



January 22, 2014

## General Updates

### Reminder re: Checkwrite for the Week of Dr. Martin Luther King, Jr. Day

Because of the Dr. Martin Luther King, Jr. Day holiday on Monday, January 20, the checkwrite date this week will be delayed by one day. The posting and availability of funds to provider bank accounts will depend on the provider's financial institution. Wells Fargo customers should see their payments in their accounts on the day that the EFT is processed, which will be Thursday (1/23/2014). Providers who bank at other financial institutions should see payments the business day following the date that the EFT is processed, which will be Friday (1/24/2014) afternoon. (Some may post sooner.) The change is for this week only, per the published checkwrite schedules.

The 2014 checkwrite schedules for both DMA and DMH/DPH/ORHCC can be found under the Quick Links on the right side of the [Provider Portal home page](#).

### Change in Outpatient Hospital Claim Billing

The implementation of NCTracks on July 1, 2013, included a requirement that a HCPCS code must be billed with all revenue codes on outpatient hospital claims. That requirement has been changed. If the revenue code required a HCPCS code prior to July 1, then it will continue to do so. If the revenue code did not require a HCPCS code until after July 1, then it is no longer required. However, it is encouraged to be billed on the claim when possible since DMA is capturing the data for future use. If a HCPCS code is submitted with a revenue code, it will need to be a current, valid HCPCS code on the date of service.

Outpatient claims billed with a revenue code but no procedure code will still report Edit 00435 (OUTPATIENT HOSPITAL CLAIM REQUIRE HCPCS CODE TO BE BILLED WITH REVENUE CODE) on the Remittance Advice (RA), but it will not cause the claim to deny. The EOB will be changed in the near future to remove the word "require." Until then, the current EOB will be displayed and the line detail will be paid.

This change is effective based on date of processing, so claims previously denied for Edit 00435 can be resubmitted by the provider. For electronic claim submission, providers can submit a replacement claim to the previously denied claim and put the previous TCN as the replacement claim number, per the 837I billing guidelines.

### ICD-10 Provider Readiness Assessment Survey

On behalf of the Centers for Medicare and Medicaid Services (CMS), an ICD-10 provider readiness assessment survey was distributed via email to all providers on Monday, January 20. This is a legitimate, authorized survey from CMS. The survey is being conducted via the Survey Monkey tool, which can be accessed from any Internet web browser. The objective of the survey is to assess the readiness of providers for the changes associated with the implementation of ICD-10 in October 2014. The survey is completely anonymous and providers are encouraged to participate and be candid with regard to their current state of preparedness. **Responses are due by Wednesday, January 29.** The results of the survey will be analyzed by CMS and shared with each of the states.

### **The 1099s Are Coming**

The 1099s will be printed and mailed by January 28, 2014. Due to postal service volume, providers should allow 7 to 10 business days to receive your 1099. More information about the 1099s, including a list of Frequently Asked Questions, will be posted to the NCTracks Provider Portal next week.

## **Clarification**

Please note the following important clarification regarding an article published in the last newsletter.

### **ACA Fee Increase for Provider Enrollment**

Effective January 1, 2014, according to the provisions of the Affordable Care Act (ACA), the application fee for provider enrollment (or re-enrollment) has increased from \$532 to \$542. This is not a new fee. October 1, 2012, the N.C. Division of Medical Assistance (DMA) began collecting the federal application fee required under Section 1866(j)(2)(C)(i)(I) of the Affordable Care Act (ACA) from certain Medicaid and N.C. Health Choice (NCHC) providers.

This fee applies to ""institutional provider of medical or other items or services and suppliers." **This does not apply to "physician and non-physician practitioner organizations".**

For more information regarding the ACA Application Fee, please see the following websites:

<http://www.ncdhhs.gov/dma/provenroll/index.htm>

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html>.

The change will take place with applications that have a date of 1/1/2014 or later. Invoices sent to applicable providers who are enrolling (or re-enrolling) in Medicaid will reflect the fee increase.

A list of [Frequently Asked Questions regarding the ACA application fee](#) has been posted to the NCTracks website.

Thank you,

The NCTracks Team

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