



Communications and Updates

March 31, 2014

General Updates

EPSDT Policy Update

CSC is assuming responsibility from the North Carolina Division of Medical Assistance (DMA) for processing EPSDT prior approvals. Beginning with dates of service April 1, 2014, CSC will process all prior approval requests for services coverable for children under 21 years of age under the scope of Medicaid's EPSDT * benefit. EPSDT prior approvals with dates of service prior to this date are still being processed by DMA.

The EPSDT Policy Instructions Update, revised January 11, 2010, and found at <http://www.ncdhhs.gov/dma/epsdt/epsdtpolicyinstructions.pdf> remains the same, except for the following:

1. CSC will process EPSDT prior approval requests for services needed that exceed clinical coverage policy limits in the following programs: Dental, Orthodontic, Durable Medical Equipment (DME) including Orthotics and Prosthetics, Medical, Surgical, Visual Aid, Optical, Hearing Aid, and Pharmacy. Providers must use the **NCTracks Provider Portal** to request services that exceed clinical policy limits.
2. CSC will process all EPSDT prior approval requests for Non-Covered Services for recipients under 21 years of age. Providers must use the "**Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years Old**" found at <https://www.nctracks.nc.gov/content/public/providers/prior-approval.html>.

This Non-Covered Services form must be submitted / uploaded along with supporting documentation via NCTracks. Do not submit the form by itself. **For example, if the non-covered service needed is a DME service, follow the normal process for requesting a DME Prior Approval and include the completed Non-Covered Services Form along with supporting documentation.**

Please note that the previous DMA version of this form is no longer available.

* Federal Medicaid law at 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act] requires state Medicaid programs to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for recipients under 21 years of age. Within the scope of EPSDT benefits under the federal Medicaid law, states are required to cover any service that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening," whether or not the service is covered under the North Carolina State Medicaid Plan. The services covered under EPSDT are limited to those within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d (a) [1905(a) of the Social Security Act].

Update on Claims Reprocessing for DRG Groupers

Version 31 of the DRG Grouper was implemented in NCTracks on December 8, 2013 and non-state hospital rates were loaded on December 30. NCTracks will be reprocessing the relevant inpatient institutional claims filed between October 1 - the effective date of DRG Grouper version 31 - and December 31, 2013. Affected providers will see the reprocessed claims in a separate section of the paper Remittance Advice only for the April 8 checkwrite. The EOB associated with these reprocessed claims will be 06042 - "DRG Grouper Version 31 Adjustments".

Approximately two weeks after the April 8th checkwrite, NCTracks will be reprocessing the relevant inpatient institutional claims filed between July 1 and November 10, 2013, which is the date when version 30 of the DRG Grouper was implemented. Affected providers will see the reprocessed claims in a separate section of the paper Remittance Advice only for the April 22 checkwrite. The EOB associated with these reprocessed claims will be 06041 - "DRG Grouper Version 30 Adjustments".

The 835 transactions will include the reprocessed claims along with other claims submitted for the checkwrite. (There is no separate 835.)

Based on the application of the groupers, the reimbursement for the reprocessed claims may change. No action is required by providers.

The schedule for reprocessing the remaining claims for DRG Grouper version 30 and version 29 will be announced shortly.

Resubmit Select Denied Sterilization Consent Forms If Signed/Dated Prior to July 1, 2013

The State has authorized that providers may resubmit sterilization consent forms that have been permanently denied for **illegible signatures** and/or an **initial used for the first name of the recipient, interpreter, witness, or physician**, if the Recipient/Witness signature date is **prior to 7/1/13**.

Providers will need to print the full name under the signature, then resubmit the consent form by mailing it to CSC, P.O. Box 30968, Raleigh, NC 27622.

Sterilization Consent Forms and Hysterectomy Statement Reminders

Providers of OB/GYN services have been receiving numerous Sterilization Consent Form and Hysterectomy Statement denials. Many of the denials are due to the absence of several key requirements for approval, specifically:

1. N.C. Division of Medical Assistance (DMA) Clinical Coverage Policies (CCP) and Medicaid Bulletin guidelines and regulations are not being followed. The Sterilization Procedures policy (1E-3) and Hysterectomies policy (1E-1) are located on the DMA Clinical Policy web page at www.ncdhhs.gov/dma/mp/.

2. All signatures on both Sterilization Consent Forms and Hysterectomy Statements must be legible. Signatures that are illegible should have a printed version of the person's name above or below the signature. If there is any question of legibility of a signature, ensure there is a printed name on the consent form prior to submitting it to CSC for review.

3. It is the responsibility of the surgeon to send Sterilization Consent Forms and Hysterectomy Statements to CSC. Hospitals, Anesthesia, Pathology Services, and other ancillary providers, should never send Sterilization Consent Forms and Hysterectomy Statements to CSC. Therefore, the National Provider Identifier (NPI) of the rendering provider (surgeon) shall be the only acceptable NPI for Sterilization Consent Forms and Hysterectomy Statements. Rendering providers (surgeons) should submit Sterilization Consent Forms and Hysterectomy Statements within 30 days of the procedure for review and approval.

4. Sterilization Consent Forms and Hysterectomy Statements should not be submitted electronically with the claim at this time. All Sterilization Consent Forms and Hysterectomy Statements shall be mailed to: CSC, P.O. Box 30968, Raleigh, NC 27622

[Reprinted from March 2014 Medicaid Bulletin]

The New 1500 Paper Claim Form (2/12) Postponed in NCTracks

The National Uniform Claim Committee (NUCC) has published a revised 1500 Paper Claim Form (version 02/12). The goal of the NUCC in changing the 1500 form was to align the 1500 with changes in the 5010 837P transaction and accommodate ICD-10 reporting needs.

Generally speaking, NCTracks only accepts electronic submission of professional claims, either through the NCTracks Provider Portal or as an 837P X12 transaction. The exceptions are for certain adjustments, time limit overrides, and Medicare overrides.

NCTracks is not yet ready to accept the new 1500 paper claim form (2/12). In the interim, providers who must submit a 1500 paper claim form should use the previous version of the form (08/05). An announcement will be posted when NCTracks is able to accept the new 1500 paper claim form (2/12).

Requesting Retroactive Approval for LTC

A new User Guide, "How to Request Retroactive Approval for LTC ," is now available. The guide explains both:

- How to submit a request for LTC Retroactive approval on the initial PA request
- How to submit a request when there is an approved Long Term Care PA in NCTracks and the provider needs PA approval for retroactive dates

The new guide can be found on the [Provider User Guides and Training page](#) of the NCTracks Provider Portal.

New Fax Number for OA Change Forms

The fax number for submitting Office Administrator (OA) Change Forms has changed. The new fax number is 855-710-1965. (The form and [FAQs](#) have been updated with the new number.) Please use this fax number when submitting OA change requests in the future.

If you have an OA change request in process (not yet completed), it is recommended that you re-fax your OA Change Form to this new number. (It is not necessary to complete a new form.)

Update of PML in NCTracks

Many providers have inquired about the Patient Monthly Liability (PML) information in NCTracks. Often, the PML is correct, but when the claim was adjudicated and denied, the PML was not available in NCTracks. Providers that have claims that were denied for PML during 2013 should resubmit them for processing now that the PML has been updated.

Update on Pregnancy Medical Home Claims

All Pregnancy Medical Home claims need to include the modifier "AF" with the procedure code submitted, regardless of the dates of service. The "AF" modifier will enable the provider to be paid at the rate previously received in the legacy system. NCTracks supports all three types of Pregnancy Medical Home claims that receive higher reimbursement, including the pregnancy risk screening, delivery, and post partum plan.

Providers who previously filed Pregnancy Medical Home claims that were denied or pended for Edit 353 (rate not found) need to re-submit the claims using the "AF" modifier.

Issues List Posted on Provider Portal

A list of current issues has been posted under Quick Links on the NCTracks Provider Portal home page at <https://www.nctracks.nc.gov/content/public/providers.html>. The list includes a brief explanation of the issue, the type(s) of providers affected, the status of the issue (Open/Closed), and comments/resolution of the issue. The list is not intended to include every issue, but rather the prevalent ones impacting multiple providers. The Issues List will be updated regularly and providers are encouraged to check the list before contacting the Call Center, in case it may be a known issue.

Reminder - Next Provider Help Center will be April 22 in Hickory

The NCTracks team will be offering another in-person Provider Help Center on April 22 in Hickory. NCTracks staff from provider enrollment, provider relations, claims, and prior approval will be available to assist NC providers with questions or concerns regarding NCTracks. No appointment is necessary. Providers will be assisted on a first come, first served basis.

For providers to get the most out of these sessions, please bring specific examples of issues. The more details that can be provided about the problems, such as screen shots, NPI numbers, TCNs (claim numbers), denial codes, etc., the more help the NCTracks team will be able to provide.

The Provider Help Center will be held on April 22 from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m. at the Catawba DSS, 3030 11th Avenue Dr. SE, Hickory, NC 28602. **[Note corrected address]**

Training Updates

New DME Instructor-Led Training Scheduled

A new instructor-led training course for DME providers is being offered, starting next week. The course, "DME Claims Processing," covers in detail how to create a DME Professional claim via the NCTracks Provider Portal, including entering the claim, saving and retrieving a claim draft, submitting the claim and verifying its status, as well as copying and resubmitting a claim. The examples covered in the course include a single line DME claim, a claim with multiple service lines, and a Medicare Part B secondary claim. The training will also include an explanation of how to submit time limit override requests.

The course is offered in two formats - WebEx and In-person. The WebEx is available from any location with a telephone, computer and internet connection. The In-person training will be given at the CSC facility in Raleigh. The WebEx will be 2 1/2 hours in duration and limited to 115 participants per session. The In-person training will be 4 hours in duration, including hands-on exercises for the participants, and is limited to 50 per session. The sessions will be held on:

WebEx

Tuesday, April 15 - 9:30 AM to 12:00 PM

Thursday, April 17 - 2:00 PM to 4:30 PM

Friday, April 25 - 9:30 AM to 12:00 PM

Monday, April 28 - 2:00 PM to 4:30 PM

Wednesday, April 30 - 9:30 AM to 12:00 PM

In-Person

Thursday, April 3 - 1:00 PM to 5:00 PM

Tuesday, April 8 - 1:00 PM to 5:00 PM

Friday, April 11 - 8:30 AM to 12:30 PM

Monday, April 21 - 1:00 PM to 5:00 PM

Wednesday, April 23 - 8:30 AM to 12:30 PM

This training is specific to DME providers. Providers can register for a session in SkillPort, the NCTracks Learning Management System. Logon to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled Provider Computer-Based Training (CBT) and Instructor Led Training (ILT). The "DME Claims Processing" course can be found in the sub-folders labeled **ILTs: On-site** and **ILTs: Remote via WebEx**, depending on the format of the course. (Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort.) For those who are unable to attend the training sessions, the training materials will be posted to SkillPort.

Thank you,

The NCTracks Team

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