Providers

- Additions to the Home Health Medical Supply Fee Schedule, 4/10
- Clarification of Suspension of Mandatory Cost Reporting for Rate Adjustments, 4/10
- Medical Supplies Provision for Recipients Approved for Private Duty Nursing Services, 4/10
- Update to Coding on Home Health Fee Schedule, 1/10

Radiology Services

- CPT Procedure Code 77470, 11/10
- Proposed Obstetrical Ultrasound Requirements, 8/10
- Update to Radiation Therapy Treatment Delivery Procedure Codes (77371 through 77418), 12/10
- Updates to Prior Authorization for Obstetrical Ultrasounds, 10/10

Residential Child Care Treatment Facilities

- Adverse Determination Notification Changes, 11/10
- Clarification of Suspension of Mandatory Cost Reporting for Rate Adjustments, 4/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Suspension of Mandatory Cost Reporting for Rate Adjustments, 3/10

Rural Health Clinics

- HCPCS Procedure Code T1015 and Modifier HI, 1/10

Targeted Case Management for IDD

- Adverse Determination Notification Changes, 11/10
- Implementation of New Procedure Code and Rate, 9/10
- Next Medicaid Managed Care Vendor Selected, 11/10
- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disability, and Substance Abuse Services by The Durham Center and Eastpointe LME, 9/10

- Prior Authorization of Medicaid-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services for Recipients with Eligibility in Durham, Duplin, Lenoir, Sampson, and Wayne Counties, 8/10
- Transition to Annual Authorization for Non-Waiver TCM/DD Services, 4/10
- ValueOptions ProviderConnect Reminders, 11/10