Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and Electronic Data Systems (EDS) will be closed on Monday, September 7, 1998, in observance of Labor Day.

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

Attention: All Providers

Year 2000 Update

North Carolina’s Medicaid Management Information System (MMIS) is now internally Year 2000 compliant. Providers should be aware that certain claim data elements will be expanded to accommodate century information. Providers should communicate with their programmers and/or vendors regarding required changes. For specific claim types and formatting changes, please refer to the March 1998 special bulletin entitled Year 2000 Changes.

Providers will be notified in the North Carolina Medicaid Bulletin of specific dates on which claims can be submitted in Year 2000 specification. A transition period during which Year 2000 and “old” format are both acceptable is still planned.

It is planned that Year 2000 compliant claims will be accepted starting with the end of the first quarter calendar year 1999; a specific effective date will be reported in a subsequent bulletin along with specific claims format changes.

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

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

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<th>Page Number</th>
</tr>
</thead>
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</tr>
<tr>
<td>Year 2000 Update (All Providers)</td>
<td>1</td>
</tr>
</tbody>
</table>
Attention: All Providers

Voice Inquiry System

The Voice Inquiry System is an automated system. It allows North Carolina Medicaid providers and staff to obtain information from 8:00 a.m. - 9:00 p.m. Eastern Standard Time, Monday - Friday. Providers with a touch-tone phone can inquire about the following by dialing 1-800-723-4337:

- Checkwrite Information
- Current Claim Status
- Drug Coverage Information
- Procedure Code Pricing
- Prior Approval Information
- Recipient Eligibility Verification

EDS Provider Service Analysts are available 8:00 a.m. - 4:30 p.m. Monday - Friday to discuss concerns that cannot be addressed by the Voice Inquiry System.

The caller should gather the following information before contacting the Voice Inquiry System. By having all the necessary information, calls will be expedited:

<table>
<thead>
<tr>
<th>For:</th>
<th>Enter transaction code:</th>
<th>Gather this information prior to contacting the Voice Inquiry System:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Status</td>
<td>1 followed by the pound sign (#)</td>
<td>Provider Number, Medicaid ID Number, “From” Date of Service, Total Billed Amount</td>
</tr>
<tr>
<td>Checkwrite</td>
<td>2 followed by the pound sign (#)</td>
<td>Provider Number</td>
</tr>
<tr>
<td>Drug Coverage</td>
<td>3 followed by the pound sign (#)</td>
<td>Provider Number, Drug Code, Date of Service</td>
</tr>
<tr>
<td>Procedure Code Pricing</td>
<td>4 followed by the pound sign (#)</td>
<td>Provider Number, Procedure Code, Type of Treatment Code</td>
</tr>
<tr>
<td>Prior Approval</td>
<td>5 followed by the pound sign (#)</td>
<td>Provider Number, Procedure Code, Type of Treatment Code</td>
</tr>
<tr>
<td>Recipient Eligibility</td>
<td>6 followed by the pound sign (#)</td>
<td>Provider Number, Medicaid ID Number or Social Security Number and Date of Birth, “From” Date of Service</td>
</tr>
<tr>
<td>Pre-Admission Certification</td>
<td>7 followed by the pound sign (#)</td>
<td>Please call 1-800-722-6762 or 919-851-2955</td>
</tr>
</tbody>
</table>

Alphabetic Data Table

Use this table when an alphabetic character must be entered. The table shows key combinations used for each letter of the alphabet. Press the asterisk (*) key before the numeric codes, and then the pound sign (#) - (for example: *23# would be entered for the letter C).

A-*21  E-*32  I-*43  M-*61  Q-*01  U-*82  Y-*93
B-*22  F-*33  J-*51  N-*62  R-*72  V-*83  Z-*02
C-*23  G-*41  K-*52  O-*63  S-*73  W-*91
D-*31  H-*42  L-*53  P-*71  T-*81  X-*92

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

Rate Changes

Effective with date of service June 1, 1998, reimbursement rates were changed for the following dental procedure codes:

<table>
<thead>
<tr>
<th>Dental Code</th>
<th>Description</th>
<th>New Medicaid Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>00120</td>
<td>Periodic oral evaluation</td>
<td>$22.00</td>
</tr>
<tr>
<td>00140</td>
<td>Limited oral evaluation</td>
<td>$30.00</td>
</tr>
<tr>
<td>00150</td>
<td>Comprehensive oral evaluation</td>
<td>$30.00</td>
</tr>
<tr>
<td>00220</td>
<td>Intraoral-periapical first film</td>
<td>$11.00</td>
</tr>
<tr>
<td>00230</td>
<td>Intraoral-periapical each additional</td>
<td>$8.00</td>
</tr>
<tr>
<td>00272</td>
<td>Bitewings two films</td>
<td>$13.00</td>
</tr>
<tr>
<td>00330</td>
<td>Panoramic film</td>
<td>$32.00</td>
</tr>
<tr>
<td>01201</td>
<td>Topical application fluoride including prophy</td>
<td>$32.00</td>
</tr>
<tr>
<td>01351</td>
<td>Sealant per tooth</td>
<td>$25.00</td>
</tr>
<tr>
<td>01510</td>
<td>Space maintainer fixed unilateral</td>
<td>$90.00</td>
</tr>
<tr>
<td>01515</td>
<td>Space maintainer fixed bilateral</td>
<td>$135.00</td>
</tr>
<tr>
<td>02110</td>
<td>Amalgam 1 surface primary</td>
<td>$22.00</td>
</tr>
<tr>
<td>02120</td>
<td>Amalgam 2 surfaces primary</td>
<td>$34.00</td>
</tr>
<tr>
<td>02130</td>
<td>Amalgam 3 surfaces primary</td>
<td>$44.00</td>
</tr>
<tr>
<td>02140</td>
<td>Amalgam 1 surface permanent</td>
<td>$45.00</td>
</tr>
<tr>
<td>02150</td>
<td>Amalgam 2 surfaces permanent</td>
<td>$63.00</td>
</tr>
<tr>
<td>02160</td>
<td>Amalgam 3 surfaces permanent</td>
<td>$80.00</td>
</tr>
<tr>
<td>02330</td>
<td>Resin 1 surface anterior</td>
<td>$45.00</td>
</tr>
<tr>
<td>02331</td>
<td>Resin 2 surfaces anterior</td>
<td>$65.00</td>
</tr>
<tr>
<td>02332</td>
<td>Resin 3 surfaces anterior</td>
<td>$80.00</td>
</tr>
<tr>
<td>02335</td>
<td>Resin 4+ surfaces</td>
<td>$90.00</td>
</tr>
<tr>
<td>02380</td>
<td>Resin 1 surface post. primary</td>
<td>$25.00</td>
</tr>
<tr>
<td>02381</td>
<td>Resin 2 surfaces post. primary</td>
<td>$35.00</td>
</tr>
<tr>
<td>02385</td>
<td>Resin 1 surface post. permanent</td>
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</tr>
<tr>
<td>02386</td>
<td>Resin 2 surfaces post. permanent</td>
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</tr>
<tr>
<td>02930</td>
<td>Prefab ss crown primary</td>
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<td>02931</td>
<td>Prefab ss crown perm</td>
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</tr>
<tr>
<td>02933</td>
<td>Prefab ss crown w/resin</td>
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</tr>
<tr>
<td>03220</td>
<td>Therapeutic pulpotomy</td>
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<tr>
<td>03310</td>
<td>Anterior root canal</td>
<td>$180.00</td>
</tr>
<tr>
<td>03330</td>
<td>Molar root canal</td>
<td>$315.00</td>
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<tr>
<td>03710</td>
<td>Single tooth extraction</td>
<td>$44.00</td>
</tr>
<tr>
<td>07270</td>
<td>Tooth reimplantation or stabilization</td>
<td>$117.00</td>
</tr>
<tr>
<td>09230</td>
<td>Analgesia (nitrous oxide)</td>
<td>$20.00</td>
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<tr>
<td>09420</td>
<td>Hospital call</td>
<td>$67.00</td>
</tr>
<tr>
<td>00470</td>
<td>Diagnostic Casts</td>
<td>$30.00</td>
</tr>
<tr>
<td>03351</td>
<td>Apex/recalcification initial visit</td>
<td>$100.00</td>
</tr>
<tr>
<td>03352</td>
<td>Apex/ recalcification interim visit</td>
<td>$80.00</td>
</tr>
<tr>
<td>03353</td>
<td>Apex/ recalcification. final visit</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

New fee schedules are available. Refer to the May 1998 Medicaid Bulletin for instructions on how to order fee schedules.

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

Attention: HCFA-1500 Billers

Medicare/Medicaid Paper Claim Billing Reminder

Paper Medicare/Medicaid claims must be billed accurately to assure correct payment. Block 29 (Amount Paid) on paper HCFA-1500 claims should be completed only for other insurance payments. DO NOT enter either the amount paid by Medicare or the difference of the Total Charge (item 28) less the expected Medicaid reimbursement (sometimes shown in item 30, Balance Due) in this field. Medicaid reimbursement for a paper crossover claim is calculated using the coinsurance and/or deductible information from the attached Medicare voucher. Any amount entered by the provider in Block 29 on the claim will be considered a third party insurance payment and will be deducted from the coinsurance/deductible due.

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

**Explanation of Benefits (EOBs) That Do Not Require Adjustment Processing**

Claims denied for any of the EOBs listed below cannot be adjusted. If you believe the denial is in error, resubmit the claim with corrections as a new day claim. If an adjustment is submitted for one of these EOBs, it will be denied with EOB 998 “claim does not require adjustment processing, resubmit claim with corrections as a new day claim” or EOB 9600 “Adjustment denied – claim has been resubmitted. The EOB this claim previously denied for does not require adjusting. In the future, correct/resubmit claim in lieu of sending an adjustment request.” (Last Revision Date - 06/25/98)

<table>
<thead>
<tr>
<th>EOB</th>
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<th>Description</th>
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<tr>
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</tr>
<tr>
<td>0089</td>
<td>0164</td>
<td>0236</td>
</tr>
</tbody>
</table>

**EDS**

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

Billing Outpatient Procedures

This article is in response to questions asked by providers about billing when both outpatient services and inpatient services are required to meet the medical needs of a patient. Following is the Medicaid Policy for these situations.

- When a patient has an outpatient procedure performed and is not admitted as an inpatient, the facility bills the Medicaid program for all services rendered on an outpatient claim.

- When a patient is an inpatient and has an outpatient procedure performed at the same facility, the outpatient procedure is included on the inpatient bill. The DRG payment is considered payment in full for all procedures and services rendered during the inpatient stay.

- When a procedure is performed for an outpatient and the patient is subsequently admitted to the same facility as an inpatient for routine aftercare, the outpatient procedure is included on the inpatient bill. The principal diagnosis would be either a V code indicating the patient was admitted for observation or the diagnosis code that reflects the condition that occasioned the admission (ex. nausea, vomiting, pain control, etc). List the primary procedure on the inpatient claim. The DRG payment is considered payment in full for all procedures and services rendered. Do not submit an outpatient bill.

- When a patient has a medically necessary outpatient procedure, that is not offered by the admitting facility and the first seven characters of the unique provider number are different from the admitting facility, both facilities will be reimbursed for the services they rendered. The outpatient facility bills the Medicaid program for the procedure and services performed. The inpatient hospital bills for the aftercare services and does not include the procedure performed in the outpatient facility. List the code which reflects the condition that occasioned the admission (ex. nausea, vomiting, pain control, etc) or a V code indicating the patient was admitted for observation.

The sale or exchange of supplies, equipment, drugs or other commodities between hospitals cannot be billed as an outpatient service.

For additional discussion of outpatient billing, refer to the (DRG) Special Bulletin October 1995 and the 1997 Hospital Manual CPT 8, pp - 8-25.

Attention: All Physicians

Injectable Drugs Given in Physician's Office

The FDA approved injectable drugs covered by Medicaid when administered in a physician’s office is periodically printed in the Medicaid Bulletin. The last complete list was published in June 1997. Any drugs approved after the printing of the last complete list are published in future bulletins with an effective date of coverage. The bulletin also instructs the providers to add the drug codes to the injectable drug list.

Please note that the bulletin articles are an addendum to the Complete List. If the drug is not on the list, it is not covered by Medicaid at that time.

Medicaid does not recognize Medicare's generic drug code J3490. If the drug does not have a specific HCPC - J code, the Division of Medical Assistance assigns a state created code to that drug with an effective date of coverage. Retroactive coverage is not feasible due to budgetary and system limitations.

If the drug is not covered by this Medicaid policy, the patient must take your prescription to a pharmacy and receive the drug through the Pharmacy Program and return to the physician's office for the administration of the drug. Drugs obtained in this manner should not be billed by the physician.

To request coverage of an FDA approved drug; call DMA Medical Policy (919) 857-4020 or write to:

Division of Medical Assistance
Attention: Medical Policy
1985 Umstead Drive
P. O. Box 29529
Raleigh, NC  27626-0529

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

Optical Seminars

Optical seminars will be held in October 1998. The September Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

If you would like to be contacted regarding this seminar, please list your name and phone number below:

Name ________________________________ Phone Number ________________________________

Attention: Hospice Providers

Hospice Seminars

Hospice seminars will be held in October 1998. The September Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

If you would like to be contacted regarding this seminar, please list your name and phone number below:

Name ________________________________ Phone Number ________________________________
Attention: Nursing Facility Providers

Nursing Facility Seminars

Seminars for nursing facility providers will be held in September 1998. These seminars will focus on nursing facility guidelines and policies, prior approval, claim form completion, and claim resolution. Prior approval and FL2 preparation will be presented during the first half of the seminar and billing related issues will be discussed during the second half.

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 9:45 a.m. to complete registration. Preregistration is strongly recommended.

Directions are available on page 11 of this bulletin.

Tuesday, September 1, 1998
Ramada Inn Airport Central 1
515 Clanton Road
Charlotte, NC

Wednesday, September 2, 1998
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Thursday, September 3, 1998
Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Tuesday, September 8, 1998
Comfort Suites
215 Wintergreen Drive
Lumberton, NC
A/B Meeting Room

Thursday, September 10, 1998
Martin Community College
Kehaoke Park Road
Williamson, NC
Auditorium

Tuesday, September 15, 1998
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Thursday, September 17, 1998
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Friday, September 18, 1998
Howard Johnson Plaza
5032 Market Street
Wilmington, NC

(cut and return registration form only)

Nursing Facility Provider Seminar Registration Form
(No Fee)

Provider Name __________________________ Provider Number ________________________________

Address _______________________________ Contact Person ________________________________

City, Zip Code___________________________ County ________________________________

Telephone Number _______________________ Date____________________________

_____ persons will attend the seminar at ____________________________ on ______________________

(location) (date)

Return to: Provider Relations
EDS
P.O. Box 30009
Raleigh, NC 27622
Adult Care Home (ACH) Seminars

Seminars for adult care home providers will be held during September 1998. This seminar will focus on coverage and limitations, assessment and care planning, Medicaid service documentation requirements, prior approval for Enhanced ACH/PC payments, correct claims filing, how to track claims, and EDS services. Credit for four CEUs will be given at the conclusion of the seminar.

Due to limited seating, only two people can register per facility. All adult care home providers are encouraged to send appropriate administrative, supervisory, or clerical personnel. Preregistration is strongly recommended.

Note: Providers are requested to bring the March 1998 North Carolina Adult Care Home Services manual to the seminar. The manual will be the main source of reference throughout the seminar. Additional manuals will be available for purchase at $6.00/each.

Providers are encouraged to arrive at the seminar site by 8:45 a.m. to complete registration. The seminars will begin promptly at 9:00 a.m. and end at approximately 1:00 p.m. There is no charge for this training.

Directions to the seminar sites are on page 11.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, September 3, 1998</td>
<td>WakeMed, MEI Conference Center, 3000 New Bern Avenue, Raleigh, NC</td>
</tr>
<tr>
<td>Tuesday, September 8, 1998</td>
<td>Catawba Valley Technical College, Highway 64-70, Hickory, NC</td>
</tr>
<tr>
<td>Wednesday, September 9, 1998</td>
<td>Blue Ridge Community College, College Drive, Flat Rock, NC</td>
</tr>
<tr>
<td>Thursday, September 10, 1998</td>
<td>Ramada Inn Airport Central 1, 515 Clanton Road, Charlotte, NC</td>
</tr>
<tr>
<td>Friday, September 11, 1998</td>
<td>Howard Johnson Plaza, 5032 Market Street, Wilmington, NC</td>
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<tr>
<td>Tuesday, September 22, 1998</td>
<td>Ramada Inn Plaza, 3050 University Parkway, Winston-Salem, NC</td>
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<tr>
<td>Wednesday, September 23, 1998</td>
<td>Martin Community College, Kehakee Park Road, Williamston, NC</td>
</tr>
<tr>
<td>Thursday, September 24, 1998</td>
<td>Ramada Inn, I-85 &amp; 62 South, 2703 Ramada Road, Burlington, NC</td>
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</tbody>
</table>

Provider Name __________________________ Provider Number ________________________________
Address _______________________________ Contact Person ________________________________
City, Zip Code___________________________ County ________________________________
Telephone Number _______________________ Date________________________
_____ persons will attend the seminar at _________________________ on ______________________
(location) (date)

Return to: Provider Relations
EDS
P.O. Box 300009
Raleigh, NC 27622
Attention: All Providers

Directions to the Nursing Facility and Adult Care Home Seminars

The registration forms for the workshops are on pages 7 and 9 of this bulletin.

**Ramada Inn Airport Central, Charlotte**  
Tuesday, September 1, 1998 - Nursing Facility  
Thursday, September 10, 1998 - Adult Care Home

I-77 to Exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

**Blue Ridge Community College, Flat Rock**  
Wednesday, September 2, 1998 - Nursing Facility  
Wednesday, September 9, 1998 - Adult Care Home

I-40 to Asheville. Head East on I-26 to Exit 22 and follow signs to Blue Ridge Community College. Auditorium is located in the Patton Building.

**Catawba Valley Technical College, Hickory**  
Thursday, September 3, 1998 - Nursing Facility  
Tuesday, September 8, 1998 - Adult Care Home

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 1.5 miles on the right.

**Comfort Suites, Lumberton**  
Tuesday, September 8, 1998 - Nursing Facility

I-95 to Exit 22 and go North on US 301. Take a left onto Wintergreen Drive, and you will pass the Holiday Inn and the Hampton Inn. Comfort Inn Suites is located behind them. Signs will be posted with room locations.

**Martin Community College, Williamston**  
Thursday, September 10, 1998 - Nursing Facility  
Wednesday, September 23, 1998 - Adult Care Home

Take Highway 64 into Williamston. College is approximately 1-2 miles west of Williamston. The Auditorium is located in Building 2.

**WakeMed MEI Conference Center, Raleigh**  
Tuesday, September 15, 1998 - Nursing Facility  
Thursday, September 3, 1998 - Adult Care Home

Take the I440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk to the conference facility.

**Ramada Inn Plaza, Winston-Salem**  
Thursday, September 17, 1998 - Nursing Facility  
Tuesday, September 22, 1998 - Adult Care Home

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Ramada Inn Plaza is located behind the IHOP Restaurant.

**Howard Johnson Plaza, Wilmington**  
Friday, September 18, 1998 - Nursing Facility  
Friday, September 11, 1998 - Adult Care Home

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn right onto Market Street and Howard Johnson Plaza is located on the left.

**Ramada Inn, Burlington**  
Thursday, September 24, 1998 - Adult Care Home

I-40 to Exit 143. At the first stoplight make a left on Ramada Road. The Ramada Inn is located at the top of the hill.
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Attention: All Providers

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

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Electronic Cut-Off Schedule *

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<td>August 21, 1998</td>
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* Electronic claims must be transmitted and completed by 5:00 p.m. EST on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.

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

James R. Clayton  
Executive Director  
EDS  

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