Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Tuesday, July 4, 2000, in observance of Independence Day.

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

In This Issue...... Page #

All Providers:
♦ Holiday Observance ----------------------------- 1
♦ Medicaid Bulletins on DMA Website ------------------ 10
♦ Preventive Medicine Services ----------------------- 14
♦ Renovation of the MMIS System – ITME Project -- 12
♦ Sterilization Guidelines ----------------------------- 2

Anesthesia Providers:
♦ Monitored Anesthesia Care and Diagnosis Editing - 16

Carolina ACCESS Primary Care Physicians:
♦ Billing Procedures When a Carolina ACCESS Medicaid Recipient Has Been in an Accident ----- 11

Chiropractor Providers:
♦ Chiropractor Visits ------------------------------- 24

Health Departments:
♦ Physical and Occupational Therapy Evaluations ----11

Health Check Providers:
♦ Health Check Billing Guide Error------------------ 15

Home Infusion Therapy (HIT) Providers:
♦ Home Infusion Therapy Visits ----------------------- 23

Mental Health/ Substance Abuse Providers:
♦ A New Health Benefit ------------------------------- 13

Hospital Providers:
♦ Billing Sterilizations on UB-92 ------------------- 8
♦ Directions to the Hospital Seminars ----------------- 27
♦ Hospital Seminar Schedule -------------------------- 25
♦ Resident Supervision Requirements in Teaching Hospitals and Residency Programs ------------------ 12

Optical Providers:
♦ Confirmation/Prior Approval Reminder -------------- 10

Personal Care Service (PCS) Providers:
♦ Personal Care Services Seminars ------------------- 24

Physicians:
♦ Physical and Occupational Therapy Evaluations ---- 11
♦ Resident Supervision Requirements in Teaching Hospitals and Residency Programs ------------------ 12
♦ Update to Injectable Drug List---------------------- 15

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

Sterilization Guidelines

The North Carolina Medicaid program is bound by stringent Federal guidelines in regard to coverage of sterilization procedures. Federal funding is available for an individual to be sterilized only if the following guidelines contained in 42 CFR 441.253 are met:

1. The individual is at least 21 years old at the time the sterilization consent is obtained.
2. The individual is not a mentally incompetent individual.
3. At least 30 days, but not more than 180 days have passed between the date of informed consent and the date of the sterilization except under the following circumstances:
   - **Premature delivery** - Informed consent must be given at least 30 days before the expected date of delivery and at least 72 hours must have passed since the informed consent was given
   - **Emergency abdominal surgery** - At least 72 hours must have passed since the informed consent was given
4. The individual has voluntarily given informed consent in accordance with all the requirements prescribed in 42 CFR 441.257 and 441.258. The individual must be:
   - Given an opportunity to ask and receive answers to questions concerning the procedure and provided a copy of the consent form
   - Advised that sterilization consent may be withdrawn at any time before the sterilization procedure without affecting the right to future care or treatment and without loss of or withdrawal of any federally funded program benefits to which the recipient might otherwise be entitled
   - Counseled in alternative methods of family planning and birth control
   - Advised that the sterilization procedure is considered to be irreversible
   - Provided a thorough explanation of the specific sterilization procedure to be performed
   - Provided a full description of the possible discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used
   - Provided a full description of the benefits or advantages that may be expected as a result of the sterilization
   - Provided suitable arrangements to insure that information is effectively communicated if the recipient is blind, deaf, or otherwise handicapped
   - Provided an interpreter if the recipient does not understand the language used on the consent form or the language used by the person obtaining consent
   - Permitted to have a witness of his or her choice present when the consent is obtained

The sterilization consent form is a federally mandated document. The form must be on file with the fiscal agent and all federal regulations pertaining to the completion of the form must be satisfied prior to payment of a sterilization claim. The consent form must be Health and Human Services and State approved.

The sterilization consent form is a three-copy form. The pink copy should be given to the recipient for their records, the physician should retain the yellow copy, and the white copy should be submitted to EDS. Consent forms may be obtained by calling EDS at 1-800-688-6696.
Local health departments may also obtain consent forms from the Department of Health and Human Services at:

N.C. DHHS  
Women’s Preventive Health Branch  
P.O. Box 29597  
Raleigh, NC 27626-0597  
COURIER # 56-20-11

If the recipient name on the claim and the name on the sterilization consent form is different, a signed name change statement that verifies the recipient whose name appears on the claim and consent are the same person, must be included (refer to example below).

Reminders

North Carolina Medicaid will not pay for sterilization reversals. If a judicial court orders a sterilization for a recipient who is a ward of the county and is mentally incompetent, the county is responsible for reimbursement for the sterilization.

Name Change Statement (Example)

Elvis County Health Department  
1 Graceland Drive  
Hound Dog, NC   22222

Medicaid ID Number: 912345678S

To Whom It May Concern:

Mary Smith has changed her name to Mary Jones.

Dr. Elvis  (Signature of representative at providers office is required)

Diagnosis and Procedure Codes for Elective Sterilization

The following codes are the only codes to be considered specifically for the purpose of elective sterilization:

- ICD-9 diagnosis for sterilization - V25.2
- CPT procedure code - 55250  (Vasectomy)
- CPT procedure code - W5075 (Sterilization)

Sterilization Abbreviations

The following abbreviations are acceptable on the sterilization consent form as a description of the type of sterilization procedure:

- BTF = Bilateral tubal fulguration
- BTS = Bilateral tubal sterilization
- BTC = Bilateral tubal cauterization
- BTL = Bilateral tubal ligation

HCFA clarification has also been given to use “tubal banding”, although it is not widely used.
Guide for Completion of Sterilization Consent Form

Following is the list of fields included in the Federal consent form requirements for sterilization. All areas are required to be completed except area 9 (race). **Fields in bold print cannot be altered.** This guide will assist in correct completion of consent forms and should help to decrease the number of denials related to errors in completing the form.

1. **Person or facility who provided information concerning sterilization**
2. **Type of sterilization procedure to be performed**
3. **Recipient date of birth (must be at least 21 years of age when the consent form is signed)**
4. **Name of recipient as it appears on the Medicaid ID card**
5. The full name of the physician scheduled to do the surgery (abbreviations, initials, or “doctor on call” are unacceptable). May use “Physician on call of Jones OB GYN clinic”
6. **Type of sterilization procedure to be performed**
7. **Recipient’s signature (must be dated) cannot be altered, traced over, or corrected**
8. **Date the consent form was signed (the date of the recipient’s signature must be at least 30 days prior to the date of the sterilization). The 30 day count begins the day following the recipient’s signature date**
9. **Race and ethnicity (not required)**
10. **Language in which the form was read to the recipient, if an interpreter was used**
11. **Signature of the interpreter**
12. **Signature date of the interpreter (same as # 8 and # 16)**
13. **Name of recipient**
14. **Name of sterilization procedure**
15. **Signature of person witnessing consent (must be dated see # 16)**
16. **Date (this date must be the same as the recipient signature date) Note: the doctor can also be the witness**
17. The full name and address of the facility, include street name and number, city, state, and zip code where the consent was obtained and witnessed
18. **Name of recipient**
19. **Actual date of sterilization**
20. **Type of sterilization procedure performed**
21. The box is to be checked if the delivery was premature (write the recipient’s expected delivery date in the space provided)
22. The box is to be checked if emergency abdominal surgery was performed
23. **Physician signature must be legible or name must be printed below the signature. (A signature stamp may be used)**
24. **Date must be on or after the date of service**
CONSENT FORM

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from ___________ When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a ___________. The discomforts, risks and benefits associated with the operation have been explained to me. My questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withdrawing of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on ___________.

I, ___________, hereby consent of my own free will to be sterilized by ___________ by a method called ___________. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

__________
Signature
Month Day Year

You are requested to supply the following information, but it is not required:

- ( ) American Indian or
- ( ) Black (not of Hispanic origin)
- ( ) Asian or Pacific Islander
- ( ) White (not of Hispanic origin)

INTERPRETER'S STATEMENT

(If an interpreter is provided to assist the individual to be sterilized)

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in ___________. language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

__________
Interpreter
Date

STATEMENT OF PERSON OBTAINING CONSENT

Before ___________ name of individual signed the consent form, I explained to him/her the nature of the sterilization operation ___________ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

__________
Signature of person obtaining consent
Month Day Year

__________
Date

Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon ___________ name of individual to be sterilized on ___________ date of sterilization ___________ I explained to him/her the nature of the sterilization operation ___________ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ( ) Premature delivery
- ( ) Individual's expected date of delivery
- ( ) Emergency abdominal surgery (describe circumstances)

__________
Pharmacist
Date

White: PATIENT
Yellow: PHYSICIAN
Pink: STATE AGENCY
Consent Form Completion Tips

- **Changed, altered, or traced over** recipient or witness signatures and/or dates are not acceptable on the consent form. Carefully review the consent form for any of these problems. If any problems are noted, the consent form must be voided and a **completely new consent form** initiated at that time. A new consent form cannot be initiated after the sterilization.

- **Inclusion of the EDC** (Estimated Date of Confinement) on the sterilization consent form often prevents unnecessary delays in processing the claim, and must be present in case of premature delivery or emergency abdominal surgery. The physician’s signature must be dated *on or after* the date of service (procedure date). A signature stamp may used. **Handwritten signatures must be legible or the name must be printed below the written signature.**

- In the case of **premature delivery**, the consent form must have been signed at least 30 days before the estimated date of delivery. If 30 days have not passed, there must be at least 72 hours between the signing of the consent form and the surgery. In these instances, place a check in box #21 and write the date the recipient was expected to deliver after the statement “individuals expected date of delivery.”

- In the case of **emergency abdominal surgery**, there must be at least 72 hours between the signing of the consent form and the surgery.

Interpreter Signature on Sterilization Consent Form

When telephone interpreter services are needed to complete the sterilization consent form for non-English speaking Medicaid recipients, the interpreter’s signature, date of the interpreter’s service, and the language used are required on the sterilization consent form. In lieu of getting the interpreter’s signature on the sterilization consent form at the time the service is provided, the interpreter who explains the procedure by telephone may fax or mail the attestation of their interpreter services. Criteria for the faxed or mailed attestation are as follows:

- The wording of the attestation should be taken directly from the sterilization consent form.
- The interpreter must write his or her signature and the date the interpreter services were rendered on the attestation form.
- The date of the recipient, interpreter and witness signatures must all be the same.
- The attestation form must include the recipient’s name as it appears on the Medicaid ID card as well as the Medicaid ID number.
- A copy of the attestation must be attached to the consent form when the provider submits the statement to EDS, the fiscal agent.
- The provider must maintain the original attestation document with the consent form in the patient’s medical record.
Submitting Sterilization Consents Without a Claim

Sterilization consent forms may be submitted separately from the claim. The elimination of claim attachments allows electronic submission of claims.

When submitting a sterilization consent form separately from the claim, follow the instructions below:

- **Write the recipient’s Medicaid ID** in the upper right corner of the consent form. EDS must have the MID to enter the form into the system.
- **Verify** that all information on the form is correct
- **Mail the consent form** to: EDS
  
  PO Box 300012
  Raleigh, NC 27622

- **Send only** sterilization consents submitted separately from the claim to PO Box 300012.

Upon receipt, EDS will review the consent to ensure adherence to federally mandated guidelines. Reviewed results will be entered into the EDS system.

- File claims electronically, or
- Mail paper claims submitted with or without a consent form to:

  (Physicians and Health Departments)
  EDS
  PO Box 30968
  Raleigh, NC 27622

  (Hospitals)
  EDS
  PO Box 300010
  Raleigh, NC 27622

- When denial EOB for sterilization claims request additional information, (i.e., records to verify a procedure code or verification of a date of service), the verification attachments must be submitted with a claim along with a copy of the valid consent.

EDS, 1-800-688-6696 or 919-851-8888
Attention: Hospital Providers

Billing Sterilizations on UB-92

The North Carolina Medicaid program is regulated by stringent Federal guidelines concerning sterilizations. A valid consent form must be on file with EDS in order to allow a claim to be paid. When submitting a UB-92 claim form, list all charges with the appropriate revenue code in Form Locator 47 (total charges).

When a sterilization procedure is performed and there is not a valid consent on file, all charges related to the sterilization procedure must be entered in Form Locator 48, “non-covered charges.” Amounts indicated in Form Locator 48 will be deducted from the allowable payment. If these charges are not listed correctly under Form Locator 48, the entire claim will be denied.

A statement must be entered in Form Locator 84 stating the “non-covered charges are for sterilization.” Medicaid requires that all procedures provided to a recipient be listed under Form Locators 80 and 81, including the non-covered procedure codes.

EDS 1-800-688-6696 or 919-851-8888
This Page Is Left Intentionally Blank
Attention: All providers

Medicaid Bulletins on DMA Website

The Medicaid Bulletin is now available on the DMA website. To access:
1. Go to http://www.dhhs.state.nc.us/dma/
2. Click on “Medicaid Bulletins”
3. Find the desired month and click on the desired version (HTML or PDF). HTML provides links to the specific article, forms, etc. and PDF provides a version better suited for printing.

The current and immediate past bulletins are available on this site.

Susan Ryan, DMA, 919-857-4019

Attention: Optical Providers

Confirmation/ Prior Approval Reminder

Eye Refraction Confirmation Number

Any eye exam/refraction confirmation number obtained through the Automated Voice Response System (AVR) must NOT be entered on the HCFA-1500 claim form. Instead, keep the confirmation number with the recipient's permanent office record. In the event another provider bills for the same service, retaining the confirmation number will ensure payment to the provider that obtained proper authorization.

NOTE: Entering the confirmation number on the HCFA-1500 claim form will result in delayed payment.

Visual Aids Requests

All requests for visual aids (i.e. eyeglasses and contact lenses) must be submitted in writing to EDS using a Request for Prior Approval for Visual Aids Form. Phone requests for information regarding visual aids eligibility are not accepted due to the following:

• Increased number of recipients requiring services through the Visual Services Program
• DMA's need to accurately monitor approvals and denials
• Unique circumstances warranting approval outside the eligibility period

EDS, 1-800-688-6696 or 919-851-8888
Attention: Physicians and Health Departments

Physical and Occupational Therapy Evaluations

Effective with date of service July 1, 2000 Medicaid will reimburse for the following CPT codes:

97001  Physical therapy evaluation
97002  Physical therapy re-evaluation
97003  Occupational therapy evaluation
97004  Occupational therapy re-evaluation

The services must relate to an active written treatment regimen established by the attending physician. For a re-evaluation to be considered reasonable and necessary there must be an expectation that the patient’s condition will improve significantly in a reasonable period of time.

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

Attention: Carolina ACCESS (CA) Primary Care Physicians (PCPs)

Billing Procedures When A Carolina ACCESS Medicaid Recipient Has Been In An Accident

Medicaid has established procedures for filing claims and notifying the Medicaid agency when Medicaid recipients are involved in accidents. For these purposes, an “accident” is defined as any occurrence for which a third party may be liable. The liable third party is usually a liability insurance carrier such as an auto insurer, homeowner insurer, etc. For additional information on this topic, please refer to the July 1997 Medicaid Bulletin.

PCPs are paid a monthly management fee from Medicaid to manage and arrange the health care needs of their enrollees. The PCP accepts the enrollee as a Medicaid patient when the patient is assigned to the PCP and a management fee is paid. CA enrollees are locked in to their PCPs on a monthly basis and are dependent on them for care/referrals. CA PCPs must not deny services or demand payment of services prior to treatment if a recipient is assigned to them. PCPs must treat their assigned enrollees regardless of the possible or probable existence of third party insurance. The guidelines provided in the July 1997 Medicaid Bulletin article titled “Notice and billing procedures when Medicaid recipients have been in an accident” must be followed for filing claims. The PCP must not bill the Medicaid recipient.

Deborah Bowen, DMA Managed Care Section 919-857-4226
Attention: All Providers

Renovation of The MMIS System - ITME Project

The Division of Medical Assistance plans to upgrade and enhance the Medicaid Management Information System (MMIS).

Implementation Schedule

The system changes will be implemented in November 2000.

Provider Impact

Eligibility Verification System (EVS)

The format of information returned as a result of your EVS inquiry will change with ITME implementation. To allow time to modify your systems and lessen the impact to your business, please notify your Value Added Networks (VAN) contact now for information relating to the new format.

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

Attention: Hospital Providers and Physicians

Resident Supervision Requirements in Teaching Hospitals and Residency Programs

When providing care and billing the Medicaid program for services to patients, teaching physicians assume full responsibility for the health and safety of the patient. The teaching physician must continue to use the “immediately available” standard of supervision for services provided by the supervised resident physician and billed to the Medicaid program. The service rendered must be furnished under the supervisory physician’s overall direction and control but the supervisory physician’s presence is not required. The supervisory physician must have immediate availability via phone or page.

Direct supervision is defined as the physician being present in the site and immediately available to furnish assistance and direction throughout the performance of a procedure. It does not require that the physician be present in the room when the service is performed. The degree of direct supervision remains the responsibility of the teaching physician and is based on the skill level, experience and level of training of the resident, and the complexity and severity of the patient’s condition. Regardless of the type of supervision, written documentation in the medical record must clearly designate the supervising physician and must be signed by that physician.

Board certified or eligible physicians, with a valid North Carolina medical license and a current Medicaid provider number, may directly bill the Medicaid program for services provided while concurrently pursuing fellowship training or training in an additional specialty. Associated salary and other pertinent costs for that physician’s time must not also be included in the hospital cost reports submitted to federal or state programs.

EDS, 1-800-688-6696 or 919-851-8888
Attention: All Mental Health/Substance Abuse Providers

A New Health Benefit

This bulletin article is a follow-up to the article that was printed in the May 2000 Medicaid Bulletin. Effective July 1, 2000 a new preventive/early intervention mental health benefit will be available to approximately 400,000 state employees and teachers and 60,000 children enrolled in Health Choice. Medicaid will adopt this policy for recipients under the age of 21, which allows for 26 unmanaged visits in a calendar year.

Billing guidelines:

- Medicaid will pay for six unmanaged visits without a diagnosis of Mental Illness.
- The first two visits can be coded with ICD-9 CM code 799.9 (a non-specific code) and the following four visits can be “V” diagnosis codes or;
- The first visit can be coded with diagnosis 799.9 and the remaining five can be coded with “V” diagnosis codes.
- A specific diagnosis code should be used as soon as a diagnosis is established.
- This service coverage ends on the last date of the birthday month in which a recipient turns 21 years of age.

Prior approval:

- Prior approval may be requested after the 20th “unmanaged” psychiatric visit.
- Once prior approval has been granted, the recipient is not eligible for any additional “unmanaged” visits, regardless of the number previously reimbursed.
- The prior approval request form must include dates of service that the provider requesting prior approval has rendered treatment.
- If a recipient had outpatient psychiatric services by another provider, indicate the number of unmanaged visits used by this provider.
- A summary of progress obtained during the “unmanaged” visits must be included on the prior approval outpatient form (372-016) in blocks #11.
- **Prior approval must be obtained prior to the 27th visit.**
- Once prior approval has been granted, the recipient is not eligible for any additional “unmanaged” visits, regardless of the number previously reimbursed.

Prior approval is not required for Area Mental Health Centers. Please note that this process will replace the current policy of requesting prior approval after the 2nd visit for recipients under the age of 21. Prior approval forms can be obtained by calling Provider Services at EDS, 1-800-688-6696 or 919-851-8888.

Carolyn Wiser, DMA, 919-857-4025
Attention: All Providers

Preventive Medicine Services

The Preventive Medicine Services are Evaluation and Management visits which provide annual health assessments for eligible recipients age 21 and above. Effective July 1, 2000, these codes will replace the Adult Health Screening (Code W8001), with the expectation that it will prevent illness through early detection and treatment. The extent and focus of the services depend on the age of the individual.

Policies are unchanged for the Health Check Program (preventive services for recipients under the age of 21).

The Initial Preventive Medicine Evaluation and Management visits includes a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, new patient.

The Periodic Preventive Medicine re-evaluation and management of an individual includes a comprehensive history, comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, established patient.

Ancillary studies involving laboratory, radiology, and injectable medications are separately reimbursed.

This table contains the age restriction, and specific Medicaid guidelines for the Preventive codes.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>AGE</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>99385</td>
<td>Initial preventive medicine</td>
<td>21 through 39 years</td>
<td>Health Screening</td>
</tr>
<tr>
<td>99386</td>
<td>Initial preventive medicine</td>
<td>40 through 64 years</td>
<td>Health Screening</td>
</tr>
<tr>
<td>99387</td>
<td>Initial preventive medicine</td>
<td>65 years and over</td>
<td>Health Screening</td>
</tr>
<tr>
<td>99395</td>
<td>Periodic preventive medicine, established patient</td>
<td>21 through 39 years</td>
<td>Health Screening</td>
</tr>
<tr>
<td>99396</td>
<td>Periodic preventive medicine, established patient</td>
<td>40 through 64 years</td>
<td>Health Screening</td>
</tr>
<tr>
<td>99397</td>
<td>Periodic preventive medicine, established patient</td>
<td>65 years and over</td>
<td>Health Screening</td>
</tr>
</tbody>
</table>

The Preventive Medicine visits provide for annual health assessments for recipients age 21 and over.
- Only one visit per recipient per year (365 days) may be billed
- The ICD-9 diagnosis code V700 should be used
- The visit should be billed on the HCFA-1500 claim form
- Each additional service must be billed on a separate detail line of the claim form

EDS 1-800-688-6696 or 919-851-8888
Attention: All Physicians

Update to Injectable Drug List

Effective with date of service June 1, 2000, the following changes have been made to the list of injectable drugs. Please make these changes to the list published in the October 1999 Medicaid Bulletin.

New Codes:

<table>
<thead>
<tr>
<th>Old Code</th>
<th>Description</th>
<th>New Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>W5166</td>
<td>Camptosar 5cc</td>
<td>J9206</td>
<td>Irinotecan 20mg</td>
<td>$111.92</td>
</tr>
<tr>
<td>W5167</td>
<td>Doxil 10ml</td>
<td>J9001</td>
<td>Doxorubicin HCl liposone (Doxil) 10mg</td>
<td>$296.13</td>
</tr>
<tr>
<td>W5193</td>
<td>Valstar (Valrubicin) 800mg</td>
<td>J9357</td>
<td>Valstar (Valrubicin) 200mg</td>
<td>$402.06</td>
</tr>
<tr>
<td>W5194</td>
<td>Piperacillin Sodium (Pipracil) 4gm</td>
<td>J2543</td>
<td>Piperacillin Sodium (Pipracil) 1.125gm</td>
<td>$6.30</td>
</tr>
<tr>
<td>W5196</td>
<td>Infliximab (Remicade) 5mg</td>
<td>J1745</td>
<td>Infliximab (Remicade) 10 mg</td>
<td>$57.72</td>
</tr>
</tbody>
</table>

New Descriptions:

<table>
<thead>
<tr>
<th>Code</th>
<th>Old Description</th>
<th>New Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1260</td>
<td>Dolasetron Mesylate 1mg</td>
<td>Dolasetron Mesylate 10mg</td>
<td>$14.07</td>
</tr>
<tr>
<td>J1650</td>
<td>Emoxaparin Sodium (Lovenox) 30mg</td>
<td>Emoxaparin Sodium (Lovenox) 10mg</td>
<td>$1.68</td>
</tr>
</tbody>
</table>

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

Attention: Health Check Providers

Health Check Billing Guide Error

The CPT code for Pneumococcal vaccine printed on page six of the Health Check Billing Guide 2000 is incorrect. The correct CPT code is 90732 for this (UCVDP) Pneumococcal vaccine.

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

Monitored Anesthesia Care and Diagnosis Editing

The following procedures are subject to diagnosis editing when billed with modifier QS for Monitored Anesthesia Care (MAC). Documentation in medical records must support the diagnosis used.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10040</td>
<td>10060</td>
<td>10061</td>
<td>10080</td>
<td>10081</td>
<td>10120</td>
</tr>
<tr>
<td>10121</td>
<td>10140</td>
<td>10160</td>
<td>10180</td>
<td>11000</td>
<td>11001</td>
</tr>
<tr>
<td>11040</td>
<td>11041</td>
<td>11042</td>
<td>11043</td>
<td>11044</td>
<td>11100</td>
</tr>
<tr>
<td>11101</td>
<td>11200</td>
<td>11201</td>
<td>11462</td>
<td>11463</td>
<td>11470</td>
</tr>
<tr>
<td>11471</td>
<td>11600</td>
<td>11601</td>
<td>11602</td>
<td>11603</td>
<td>11604</td>
</tr>
<tr>
<td>11606</td>
<td>11740</td>
<td>11750</td>
<td>11752</td>
<td>11755</td>
<td>11760</td>
</tr>
<tr>
<td>11762</td>
<td>11770</td>
<td>11771</td>
<td>11772</td>
<td>11900</td>
<td>11901</td>
</tr>
<tr>
<td>11920</td>
<td>11950</td>
<td>11951</td>
<td>11952</td>
<td>11954</td>
<td>11960</td>
</tr>
<tr>
<td>11970</td>
<td>11971</td>
<td>11975</td>
<td>11976</td>
<td>12020</td>
<td>12021</td>
</tr>
<tr>
<td>13100</td>
<td>13101</td>
<td>13160</td>
<td>13300</td>
<td>14000</td>
<td>14001</td>
</tr>
<tr>
<td>14350</td>
<td>15050</td>
<td>15200</td>
<td>15201</td>
<td>15570</td>
<td>15600</td>
</tr>
<tr>
<td>15734</td>
<td>15738</td>
<td>15782</td>
<td>15792</td>
<td>15793</td>
<td>15819</td>
</tr>
<tr>
<td>15820</td>
<td>15821</td>
<td>15822</td>
<td>15823</td>
<td>15825</td>
<td>15832</td>
</tr>
<tr>
<td>15834</td>
<td>15835</td>
<td>15836</td>
<td>15837</td>
<td>15850</td>
<td>15851</td>
</tr>
<tr>
<td>15852</td>
<td>15879</td>
<td>15931</td>
<td>15934</td>
<td>15935</td>
<td>15936</td>
</tr>
<tr>
<td>15937</td>
<td>15940</td>
<td>15944</td>
<td>17010</td>
<td>17110</td>
<td>17250</td>
</tr>
<tr>
<td>17260</td>
<td>17261</td>
<td>17262</td>
<td>17263</td>
<td>17264</td>
<td>17266</td>
</tr>
<tr>
<td>19020</td>
<td>19100</td>
<td>19101</td>
<td>19110</td>
<td>19112</td>
<td>19120</td>
</tr>
<tr>
<td>19125</td>
<td>19126</td>
<td>19140</td>
<td>19160</td>
<td>19290</td>
<td>19291</td>
</tr>
<tr>
<td>20000</td>
<td>20005</td>
<td>20100</td>
<td>20101</td>
<td>20103</td>
<td>20200</td>
</tr>
<tr>
<td>20205</td>
<td>20501</td>
<td>20520</td>
<td>20525</td>
<td>20662</td>
<td>20663</td>
</tr>
<tr>
<td>20680</td>
<td>20690</td>
<td>20920</td>
<td>20922</td>
<td>20926</td>
<td>20950</td>
</tr>
<tr>
<td>21084</td>
<td>21085</td>
<td>21088</td>
<td>21493</td>
<td>21494</td>
<td>21495</td>
</tr>
<tr>
<td>21497</td>
<td>21501</td>
<td>21550</td>
<td>21555</td>
<td>21556</td>
<td>21700</td>
</tr>
<tr>
<td>21720</td>
<td>21725</td>
<td>21920</td>
<td>23930</td>
<td>24065</td>
<td>24075</td>
</tr>
<tr>
<td>24200</td>
<td>24615</td>
<td>25065</td>
<td>25075</td>
<td>25500</td>
<td>25505</td>
</tr>
<tr>
<td>25600</td>
<td>25605</td>
<td>25611</td>
<td>26011</td>
<td>26596</td>
<td>26990</td>
</tr>
<tr>
<td>26991</td>
<td>27040</td>
<td>27041</td>
<td>27047</td>
<td>27370</td>
<td>29000</td>
</tr>
<tr>
<td>29010</td>
<td>29015</td>
<td>29020</td>
<td>29025</td>
<td>29035</td>
<td>29040</td>
</tr>
<tr>
<td>29044</td>
<td>29046</td>
<td>29049</td>
<td>29055</td>
<td>29058</td>
<td>29065</td>
</tr>
<tr>
<td>29075</td>
<td>29085</td>
<td>29105</td>
<td>29125</td>
<td>29126</td>
<td>29130</td>
</tr>
<tr>
<td>29131</td>
<td>29260</td>
<td>29345</td>
<td>29355</td>
<td>29358</td>
<td>29365</td>
</tr>
<tr>
<td>29405</td>
<td>29425</td>
<td>29435</td>
<td>29445</td>
<td>29450</td>
<td>29505</td>
</tr>
<tr>
<td>29515</td>
<td>29700</td>
<td>29705</td>
<td>29715</td>
<td>29720</td>
<td>29730</td>
</tr>
<tr>
<td>29740</td>
<td>30000</td>
<td>30020</td>
<td>30100</td>
<td>30110</td>
<td>30115</td>
</tr>
<tr>
<td>30117</td>
<td>30118</td>
<td>30120</td>
<td>30124</td>
<td>30125</td>
<td>30130</td>
</tr>
<tr>
<td>30140</td>
<td>30300</td>
<td>30310</td>
<td>30320</td>
<td>30400</td>
<td>30410</td>
</tr>
<tr>
<td>30420</td>
<td>30430</td>
<td>30435</td>
<td>30450</td>
<td>30460</td>
<td>30462</td>
</tr>
<tr>
<td>30520</td>
<td>30540</td>
<td>30545</td>
<td>30560</td>
<td>30580</td>
<td>30600</td>
</tr>
<tr>
<td>30620</td>
<td>30630</td>
<td>30801</td>
<td>30901</td>
<td>30903</td>
<td>30905</td>
</tr>
<tr>
<td>30906</td>
<td>30915</td>
<td>30920</td>
<td>31000</td>
<td>31002</td>
<td>31020</td>
</tr>
<tr>
<td>31646</td>
<td>32940</td>
<td>33206</td>
<td>33207</td>
<td>33208</td>
<td>33210</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>33211</td>
<td>33214</td>
<td>33216</td>
<td>33217</td>
<td>33218</td>
<td>33222</td>
</tr>
<tr>
<td>33223</td>
<td>35450</td>
<td>35454</td>
<td>35460</td>
<td>35470</td>
<td>35471</td>
</tr>
<tr>
<td>35472</td>
<td>35473</td>
<td>35474</td>
<td>35475</td>
<td>35476</td>
<td>36000</td>
</tr>
<tr>
<td>36005</td>
<td>36010</td>
<td>36100</td>
<td>36215</td>
<td>36245</td>
<td>36800</td>
</tr>
<tr>
<td>37620</td>
<td>37788</td>
<td>37790</td>
<td>38200</td>
<td>38500</td>
<td>38505</td>
</tr>
<tr>
<td>38530</td>
<td>38760</td>
<td>40800</td>
<td>40801</td>
<td>40804</td>
<td>40805</td>
</tr>
<tr>
<td>40808</td>
<td>40810</td>
<td>40812</td>
<td>40814</td>
<td>40816</td>
<td>40818</td>
</tr>
<tr>
<td>40820</td>
<td>40830</td>
<td>40831</td>
<td>40840</td>
<td>40842</td>
<td>40843</td>
</tr>
<tr>
<td>40844</td>
<td>40845</td>
<td>41000</td>
<td>41005</td>
<td>41006</td>
<td>41007</td>
</tr>
<tr>
<td>41008</td>
<td>41009</td>
<td>41010</td>
<td>41015</td>
<td>41016</td>
<td>41017</td>
</tr>
<tr>
<td>41018</td>
<td>41100</td>
<td>41105</td>
<td>41108</td>
<td>41110</td>
<td>41112</td>
</tr>
<tr>
<td>41113</td>
<td>41114</td>
<td>41115</td>
<td>41116</td>
<td>41120</td>
<td>41130</td>
</tr>
<tr>
<td>41135</td>
<td>41140</td>
<td>41145</td>
<td>41150</td>
<td>41153</td>
<td>41155</td>
</tr>
<tr>
<td>41250</td>
<td>41251</td>
<td>41252</td>
<td>41500</td>
<td>41510</td>
<td>41520</td>
</tr>
<tr>
<td>41800</td>
<td>41805</td>
<td>41806</td>
<td>41820</td>
<td>41821</td>
<td>41822</td>
</tr>
<tr>
<td>41823</td>
<td>41825</td>
<td>41826</td>
<td>41827</td>
<td>41828</td>
<td>41830</td>
</tr>
<tr>
<td>41850</td>
<td>41870</td>
<td>41872</td>
<td>41874</td>
<td>42000</td>
<td>42100</td>
</tr>
<tr>
<td>42104</td>
<td>42106</td>
<td>42107</td>
<td>42120</td>
<td>42140</td>
<td>42145</td>
</tr>
<tr>
<td>42160</td>
<td>42180</td>
<td>42182</td>
<td>42200</td>
<td>42205</td>
<td>42210</td>
</tr>
<tr>
<td>42215</td>
<td>42220</td>
<td>42225</td>
<td>42226</td>
<td>42227</td>
<td>42235</td>
</tr>
<tr>
<td>42260</td>
<td>42415</td>
<td>42440</td>
<td>42450</td>
<td>42500</td>
<td>42505</td>
</tr>
<tr>
<td>42665</td>
<td>42700</td>
<td>42720</td>
<td>42800</td>
<td>42802</td>
<td>42804</td>
</tr>
<tr>
<td>42806</td>
<td>42808</td>
<td>42809</td>
<td>42810</td>
<td>42815</td>
<td>42820</td>
</tr>
<tr>
<td>42821</td>
<td>42825</td>
<td>42826</td>
<td>42830</td>
<td>42831</td>
<td>42835</td>
</tr>
<tr>
<td>42836</td>
<td>42842</td>
<td>42844</td>
<td>42845</td>
<td>42860</td>
<td>42870</td>
</tr>
<tr>
<td>42880</td>
<td>42890</td>
<td>42892</td>
<td>42894</td>
<td>42900</td>
<td>42950</td>
</tr>
<tr>
<td>42953</td>
<td>42955</td>
<td>42960</td>
<td>42961</td>
<td>42962</td>
<td>42970</td>
</tr>
<tr>
<td>42971</td>
<td>42972</td>
<td>43200</td>
<td>43202</td>
<td>43204</td>
<td>43205</td>
</tr>
<tr>
<td>43215</td>
<td>43216</td>
<td>43217</td>
<td>43219</td>
<td>43220</td>
<td>43226</td>
</tr>
<tr>
<td>43227</td>
<td>43228</td>
<td>43235</td>
<td>43239</td>
<td>43241</td>
<td>43243</td>
</tr>
<tr>
<td>43244</td>
<td>43245</td>
<td>43246</td>
<td>43247</td>
<td>43248</td>
<td>43249</td>
</tr>
<tr>
<td>43250</td>
<td>43251</td>
<td>43255</td>
<td>43258</td>
<td>43259</td>
<td>43260</td>
</tr>
<tr>
<td>43261</td>
<td>43262</td>
<td>43263</td>
<td>43264</td>
<td>43265</td>
<td>43267</td>
</tr>
<tr>
<td>43268</td>
<td>43269</td>
<td>43271</td>
<td>43272</td>
<td>43760</td>
<td>44360</td>
</tr>
<tr>
<td>44361</td>
<td>44363</td>
<td>44364</td>
<td>44365</td>
<td>44366</td>
<td>44369</td>
</tr>
<tr>
<td>44372</td>
<td>44373</td>
<td>44376</td>
<td>44377</td>
<td>44378</td>
<td>44380</td>
</tr>
<tr>
<td>44382</td>
<td>44385</td>
<td>44386</td>
<td>44388</td>
<td>44389</td>
<td>44391</td>
</tr>
<tr>
<td>44392</td>
<td>44393</td>
<td>45355</td>
<td>47000</td>
<td>47001</td>
<td>47550</td>
</tr>
<tr>
<td>47552</td>
<td>47553</td>
<td>47554</td>
<td>47555</td>
<td>47556</td>
<td>55450</td>
</tr>
<tr>
<td>56350</td>
<td>59000</td>
<td>60000</td>
<td>60001</td>
<td>60200</td>
<td>60281</td>
</tr>
<tr>
<td>62284</td>
<td>62290</td>
<td>62291</td>
<td>63685</td>
<td>63688</td>
<td>64590</td>
</tr>
<tr>
<td>64595</td>
<td>64746</td>
<td>64786</td>
<td>64858</td>
<td>65091</td>
<td>65101</td>
</tr>
<tr>
<td>65110</td>
<td>65112</td>
<td>65114</td>
<td>65205</td>
<td>65210</td>
<td>65220</td>
</tr>
<tr>
<td>65222</td>
<td>65235</td>
<td>65260</td>
<td>65265</td>
<td>65270</td>
<td>65272</td>
</tr>
<tr>
<td>65273</td>
<td>65275</td>
<td>65280</td>
<td>65285</td>
<td>65286</td>
<td>65290</td>
</tr>
<tr>
<td>65400</td>
<td>65410</td>
<td>65420</td>
<td>65426</td>
<td>65430</td>
<td>65435</td>
</tr>
<tr>
<td>65436</td>
<td>65450</td>
<td>65600</td>
<td>65710</td>
<td>65730</td>
<td>65750</td>
</tr>
<tr>
<td>65755</td>
<td>65760</td>
<td>65765</td>
<td>65767</td>
<td>65770</td>
<td>65772</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>65775</td>
<td>65800</td>
<td>65805</td>
<td>65810</td>
<td>65850</td>
<td>65855</td>
</tr>
<tr>
<td>65860</td>
<td>65865</td>
<td>65870</td>
<td>65875</td>
<td>65880</td>
<td>65900</td>
</tr>
<tr>
<td>65920</td>
<td>65930</td>
<td>66020</td>
<td>66030</td>
<td>66130</td>
<td>66150</td>
</tr>
<tr>
<td>66155</td>
<td>66160</td>
<td>66165</td>
<td>66170</td>
<td>66172</td>
<td>66180</td>
</tr>
<tr>
<td>66185</td>
<td>66220</td>
<td>66225</td>
<td>66250</td>
<td>66500</td>
<td>66505</td>
</tr>
<tr>
<td>66600</td>
<td>66605</td>
<td>66625</td>
<td>66630</td>
<td>66635</td>
<td>66680</td>
</tr>
<tr>
<td>66682</td>
<td>66700</td>
<td>66710</td>
<td>66720</td>
<td>66740</td>
<td>66761</td>
</tr>
<tr>
<td>66762</td>
<td>66770</td>
<td>66820</td>
<td>66821</td>
<td>66825</td>
<td>66830</td>
</tr>
<tr>
<td>66840</td>
<td>66850</td>
<td>66852</td>
<td>66920</td>
<td>66930</td>
<td>66940</td>
</tr>
<tr>
<td>66983</td>
<td>66984</td>
<td>66985</td>
<td>66986</td>
<td>67005</td>
<td>67010</td>
</tr>
<tr>
<td>67015</td>
<td>67025</td>
<td>67028</td>
<td>67030</td>
<td>67031</td>
<td>67036</td>
</tr>
<tr>
<td>67038</td>
<td>67039</td>
<td>67040</td>
<td>67101</td>
<td>67105</td>
<td>67107</td>
</tr>
<tr>
<td>67108</td>
<td>67110</td>
<td>67112</td>
<td>67115</td>
<td>67120</td>
<td>67121</td>
</tr>
<tr>
<td>67141</td>
<td>67145</td>
<td>67208</td>
<td>67210</td>
<td>67218</td>
<td>67227</td>
</tr>
<tr>
<td>67228</td>
<td>67250</td>
<td>67255</td>
<td>67311</td>
<td>67312</td>
<td>67314</td>
</tr>
<tr>
<td>67316</td>
<td>67318</td>
<td>67320</td>
<td>67331</td>
<td>67332</td>
<td>67334</td>
</tr>
<tr>
<td>67335</td>
<td>67340</td>
<td>67343</td>
<td>67345</td>
<td>67350</td>
<td>67400</td>
</tr>
<tr>
<td>67405</td>
<td>67412</td>
<td>67413</td>
<td>67414</td>
<td>67415</td>
<td>67420</td>
</tr>
<tr>
<td>67430</td>
<td>67440</td>
<td>67445</td>
<td>67450</td>
<td>67500</td>
<td>67505</td>
</tr>
<tr>
<td>67515</td>
<td>67570</td>
<td>67700</td>
<td>67710</td>
<td>67715</td>
<td>67800</td>
</tr>
<tr>
<td>67801</td>
<td>67805</td>
<td>67808</td>
<td>67810</td>
<td>67820</td>
<td>67825</td>
</tr>
<tr>
<td>67830</td>
<td>67835</td>
<td>67840</td>
<td>67850</td>
<td>67880</td>
<td>67882</td>
</tr>
<tr>
<td>67901</td>
<td>67902</td>
<td>67903</td>
<td>67904</td>
<td>67906</td>
<td>67908</td>
</tr>
<tr>
<td>67909</td>
<td>67911</td>
<td>67914</td>
<td>67915</td>
<td>67916</td>
<td>67917</td>
</tr>
<tr>
<td>67921</td>
<td>67922</td>
<td>67923</td>
<td>67924</td>
<td>67930</td>
<td>67935</td>
</tr>
<tr>
<td>67938</td>
<td>67950</td>
<td>67961</td>
<td>67966</td>
<td>67971</td>
<td>67973</td>
</tr>
<tr>
<td>67974</td>
<td>67975</td>
<td>68020</td>
<td>68040</td>
<td>68100</td>
<td>68110</td>
</tr>
<tr>
<td>68115</td>
<td>68130</td>
<td>68135</td>
<td>68200</td>
<td>68320</td>
<td>68325</td>
</tr>
<tr>
<td>68326</td>
<td>68328</td>
<td>68330</td>
<td>68335</td>
<td>68340</td>
<td>68360</td>
</tr>
<tr>
<td>68362</td>
<td>68400</td>
<td>68420</td>
<td>68440</td>
<td>68500</td>
<td>68505</td>
</tr>
<tr>
<td>68510</td>
<td>68520</td>
<td>68525</td>
<td>68530</td>
<td>68540</td>
<td>68550</td>
</tr>
<tr>
<td>68700</td>
<td>68705</td>
<td>68720</td>
<td>68745</td>
<td>68750</td>
<td>68760</td>
</tr>
<tr>
<td>68761</td>
<td>68770</td>
<td>68800</td>
<td>68820</td>
<td>68825</td>
<td>68830</td>
</tr>
<tr>
<td>68840</td>
<td>68850</td>
<td>69205</td>
<td>69210</td>
<td>70010</td>
<td>70015</td>
</tr>
<tr>
<td>70030</td>
<td>70100</td>
<td>70110</td>
<td>70120</td>
<td>70130</td>
<td>70134</td>
</tr>
<tr>
<td>70140</td>
<td>70150</td>
<td>70160</td>
<td>70170</td>
<td>70190</td>
<td>70200</td>
</tr>
<tr>
<td>70210</td>
<td>70220</td>
<td>70240</td>
<td>70250</td>
<td>70260</td>
<td>70300</td>
</tr>
<tr>
<td>70310</td>
<td>70320</td>
<td>70328</td>
<td>70330</td>
<td>70332</td>
<td>70336</td>
</tr>
<tr>
<td>70350</td>
<td>70355</td>
<td>70360</td>
<td>70370</td>
<td>70373</td>
<td>70380</td>
</tr>
<tr>
<td>70390</td>
<td>70450</td>
<td>70460</td>
<td>70470</td>
<td>70480</td>
<td>70481</td>
</tr>
<tr>
<td>70482</td>
<td>70486</td>
<td>70487</td>
<td>70488</td>
<td>70490</td>
<td>70491</td>
</tr>
<tr>
<td>70492</td>
<td>70540</td>
<td>70541</td>
<td>70551</td>
<td>70552</td>
<td>70553</td>
</tr>
<tr>
<td>71010</td>
<td>71015</td>
<td>71020</td>
<td>71021</td>
<td>71022</td>
<td>71023</td>
</tr>
<tr>
<td>71030</td>
<td>71034</td>
<td>71035</td>
<td>71036</td>
<td>71038</td>
<td>71040</td>
</tr>
<tr>
<td>71060</td>
<td>71090</td>
<td>71100</td>
<td>71101</td>
<td>71110</td>
<td>71111</td>
</tr>
<tr>
<td>71120</td>
<td>71130</td>
<td>71250</td>
<td>71260</td>
<td>71270</td>
<td>71550</td>
</tr>
<tr>
<td>72010</td>
<td>72020</td>
<td>72040</td>
<td>72050</td>
<td>72052</td>
<td>72069</td>
</tr>
<tr>
<td>72070</td>
<td>72072</td>
<td>72074</td>
<td>72080</td>
<td>72090</td>
<td>72100</td>
</tr>
<tr>
<td>72110</td>
<td>72114</td>
<td>72120</td>
<td>72125</td>
<td>72126</td>
<td>72127</td>
</tr>
<tr>
<td>72128</td>
<td>72129</td>
<td>72130</td>
<td>72131</td>
<td>72132</td>
<td>72133</td>
</tr>
<tr>
<td>72141</td>
<td>72142</td>
<td>72146</td>
<td>72147</td>
<td>72148</td>
<td>72149</td>
</tr>
<tr>
<td>72156</td>
<td>72157</td>
<td>72158</td>
<td>72170</td>
<td>72190</td>
<td>72192</td>
</tr>
<tr>
<td>72193</td>
<td>72194</td>
<td>72196</td>
<td>72200</td>
<td>72202</td>
<td>72220</td>
</tr>
<tr>
<td>72240</td>
<td>72255</td>
<td>72265</td>
<td>72270</td>
<td>72285</td>
<td>72295</td>
</tr>
<tr>
<td>73000</td>
<td>73010</td>
<td>73020</td>
<td>73030</td>
<td>73040</td>
<td>73050</td>
</tr>
<tr>
<td>73060</td>
<td>73070</td>
<td>73080</td>
<td>73085</td>
<td>73090</td>
<td>73092</td>
</tr>
<tr>
<td>73100</td>
<td>73110</td>
<td>73115</td>
<td>73120</td>
<td>73130</td>
<td>73140</td>
</tr>
<tr>
<td>73200</td>
<td>73201</td>
<td>73202</td>
<td>73220</td>
<td>73221</td>
<td>73500</td>
</tr>
<tr>
<td>73510</td>
<td>73520</td>
<td>73525</td>
<td>73530</td>
<td>73540</td>
<td>73550</td>
</tr>
<tr>
<td>73560</td>
<td>73562</td>
<td>73564</td>
<td>73565</td>
<td>73580</td>
<td>73590</td>
</tr>
<tr>
<td>73592</td>
<td>73600</td>
<td>73610</td>
<td>73615</td>
<td>73620</td>
<td>73630</td>
</tr>
<tr>
<td>73650</td>
<td>73660</td>
<td>73700</td>
<td>73701</td>
<td>73702</td>
<td>73720</td>
</tr>
<tr>
<td>73721</td>
<td>73725</td>
<td>74000</td>
<td>74010</td>
<td>74020</td>
<td>74022</td>
</tr>
<tr>
<td>74150</td>
<td>74160</td>
<td>74170</td>
<td>74181</td>
<td>74190</td>
<td>74210</td>
</tr>
<tr>
<td>74220</td>
<td>74230</td>
<td>74235</td>
<td>74240</td>
<td>74241</td>
<td>74245</td>
</tr>
<tr>
<td>74246</td>
<td>74247</td>
<td>74249</td>
<td>74250</td>
<td>74251</td>
<td>74260</td>
</tr>
<tr>
<td>74270</td>
<td>74280</td>
<td>74283</td>
<td>74290</td>
<td>74291</td>
<td>74300</td>
</tr>
<tr>
<td>74301</td>
<td>74305</td>
<td>74320</td>
<td>74327</td>
<td>74328</td>
<td>74329</td>
</tr>
<tr>
<td>74330</td>
<td>74340</td>
<td>74350</td>
<td>74355</td>
<td>74360</td>
<td>74400</td>
</tr>
<tr>
<td>74405</td>
<td>74410</td>
<td>74415</td>
<td>74420</td>
<td>74425</td>
<td>74430</td>
</tr>
<tr>
<td>74440</td>
<td>74445</td>
<td>74450</td>
<td>74455</td>
<td>74470</td>
<td>74475</td>
</tr>
<tr>
<td>74480</td>
<td>74485</td>
<td>74710</td>
<td>74740</td>
<td>74775</td>
<td>75552</td>
</tr>
<tr>
<td>75553</td>
<td>75554</td>
<td>75555</td>
<td>75556</td>
<td>75600</td>
<td>75605</td>
</tr>
<tr>
<td>75625</td>
<td>75630</td>
<td>75650</td>
<td>75658</td>
<td>75660</td>
<td>75662</td>
</tr>
<tr>
<td>75665</td>
<td>75671</td>
<td>75676</td>
<td>75680</td>
<td>75685</td>
<td>75705</td>
</tr>
<tr>
<td>75710</td>
<td>75716</td>
<td>75722</td>
<td>75724</td>
<td>75726</td>
<td>75731</td>
</tr>
<tr>
<td>75733</td>
<td>75736</td>
<td>75741</td>
<td>75743</td>
<td>75746</td>
<td>75756</td>
</tr>
<tr>
<td>75774</td>
<td>75790</td>
<td>75801</td>
<td>75803</td>
<td>75805</td>
<td>75807</td>
</tr>
<tr>
<td>75809</td>
<td>75810</td>
<td>75820</td>
<td>75822</td>
<td>75825</td>
<td>75827</td>
</tr>
<tr>
<td>75831</td>
<td>75833</td>
<td>75840</td>
<td>75842</td>
<td>75860</td>
<td>75870</td>
</tr>
<tr>
<td>75872</td>
<td>75880</td>
<td>75885</td>
<td>75887</td>
<td>75889</td>
<td>75891</td>
</tr>
<tr>
<td>75893</td>
<td>75894</td>
<td>75896</td>
<td>75898</td>
<td>75900</td>
<td>75940</td>
</tr>
<tr>
<td>75960</td>
<td>75961</td>
<td>75962</td>
<td>75964</td>
<td>75966</td>
<td>75968</td>
</tr>
<tr>
<td>75970</td>
<td>75978</td>
<td>75980</td>
<td>75982</td>
<td>75984</td>
<td>75989</td>
</tr>
<tr>
<td>75992</td>
<td>75993</td>
<td>75994</td>
<td>75995</td>
<td>75996</td>
<td>76000</td>
</tr>
<tr>
<td>76001</td>
<td>76003</td>
<td>76010</td>
<td>76020</td>
<td>76040</td>
<td>76061</td>
</tr>
<tr>
<td>76062</td>
<td>76065</td>
<td>76066</td>
<td>76070</td>
<td>76075</td>
<td>76080</td>
</tr>
<tr>
<td>76086</td>
<td>76088</td>
<td>76090</td>
<td>76091</td>
<td>76092</td>
<td>76093</td>
</tr>
<tr>
<td>76094</td>
<td>76095</td>
<td>76096</td>
<td>76098</td>
<td>76100</td>
<td>76101</td>
</tr>
<tr>
<td>76102</td>
<td>76120</td>
<td>76125</td>
<td>76140</td>
<td>76150</td>
<td>76350</td>
</tr>
<tr>
<td>76355</td>
<td>76360</td>
<td>76365</td>
<td>76370</td>
<td>76375</td>
<td>76380</td>
</tr>
<tr>
<td>76400</td>
<td>76506</td>
<td>76511</td>
<td>76512</td>
<td>76513</td>
<td>76516</td>
</tr>
<tr>
<td>76519</td>
<td>76529</td>
<td>76536</td>
<td>76604</td>
<td>76645</td>
<td>76700</td>
</tr>
<tr>
<td>76705</td>
<td>76770</td>
<td>76775</td>
<td>76778</td>
<td>76800</td>
<td>76805</td>
</tr>
<tr>
<td>76810</td>
<td>76815</td>
<td>76816</td>
<td>76818</td>
<td>76825</td>
<td>76826</td>
</tr>
<tr>
<td>76827</td>
<td>76828</td>
<td>76830</td>
<td>76856</td>
<td>76857</td>
<td>76870</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>76872</td>
<td>76880</td>
<td>76930</td>
<td>76932</td>
<td>76934</td>
<td>76936</td>
</tr>
<tr>
<td>76938</td>
<td>76941</td>
<td>76942</td>
<td>76945</td>
<td>76946</td>
<td>76950</td>
</tr>
<tr>
<td>76960</td>
<td>76965</td>
<td>76970</td>
<td>76975</td>
<td>76986</td>
<td>77261</td>
</tr>
<tr>
<td>77262</td>
<td>77263</td>
<td>77280</td>
<td>77285</td>
<td>77290</td>
<td>77295</td>
</tr>
<tr>
<td>77300</td>
<td>77305</td>
<td>77310</td>
<td>77315</td>
<td>77321</td>
<td>77326</td>
</tr>
<tr>
<td>77327</td>
<td>77328</td>
<td>77331</td>
<td>77332</td>
<td>77333</td>
<td>77334</td>
</tr>
<tr>
<td>77336</td>
<td>77370</td>
<td>77401</td>
<td>77402</td>
<td>77403</td>
<td>77404</td>
</tr>
<tr>
<td>77406</td>
<td>77407</td>
<td>77408</td>
<td>77409</td>
<td>77411</td>
<td>77412</td>
</tr>
<tr>
<td>77413</td>
<td>77414</td>
<td>77416</td>
<td>77417</td>
<td>77419</td>
<td>77420</td>
</tr>
<tr>
<td>77425</td>
<td>77430</td>
<td>77431</td>
<td>77432</td>
<td>77470</td>
<td>77600</td>
</tr>
<tr>
<td>77605</td>
<td>77610</td>
<td>77615</td>
<td>77620</td>
<td>77750</td>
<td>77761</td>
</tr>
<tr>
<td>77762</td>
<td>77763</td>
<td>77776</td>
<td>77777</td>
<td>77778</td>
<td>77781</td>
</tr>
<tr>
<td>77782</td>
<td>77783</td>
<td>77784</td>
<td>77789</td>
<td>77790</td>
<td>78000</td>
</tr>
<tr>
<td>78001</td>
<td>78003</td>
<td>78006</td>
<td>78007</td>
<td>78010</td>
<td>78011</td>
</tr>
<tr>
<td>78015</td>
<td>78016</td>
<td>78017</td>
<td>78018</td>
<td>78070</td>
<td>78075</td>
</tr>
<tr>
<td>78102</td>
<td>78103</td>
<td>78104</td>
<td>78110</td>
<td>78111</td>
<td>78120</td>
</tr>
<tr>
<td>78121</td>
<td>78122</td>
<td>78130</td>
<td>78135</td>
<td>78140</td>
<td>78160</td>
</tr>
<tr>
<td>78162</td>
<td>78170</td>
<td>78172</td>
<td>78185</td>
<td>78190</td>
<td>78191</td>
</tr>
<tr>
<td>78195</td>
<td>78201</td>
<td>78202</td>
<td>78205</td>
<td>78215</td>
<td>78216</td>
</tr>
<tr>
<td>78220</td>
<td>78223</td>
<td>78230</td>
<td>78231</td>
<td>78232</td>
<td>78258</td>
</tr>
<tr>
<td>78261</td>
<td>78262</td>
<td>78264</td>
<td>78270</td>
<td>78271</td>
<td>78272</td>
</tr>
<tr>
<td>78278</td>
<td>78282</td>
<td>78290</td>
<td>78291</td>
<td>78300</td>
<td>78305</td>
</tr>
<tr>
<td>78306</td>
<td>78315</td>
<td>78320</td>
<td>78350</td>
<td>78351</td>
<td>78414</td>
</tr>
<tr>
<td>78428</td>
<td>78445</td>
<td>78455</td>
<td>78457</td>
<td>78458</td>
<td>78460</td>
</tr>
<tr>
<td>78461</td>
<td>78464</td>
<td>78465</td>
<td>78466</td>
<td>78468</td>
<td>78469</td>
</tr>
<tr>
<td>78472</td>
<td>78473</td>
<td>78478</td>
<td>78480</td>
<td>78481</td>
<td>78483</td>
</tr>
<tr>
<td>78580</td>
<td>78584</td>
<td>78585</td>
<td>78586</td>
<td>78587</td>
<td>78591</td>
</tr>
<tr>
<td>78593</td>
<td>78594</td>
<td>78596</td>
<td>78600</td>
<td>78601</td>
<td>78605</td>
</tr>
<tr>
<td>78606</td>
<td>78607</td>
<td>78610</td>
<td>78615</td>
<td>78630</td>
<td>78635</td>
</tr>
<tr>
<td>78645</td>
<td>78647</td>
<td>78650</td>
<td>78660</td>
<td>78700</td>
<td>78701</td>
</tr>
<tr>
<td>78704</td>
<td>78707</td>
<td>78710</td>
<td>78715</td>
<td>78725</td>
<td>78727</td>
</tr>
<tr>
<td>78730</td>
<td>78740</td>
<td>78760</td>
<td>78761</td>
<td>78800</td>
<td>78801</td>
</tr>
<tr>
<td>78802</td>
<td>78803</td>
<td>78805</td>
<td>78806</td>
<td>78807</td>
<td>78890</td>
</tr>
<tr>
<td>78891</td>
<td>78990</td>
<td>79000</td>
<td>79001</td>
<td>79020</td>
<td>79030</td>
</tr>
<tr>
<td>79035</td>
<td>79100</td>
<td>79200</td>
<td>79300</td>
<td>79400</td>
<td>79420</td>
</tr>
<tr>
<td>79440</td>
<td>79900</td>
<td>92018</td>
<td>92019</td>
<td>92235</td>
<td>92265</td>
</tr>
<tr>
<td>92270</td>
<td>92275</td>
<td>92283</td>
<td>92284</td>
<td>92499</td>
<td>92516</td>
</tr>
<tr>
<td>92531</td>
<td>92532</td>
<td>92541</td>
<td>92542</td>
<td>92543</td>
<td>92544</td>
</tr>
<tr>
<td>92545</td>
<td>92953</td>
<td>92960</td>
<td>92975</td>
<td>92977</td>
<td>92980</td>
</tr>
<tr>
<td>92981</td>
<td>92982</td>
<td>92984</td>
<td>92995</td>
<td>92996</td>
<td>93307</td>
</tr>
<tr>
<td>93308</td>
<td>93312</td>
<td>93313</td>
<td>93314</td>
<td>93320</td>
<td>93321</td>
</tr>
<tr>
<td>93325</td>
<td>93350</td>
<td>93501</td>
<td>93505</td>
<td>93510</td>
<td>93511</td>
</tr>
<tr>
<td>93514</td>
<td>93524</td>
<td>93526</td>
<td>93527</td>
<td>93528</td>
<td>93529</td>
</tr>
<tr>
<td>93536</td>
<td>93539</td>
<td>93540</td>
<td>93541</td>
<td>93542</td>
<td>93543</td>
</tr>
<tr>
<td>93544</td>
<td>93545</td>
<td>93555</td>
<td>93556</td>
<td>93561</td>
<td>93660</td>
</tr>
<tr>
<td>93720</td>
<td>93721</td>
<td>93722</td>
<td>93724</td>
<td>93731</td>
<td>93732</td>
</tr>
<tr>
<td>93734</td>
<td>93735</td>
<td>93737</td>
<td>93738</td>
<td>93880</td>
<td>93882</td>
</tr>
</tbody>
</table>
### Diagnosis Codes Required for Global Monitored Anesthesia:

<table>
<thead>
<tr>
<th>V440</th>
<th>V540</th>
<th>038.0-038.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>185</td>
<td>216.0-216.8</td>
<td>242.00-242.01</td>
</tr>
<tr>
<td>242.10-242.11</td>
<td>242.20-242.21</td>
<td>242.30-242.31</td>
</tr>
<tr>
<td>243</td>
<td>244-244.9</td>
<td>250.00-250.03</td>
</tr>
<tr>
<td>250.10-250.13</td>
<td>250.20-250.23</td>
<td>250.30-250.33</td>
</tr>
<tr>
<td>250.40-250.43</td>
<td>250.50-250.53</td>
<td>250.60-250.63</td>
</tr>
<tr>
<td>250.70-250.73</td>
<td>250.80-250.83</td>
<td>250.90-250.93</td>
</tr>
<tr>
<td>251.0-251.9</td>
<td>252.0-252.9</td>
<td>253.0-253.9</td>
</tr>
<tr>
<td>254.0-255.9</td>
<td>263.0</td>
<td>276.0-276.9</td>
</tr>
<tr>
<td>278.01</td>
<td>290.0-294.9</td>
<td>295.00-295.04</td>
</tr>
<tr>
<td>295.10-295.14</td>
<td>295.20-295.24</td>
<td>295.30-295.34</td>
</tr>
<tr>
<td>295.40-295.44</td>
<td>295.50-295.54</td>
<td>295.60-295.64</td>
</tr>
<tr>
<td>295.70-295.74</td>
<td>295.80-295.84</td>
<td>295.90-295.94</td>
</tr>
<tr>
<td>296.00-296.05</td>
<td>296.10-296.15</td>
<td>296.20-296.25</td>
</tr>
<tr>
<td>296.30-296.35</td>
<td>296.40-296.45</td>
<td>296.50-296.55</td>
</tr>
<tr>
<td>296.60-296.65</td>
<td>296.7</td>
<td>296.80-296.89</td>
</tr>
<tr>
<td>296.90-296.99</td>
<td>297.0-297.9</td>
<td>298.0-298.9</td>
</tr>
<tr>
<td>299.00-299.01</td>
<td>299.10-299.11</td>
<td>299.80-299.81</td>
</tr>
<tr>
<td>299.90-299.91</td>
<td>300.00-300.10</td>
<td>300.20-300.21</td>
</tr>
<tr>
<td>300.29</td>
<td>304.0-304.9</td>
<td>305.00-305.02</td>
</tr>
<tr>
<td>305.20-305.22</td>
<td>305.30-305.32</td>
<td>305.40-305.42</td>
</tr>
<tr>
<td>305.50-305.52</td>
<td>305.60-305.62</td>
<td>305.70-305.72</td>
</tr>
<tr>
<td>305.80-305.82</td>
<td>324.0</td>
<td>331.0</td>
</tr>
<tr>
<td>345.00-345.01</td>
<td>345.10-345.11</td>
<td>345.2</td>
</tr>
<tr>
<td>345.3</td>
<td>345.40-345.41</td>
<td>345.50-345.51</td>
</tr>
<tr>
<td>345.60-345.61</td>
<td>345.70-345.71</td>
<td>345.80-345.81</td>
</tr>
<tr>
<td>345.90-345.91</td>
<td>361.89</td>
<td>362.56</td>
</tr>
<tr>
<td>391.0-391.2</td>
<td>394.0-397.9</td>
<td>401.0</td>
</tr>
<tr>
<td>402.00-402.01</td>
<td>402.10-402.11</td>
<td>402.90-402.91</td>
</tr>
<tr>
<td>404.00-404.03</td>
<td>404.11-404.13</td>
<td>404.91-404.93</td>
</tr>
<tr>
<td>405.01-405.91</td>
<td>410.00-410.02</td>
<td>410.10-410.12</td>
</tr>
<tr>
<td>410.20-410.22</td>
<td>410.30-410.32</td>
<td>410.40-410.42</td>
</tr>
<tr>
<td>410.50-410.52</td>
<td>410.60-410.62</td>
<td>410.70-410.72</td>
</tr>
<tr>
<td>410.80-410.82</td>
<td>410.90-410.92</td>
<td>411.0-411.1</td>
</tr>
<tr>
<td>411.81</td>
<td>411.89</td>
<td>412</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>413.0-413.9</td>
<td>414.00-414.03</td>
<td>414.10-414.19</td>
</tr>
<tr>
<td>414.8</td>
<td>414.9</td>
<td>415.0</td>
</tr>
<tr>
<td>415.11</td>
<td>415.19</td>
<td>416.0</td>
</tr>
<tr>
<td>416.9</td>
<td>420.0</td>
<td>420.90-420.99</td>
</tr>
<tr>
<td>421.0-421.9</td>
<td>422.0-422.99</td>
<td>423.0-423.9</td>
</tr>
<tr>
<td>424.0-424.99</td>
<td>425.0-425.9</td>
<td>426.0-426.99</td>
</tr>
<tr>
<td>427.81-427.89</td>
<td>428.0-428.9</td>
<td>430-431</td>
</tr>
<tr>
<td>432.0-432.9</td>
<td>433.00-433.01</td>
<td>433.10-433.11</td>
</tr>
<tr>
<td>433.20-433.21</td>
<td>433.30-433.31</td>
<td>433.80-433.81</td>
</tr>
<tr>
<td>433.90-433.91</td>
<td>434.00-434.01</td>
<td>434.10-434.11</td>
</tr>
<tr>
<td>434.90-434.91</td>
<td>435.0-435.9</td>
<td>436</td>
</tr>
<tr>
<td>437.0-437.9</td>
<td>490-496</td>
<td>500-505</td>
</tr>
<tr>
<td>506.0-506.9</td>
<td>508.0-508.9</td>
<td>510.0-510.9</td>
</tr>
<tr>
<td>512</td>
<td>518.0-518.82</td>
<td>550.00-550.90</td>
</tr>
<tr>
<td>551.0-551.9</td>
<td>552.00-552.03</td>
<td>552.1</td>
</tr>
<tr>
<td>552.20-552.29</td>
<td>570-571.8</td>
<td>572.0-572.8</td>
</tr>
<tr>
<td>578.9</td>
<td>584.5-586</td>
<td>611.72</td>
</tr>
<tr>
<td>685.1</td>
<td>722.10</td>
<td>780.1</td>
</tr>
<tr>
<td>780.3</td>
<td>785.50-785.59</td>
<td>786.1</td>
</tr>
<tr>
<td>793.8</td>
<td>934-939.3</td>
<td>995.0-995.4</td>
</tr>
<tr>
<td>995.60-995.69</td>
<td>996.53</td>
<td>998.5-998.59</td>
</tr>
</tbody>
</table>

EDS, 1-800-688-6696 or 919-851-8888
Attention: Home Infusion Therapy (HIT) Providers

Home Infusion Therapy Visits

EDS is offering individual provider visits for home infusion therapy providers. Please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit and discuss the type of issues to be addressed.

(cut and return registration form only)

HIT Provider Visit Request Form
(No Fee)

Provider Name__________________________________________ Provider Number_______________
Address ________________________________ ______ Contact Person ____________________
City, Zip Code__________________________________________ County ______________________
Telephone Number______________________________________ Date _________________________

List any specific issues you would like addressed in the space provided below.
____________________________________________________________________________________

____________________________________________________________________________________

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

EDS, 1-800-688-6696 or 919-851-8888
Attention: Chiropractor Providers

Chiropractor Visits

EDS is offering individual provider visits for chiropractor providers. Please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit and discuss the type of issues to be addressed.

(cut and return registration form only)

Chiropractors Provider Visit Request Form
(No Fee)

Provider Name_________________________ Provider Number_________________________
Address ________________________________ Contact Person ________________________
City, Zip Code__________________________ County ____________________________
Telephone Number_______________________ Date _________________________________
List any specific issues you would like addressed in the space provided below.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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

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

Attention: Personal Care Services (PCS) Providers

Personal Care Services Seminars

Personal Care Services seminars are scheduled in August 2000. The July Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

EDS, 1-800-688-6696 or 919-851-8888
Attention: Hospital Providers

Hospital Seminar Schedule

Seminars for hospital providers will be held in July and August 2000. Agenda topics include the following: UB-92 billing instructions, sterilization, hysterectomy, and abortion consent guidelines, reimbursement methodology, claim resubmission information, and Medicaid Managed Care.

All hospital personnel involved in verifying Medicaid information including the admitting, discharge, ER, and billing staff are encouraged to attend.

Note: Since the November 1997 North Carolina Medicaid Hospital Manual, with 1998 and 1999 updates, will be the main source of reference throughout the seminar, providers are required to bring their manual to the seminar. Manuals will be available for purchase at a cost of $9.00 per copy during registration.

Due to limited seating, pre-registration is required. Providers not registered are welcome to attend when reserved space is adequate to accommodate. Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:30 a.m. to complete registration.

Directions are available on page 27 of this bulletin.

Thursday, July 6, 2000
Catawba Valley Technical College
Highways 64-70
Hickory, NC
Auditorium

Tuesday, July 11, 2000
Four Points Sheraton
5032 Market Street
Wilmington, NC

Thursday, July 13, 2000
Holiday Inn Conference Center
530 Jake Alexander Blvd., S.
Salisbury, NC

Tuesday, August 1, 2000
Wake Medical Center
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

Hospital Provider Seminar Registration Form
(No Fee)

Provider Name ___________________________________________ Provider Number ______________________
Address __________________________________________________ Contact Person ____________________
City, Zip Code _____________________________________________ County __________________________
Telephone Number ____________ Fax Number: _________________ Date Mailed: ________________

_____ persons will attend the seminar at ________________________________ on ________________

(location) (date)

Return to: Provider Services
EDS
P.O. Box 300009
Raleigh, NC 27622
This Page Is Left Intentionally Blank
Directions to the Hospital Seminars

The registration forms for the hospital seminars are on page 25 of this bulletin.

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Travel East on Highway 70 and the college is approximately 1.5 miles on the right. Ample parking is available. Entrance to Auditorium is between the Student Services and the Maintenance Center. Follow sidewalk (toward Satellite Dish) and turn right to Auditorium Entrance.

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON

I-40 East into Wilmington to Highway 17 - just off I-40. Turn left onto Market Street and the Four Points Sheraton is located approximately ½ mile on the left.

SALISBURY, NORTH CAROLINA

HOLIDAY INN CONFERENCE CENTER

Traveling South on I-85: Take exit 75 and turn right on Jake Alexander Blvd. Traveling North on I-85: Take exit 75 and turn left on Jake Alexander Blvd. Travel approximately ½ mile and the Holiday Inn is located on the right.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER

Directions to the Parking Lot:
Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Travel toward WakeMed. Turn left onto Sunnybrook Road and park at the East Square Medical Plaza which is a short walk to the conference facility. Parking is not allowed in the parking lot in front of the Conference Center. Vehicles will be towed if not parked in the East Square Medical Plaza parking lot located at 23 Sunnybrook Road.

Directions to the Conference Center from Parking Lot:
Cross Sunnybrook Road and follow sidewalk access up to Wake County Health Department. Walk across the Health Department parking lot and ascend steps (with blue handrail) to MEI Conference Center. Entrance doors at left.
## Checkwrite Schedule

| June 13, 2000 | July 11, 2000 | August 8, 2000 |
| June 20, 2000 | July 18, 2000 | August 15, 2000 |

## Electronic Cut-Off Schedule

| June 16, 2000 | July 14, 2000 | August 11, 2000 |
| June 23, 2000 | July 21, 2000 | August 18, 2000 |

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

---

Paul R. Perruzzi, Director  
Division of Medical Assistance  
Department of Health and Human Services  

John W. Tsikerdanos  
Executive Director  
EDS

---

P.O. Box 300001  
Raleigh, North Carolina 27622