All Providers

- 2012 Checkwrite Schedule, 11/11
- Additional Correct Coding Edits, 5/11
- Add-on Code Denials, 6/11
- Affordable Care Act Implementation Updates, 6/11
- Amendment Approval to the Family Waiver, 10/11
- Appendix A TPA - HIPAA 5010 Implementation, 12/11
- Audits and Post Payments Reviews, 10/11
- Basic Medicaid Seminars: 2/11, 3/11, 4/11, 8/11, 9/11
- Change in Cardiac Imaging Prior Approval Program Implementation Date, 10/11
- Change to CPT Code 17263, 11/11
- Change to Medicare Recovery Process, 7/11
- Changes in Medicaid Prior Approval Policies and Procedures, Recipient Due Process (Appeals), and Early Periodic Screening, Diagnosis and Treatment (EPSDT) Seminars, 5/11, 6/11
- Changes in Medicaid Prior Approval and Recipient Due Process (Appeal Rights) Policies and Procedures, 5/11
- Changes to the N.C. Medicaid Preferred Drug List, 3/11
- Changes in Reimbursement for Immunization Administration, 6/11
- Checking the Status of an Application, 2/11
- Child Service Coordination Program and Maternity Care Coordination Program, 2/11
- Claims for CPT Code 49451 and Modifier 51, 5/11
- Correction to Carolina ACCESS Editing for Anesthesiology Services, 4/11
- Correction to CPT Update Bulletin Article, 5/11
- CPT Code 93351, 5/11
- CPT Code 95830, 5/11
- CPT Code Update 2011, 1/11
- CPT Codes 90460 and 90461: New Codes for Immunization Administration That Include Physician Counseling for Recipients through 18 Year of Age, 1/11
- CPT Procedure Code 38724 with Modifier 50, 8/11
- CPT Procedure Code 52351 with Modifier 51, 8/11
- DHHS/DMA Program Integrity Contract with Public Consulting Group, 4/11
- Dental Program Changes, 10/11
- Dental Services and Presumptive Eligibility For Pregnancy, 10/11
- Drug Screening, 8/11
- Due Process and Prior Approval Procedures Special Bulletin, 5/11
- EHR Incentive Program Upcoming Deadlines, 11/11
- Enactment of the Affordable Care Act: 4/11, 6/11
- Enrollment Fee Final Notice, 6/11
- Enrolling Medicaid and Health Choice Patients in Community Care of (CCNC/CA), 9/11
- Enrollment of Recipients in s SSA (Special Services for the aged) Eligibility Group into CCNC/CA (Community Care of NC, 6/11
- False Claims Act Education, 9/11
- False Claims Act Legislation, 3/11
- Family Planning Waiver, 6/11
- Family Planning Waiver Procedure Code 55205 Change, 10/11
- Family Planning Waiver Procedure Code 86781 Change, 10/11
- Gastric Bypass, 12/11
- Guidance for Electronic Signatures, 9/11
- HCPCS Code Changes for the Physician’s Drug Program, 4/11
- Health Check Seminars: 5/11, 6/11
- Health Choice Outpatient Specialized Therapies, 11/11
- HIPAA 5010 Implementation – ASC X12 Version: 8/11, 10/11, 11/11
- Implementation of Additional Correct Coding Edits: Global Surgery and Evaluation and Management Codes: 7/11, 9/11
- Implementation of Additional Correct Coding Edits: Age/Gender and Add-on Code, 6/11
- Implementation of Additional Correct Coding Edits: New Visit and Obstetric Care, 10/11
- Implementation of Additional Correct Coding Edits: Place of Service and Inpatient Only Services, 6/11
- Implementation of Additional Correct Coding Edits: Professional Duplicates: 11/11, 12/11
- Implementation of the National Correct Coding Initiative, 1/11
- Individual Behavior Change Intervention Services Provided in Federally Qualified Health Centers and Rural Health Clinics, 2/11
- Influenza Vaccine and Reimbursement Guidelines for 2011-2012 for Medicaid And NC Health Choice, 10/11
- Intruterine Copper Contraceptive (Paragard) and Diagnosis V25.1, 10/11
- Letter of Attestation Revision 10/11, 12/11
- Lidoderm and Provigil/Nuvigil Prior Authorization Changes, 11/11
- Magnetoencephalography Procedure Codes 95965, 95966, 959675, 5/11
- Makena No Longer Covered Under the Outpatient Pharmacy Program, 11/11
- Medicaid and Health Choice Provider Payment Suspensions, 11/11
- Medicaid Fraud: Protect Your Tax Dollars, 10/11
- Medicaid Recipient Appeal Process/Early and Periodic Screening, Diagnosis and Treatment Seminars: 1/11, 2/11, 8/11, 9/11, 10/11
- Medical Record Requests for Program Integrity Post Payment, 12/11
- Medicare Crossover Claims, 1/11
- NC Health Choice Claims Processing, 9/11
- NC Health Choice Outpatient Specialized Therapies, 10/11, 11/11
- NC Medicaid EHR Incentive Program Steps for Eligible Professionals, 12/11
- NC Medicaid EHR Incentive Program Update, 11/11
- NC Medicaid Preferred Drug List Changes, 11/11
- National Correct Coding Initiative Education: 2/11, 3/11
- National Correct Coding Initiative Update: Laboratory Services, 4/11
- No Copayments for Family Planning Recipients, 1/11
- Notice of Rate Reductions: 10/11,11/11
- Office of Medicaid Management Information System Services Provider Relations Management Team Introduction, 11/11
- Office of Medicaid Management Information System Services Website, 1/11
- Outpatient Specialized Therapies, 10/11
- Payment Error Rate Measurement in North Carolina, 1/11
- PDF Format Remittance and Status Reports, 1/11
- Physician Assistant and Nurse Practitioner Enrollment, 11/11
- Preparation for National Correct Coding Initiative Implementation, 2/11
- Procedures for PA Request for Synagis for RSV Season 2011/2012: 9/11, 10/11
- Process for Returning Unused Mirena Units, 3/11
- Provider Application Fee, 9/11
- Provider Billing of Patients Who Are Medicaid Recipients, 3/11
- Provider Quality Assurance Questionnaire: 2/11, 3/11, 4/11, 5/11
- Provider Responsibilities in a Program Integrity Review or Audit, 11/11
- Provider Verification, 5/11
- Radiopharmaceutical Codes, 5/11
- Recredentialing of Medicaid Providers, 12/11
- Requesting a Health Choice Review When an Adverse Decision Has Been Issued, 12/11
- Requests for Non-Covered Services: Alcohol and Drug Abuse Treatment Centers (ADTC), 6/11
- Reporting Provider Fraud and Abuse, 9/11
- Revised Timeline for the Implementation of Additional Correct Coding Edits: New Visit and Obstetric Care, 9/11
- Scheduling Hysterosalpingogram (HSG) After the Essure Procedure, 10/11
- School Based Health Center, 4/11
- Subscribe and Receive Email Alerts for Medicaid Updates: 10/11, 11/11
- Submitting Claims for Reimbursement, 10/11
- Submitting Claims on Paper: Optical Character Recognition Technology, 1/11
- Suspended Implementation of Place of Service Correct Coding Edits, 7/11
- Termination of Inactive Medicaid Provider Numbers: 7/11, 9/11
- Upcoming Changes, 7/11
- Update on the N.C. Medicaid EHR Incentive Payments, 9/11
- Update on the N.C. Health Information Technology Plan and Schedule, 1/11
- Update: Provider Authorization for Non-Emergency Cardiac Imaging Procedures, 9/11
- Update to Provider Self Audit Process, 10/11
- Updated EOB Crosswalk to HIPAA Standard Codes, 3/11
- Rate Revisions for Select Incontinence Product, 10/11
- Reimbursement Rates and Addition of New Pull-On Codes, 5/11

**Adult Care Home Providers:**
- DMA Recipient Study, 7/11

**Ambulatory Surgical Centers:**
- Addition of 2010 CPT Procedure Codes to be Paid Separately to Ambulatory Surgical Centers, 2/11
- National Correct Coding Initiative Education: 2/11, 3/11
- Reporting of Never Events and Hospital-Acquired Conditions, 4/11

**Anesthesiologists:**
- Clarification and Correction for CPT Codes 01967 and 01996, 3/11
- Correction and Reimbursement Requirements for AD Modifier Billing, 3/11

**CAP Providers:**
- CAP I/DD Policy Requirements Extension and Exception Process, 9/11
- Case Management Hours Procedural Change, 10/11
- Case Managers Claim Approvals for CAP Services, 10/11
- Preferred Supplier for Select Incontinence Products and Non-Sterile Gloves, 4/11
- Rate Revisions for Select Incontinence Product, 10/11
- Reimbursement Rates and Addition of New Pull-On Codes, 5/11

**CAP/C Case Managers and Service Providers:**
- Video Conference Seminars for CAP/C Case Managers and CAP/C Service Providers: 1/11, 2/11
CAP/DA Lead Agencies and CAP/DA Service Providers:
- Policy Changes for Completing an Assessment, Completing a Reauthorization or Continued Needs Review or for a Crisis/Emergency Situation, 6/11
- The Community Alternative Program for Disabled Adults has launched a self-direction option (Consumer-Directed Care) for CAP/DA Participants, 5/11

CAP/MR-DD Service Providers:
- CAP/MR-DD Utilization Review by Local Management Entities, 1/11
  Correction: The phone number listed for Eastpointe LME was the emergency number. The correct phone number to use for CAP/MR-DD utilization review issues is 1-800-513-4002.
- Post-Payment Reviews by Public Consulting Group, 2/11
- Rate Revisions for Metabolic Formulas, 12/11

Certified Registered Nurse Anesthetists:
- Clarification and Correction for CPT Codes 01967 and 01996, 3/11
- Correction and Reimbursement Requirements for AD Modifier Billing, 3/11

Child Service Coordination Providers:
- Care Coordination for Children, 2/11
- Child Service Coordination Program and Maternity Care Coordination Program, 2/11

Community Care of North Carolina/Carolina ACCESS Providers:
- Carolina ACCESS Referral/Authorization Guidelines, 1/11
- Change in Carolina ACCESS Participation Requirement, 6/11
- Enrolling Medicaid/Medicare Recipients (Dually Eligible Recipients) with Your Practice, 2/11
- Marketing Restrictions, 6/11
- Per Member/Per Month (PM/PM) Rates, 10/11
- Policy Clarification Regarding 24-Hour Coverage, 3/11
- Provider Satisfaction Survey: 1/11, 3/11, 4/11

Critical Access Behavioral Health Agencies (CABHA’s):
- Billing Core Services “Incident To” the Medical Director or Other Critical Access Behavioral Health Agency Physician, 2/11
- CABHA Rules, 11/11
- Changes in Clinical Coverage Policy 8C, 12/11
- Changes of Ownership, Mergers, and Acquisition, 2/11
- Claims for Community Support Team, Intensive In-Home, and Child and Adolescent Day Treatment Services after December 31, 2010, 1/11
- Clarification of Outpatient Behavioral Health CPT Codes, E/M Codes, Annual Limits, Referrals, and Prior Authorization, 4/11
- Clinical Coverage Policy Updates, 2/11
- Electronic Commerce Requirements for Billing, 2/11
- Frequently Asked CABHA Billing Questions, 6/11
- H Code Limits for Provisionally Licensed Professional Billing through the LME, 11/11
- Implementation of Independent Assessments For Community Support Team, 9/11
- MH/DD/SA Integrated Care Toolkit, 8/11
- New CABHA Provider Affiliation Denial Code, 6/11
- Outpatient Behavioral Health Services Seminars, 10/11
- Payment on Professional Crossover Claims, 10/11
- Peer Support Services Implementation, 7/11
- Post-Payment Reviews by Public Consulting Group, 2/11
- Proposed Changes to Medicaid Clinical Coverage Policy 8C, 8/11
- Provider Affiliation Enrollment Verification, 5/11

**Dental Providers:**
- American Dental Association Code Updates, 1/11
- Dental Program Changes, 10/11
- Dental Seminars: 7/11, 8/11, 9/11
- NC Health Choice Dental Policy, 10/11
- Revised Orthodontic Services Clinical Coverage Policy, 8/11

**Durable Medical Equipment Providers:**
- 2011 HCPCS Code Changes for Durable Medical Equipment, 2/11
- National Correct Coding Initiative Education: 2/11, 3/11
- Preferred Supplier for Select Incontinence Products and Non-Sterile Gloves, 4/11
- Prior Approval Requirement for HCPCS Code W4016 Bath Seat, Pediatric, 5/11
- Rate Revisions for Metabolic Formulas, 12/11
- Rate Revisions for Select Incontinence Products, 10/11
- Removal of Prior Approval Requirement From HCPCS Code W4016, Bath Seat, Pediatric, 3/11
- Roche ACCU-CHEK Diabetic Supplies Under the DME and Pharmacy Programs, 12/11

**Dialysis Facilities:**
- Tigecycline, 1 mg (Tygacil, HCPCS Code J3243): Billing Guidelines, 4/11

**Enhanced Behavioral Health (Community Intervention) Services Providers:**
- Behavioral Health Mobile Crisis Management, 1/11
- Claims for Community Support Team, Intensive In-Home, and Child and Adolescent Day Treatment Services after December 31, 2010, 1/11
- Critical Access Behavioral Health Agency Certification and Endorsement for Community Support Team, Intensive In-Home, and Child and Adolescent Day Treatment Services after January 1, 2011, 1/11
- Update to Article, 1/13/11
- Clarification, 2/11
- Medicare and Third Party Liability Bypass for Diagnostic Assessment and Partial Hospitalization, 4/11
- Post-Payment Reviews by Public Consulting Group, 2/11

**Federally Qualified Health Centers:**
- Antepartum Care and Postpartum Care Provided in Federally Qualified Health Center and Rural Health Clinics, 5/11
- Individual Behavior Change Intervention Services Provided in Federally Qualified Health Centers and Rural Health Centers, 5/11
- Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11

**Health Departments:**
- Compounded Hydroxyprogesterone Caproate, 7/11
- Electronic Claims Submission, 11/11
- Makena Billing Guidelines Revised for the Physician's Drug Program, 7/11
- Omalizumab, 5 mg (Xolair, HCPCS Code J2357): Change in Coverage: 4/11, 5/11
- Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11
- Revised Orthodontic Services Clinical Coverage Policy, 8/11
Health Department Dental Centers:
- American Dental Association Code Updates, 1/11
- Dental Program Changes, 10/11
- Dental Seminars: 7/11, 8/11, 9/11
- NC Health Choice Dental Policy, 10/11

HIV Case Management Providers:
- Application Deadline: 9/11, 10/11, 11/11, 12/11

Home Health Agencies:
- Peer Support Services Implementation, 7/11
- Physician Face to Face Encounter Certification Requirement, 7/11
- Preferred Supplier for Select Incontinence Products and Non-Sterile Gloves, 4/11
- Rate Revisions for Select Incontinence Product, 10/11
- Reimbursement Rates and Addition of New Pull-On Codes, 5/11

Hospice Providers:
- Physician Face to Face Encounter Requirement, 8/11
- Provision of Hospice Care for Children Under 12 Years Old, 8/11

Hospital Outpatient Services Providers:
- National Correct Coding Initiative Education: 2/11, 3/11
- Reporting of Never Events and Hospital-Acquired Conditions, 4/11

Hospitals:
- Changes in Specified Time to Request a Reconsideration Review, 1/11
- Changes to UB-04 Guidelines: 9/11, 11/11
- Cost Report, 10/11
- Hospital Rates, 10/11
- Incorrect Denials for Hospital Providers of Laboratory, Radiology and Pharmaceutical, 7/11
- Interim Billing, 05/11
- NC Mental Health, Developmental Disabilities and Substance Abuse Services Health Plan Waiver, 11/11
- Reporting of Never Events and Hospital-Acquired Conditions, 4/11

ICF-MR Providers:
- Notice of Rate Reductions, 11/11
- WIRM Portal, 6/11

Independent Practitioners:
- National Correct Coding Initiative Update, 4/11

In-Home Care Providers:
- Implementation of In-Home Care (IHC) Services, 5/11
- Independent Assessment Updates and Reminders: 1/11, 2/11

Local Education Agencies:
- 2009/2010 Local Education Agencies Cost Report, 2/11
- National Correct Coding Initiative Update, 4/11
Local Health Departments:
- Compounded Hydroxyprogesterone Caproate, 6/11

Local Management Entities:
- Behavioral Health Mobile Crisis Management, 1/11
- CAP/MR-DD Utilization Review by Local Management Entities, 1/11
  
  Correction: The phone number listed for Eastpointe LME was the emergency number. The correct phone number to use for CAP/MR-DD utilization review issues is 1-800-513-4002.
- Changes in Clinical Coverage Policy 8C, 12/11
- Claims for Community Support Team, Intensive In-Home, and Child and Adolescent Day Treatment Services after December 31, 2010, 1/11
- Clinical Coverage Policy Updates, 2/11
- Critical Access Behavioral Health Agency Certification and Endorsement for Community Support Team, Intensive In-Home, and Child and Adolescent Day Treatment Services after January 1, 2011, 1/11
  - Update to Article, 1/13/11
  - Clarification, 2/11
- Extension of Coverage for Provisionally Licensed Providers Billing Outpatient Behavioral Health Services through their LME, 6/11
- H Code Limits for Provisionally Licensed Professional Billing through the LME, 11/11
- MH/DD/SA Integrated Care Toolkit, 8/11
- Outpatient Behavioral Health Providers Billing to "Incident to" a Physician, 7/11
- Peer Support Services Implementation, 7/11
- Post-Payment Reviews by Public Consulting Group, 2/11
- Resolution for IPRS and Medicaid Claim Denials, 11/11

Maternity Care Coordination Providers:
- Child Service Coordination Program and Maternity Care Coordination Program, 2/11
- Pregnancy Care Management Services, 2/11

N.C. Health Choice Providers:
- Audits and Post Payments Reviews, 10/11
- Changes in Behavioral Health Authorizations and Billing for Health Choice, 9/11
- Claims Denial and Retro Authorization for Services, 11/11
- Clinical Coverage Policy Update, 9/11
- Forms Required for Processing and Payment of NC Health Choice, 10/11
- Health Choice Outpatient Specialized Therapies, 11/11
- Legislative Update, 8/11
- Medicaid and Health Choice Provider Payment Suspensions, 11/11
- New ID Cards and Referral Requirements for NC Health Choice Recipients, 10/11
- New Vaccine Billing Procedure, 10/11
- NC Health Choice Claims Processing, 9/11
- NC Health Choice Claims Processing Transition: 8/11, 10/11, 12/11
- NC Health Choice Prior Authorization Processing Transition, 10/11
- NC Health Choice Proposed Clinical Coverage Policies, 10/11
- NC Health Choice Well Visits and Vaccines, 12/11
- Notice of Rate Reductions, 11/11
- Provider Responsibilities in a Program Integrity Review or Audit, 11/11
Recipient ID Cards, 10/11
Reminder: N.C. Health Choice Eyeglasses Fabrication by Nash Optical Plant, 3/11
Requesting a Health Choice Review When an Adverse Decision Has Been Issued, 12/11
Upcoming Change to NC Health Choice Recipient Co-Payments, 9/11

Nurse Midwives:
- Clarification for Billing Multiple Birth, 4/11
- Compounded Hydroxyprogesterone Caproate: 6/11, 7/11
- Makena Billing Guidelines Revised for the Physician's Drug Program, 7/11
- Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11

Nurse Practitioners:
- Aglucosidase Alfa (Lumizyme, HCPCS Code J3590): Billing Guidelines, 1/11
- Brentuximab Vedotin: Billing Guidelines, 12/11
- Capsaicin 8% Patch (Quentera, HCPCS Code J7335): Billing Guidelines, 4/11
- Centruroides Immune: Billing Guidelines, 12/11
- Clarification for Billing Multiple Birth, 4/11
- Compounded Hydroxyprogesterone Caproate: 6/11, 7/11
- Dexamethasone Implant, Intravitreal, 0.1 mg, 8/11
- Injection, Factor X111 Concentrate, 9/11
- Injection, Icatibant Acetate: Billing Guidelines, 12/11
- Injection, Von Willebrand Factor Complex (Human), Wilate, 8/11
- Ipilimumab Injection Billing Guidelines, 6/11
- Makena Billing Guidelines Revised for the Physician's Drug Program, 7/11
- Methyl Aminolevulinate (MAL) for Topical Administration, 16.8%, 1 Gram (Metvixia, HCPCS Code J7309): Billing Guidelines, 4/11
- Nurse Practitioners Enrollment and Billing, 9/11
- Omalizumab, 5 mg (Xolair, HCPCS Code J2357): Change in Coverage: 4/11, 5/11
- Oxaliplatin, 7/11
- Peginterferon Alfa-2B Injection Billing Guidelines, 7/11
- Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11
- Romidepsin, 1 mg (Istodax, HCPCS Code J9315): Billing Guidelines, 4/11
- Tigecycline, 1 mg (Tygacil, HCPCS Code J3243): Billing Guidelines, 4/11

Nursing Facilities:
- Activities of Daily Living Clarification for Minimum Data Set 3.0 Validation Review, 3/11
- Minimum Data Set 3.0 Validation Seminar, 06/11

OB/GYN Providers:
- Clarification for Billing Multiple Birth, 4/11
- Obstetrical Due Date for Obstetrical Ultrasounds, 1/11
- Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11
Ophthalmology Providers:
- CPT Procedure Code 76519, 07/11

Optical Providers:
- Elimination of Adult Routine Eye Exams, Refractions and Visual Aids Services, 8/11
- Elimination of Adult Routine Eye Exams, Refractions and Visual Aids Services and Related Prior Approval and Billing Issues, 9/11

Optometrists:
- Cataract Surgery: CPT Procedure Code 66982, 1/11

Orthotics and Prosthetics Providers:
- 2011 HCPCS Code Changes for Orthotics and Prosthetics, 2/11
- Coverage for Lower Extremity Prosthetic Components, 3/11

Outpatient Behavioral Health Providers:
- Changes in Clinical Coverage Policy, 12/11
- Clarification of National Correct Coding Initiative and Enrollment, 7/11
- Clarification of Outpatient Behavioral Health CPT Codes, E/M Codes, Annual Limits, Referrals, and Prior Authorization, 4/11
- Clarification on Units of Service for Outpatient Behavioral Health Unmanaged Visits, 3/11
- Clarification of Unmanaged Outpatient Behavioral Health Visits for Children Turning 21, 6/11
- Clinical Coverage Policy Updates, 2/11
- Extension of Coverage for Provisionally Licensed Providers Billing Outpatient Behavioral Health Services through their LME, 6/11
- H Code Limits for Provisionally Licensed Professional Billing through the LME, 11/11
- National Correct Coding Initiative Update: Behavioral Health Services, 4/11
- National Correct Coding Initiative Update: Provisionally Licensed Professionals Billing 'Incident To' the Physician, 6/11
- Outpatient Behavioral Health Providers Billing to "Incident to" a Physician, 7/11
- Outpatient Behavioral Health Services Seminars: 9/11, 10/11
- Payment of Psychiatric Reduction on Professional Crossover Claims, 8/11
- Post-Payment Reviews by Public Consulting Group, 2/11
- Proposed Changes to Medicaid Clinical Coverage Policy 8C, 8/11
- Resolution for IPRS and Medicaid Claim Denials, 11/11

Peer Support Specialists:
- Peer Support Services Implementation, 7/11

Personal Care Service Providers:
- Implementation of In-Home Care (IHC) Services, 5/11
- Independent Assessment Updates and Reminders: 1/11, 2/11

Pharmacists:
- Coverage of Prescription Vitamins and Mineral Products for N.C. Medicaid Recipient, 4/11
- Drug Utilization Review Intervention Letters, 3/11
- New Prior Authorization Requirements for Vusion Ointment, 11/11
- New Prior Authorization Requirements for Xolair Injection, 11/11
- Phase Two Policy Implementation, 8/11
- Policy Implementation: Off Label Antipsychotic Monitoring Children through Age 17, 4/11
- Roche ACCU-CHEK Diabetic Supplies Under the DME and Pharmacy Programs, 12/11
- Suboxone, Subutex, and Buprenorphine Prior Authorization, 1/11
- Transition Period for Oral Inhaled Corticosteroids, Leukotrienes, and Statins, 3/11
- Upcoming Policy Implementation: Off Label Antipsychotic Monitoring in Children through Age 17, 3/11
- Update: Active Pharmaceutical Ingredients and Excipients, 3/11
- Vacation Supply Prescriptions Limited to Once a Year, 11/11

Physicians:
- Aglucosidase Alfa (Lumizyme, HCPCS Code J3590): Billing Guidelines, 1/11
- Belatacept: Billing Guidelines, 11/11
- Brentuximab Vedotin: Billing Guidelines, 12/11
- Capsaicin 8% Patch (Quentza, HCPCS Code J7335): Billing Guidelines, 4/11
- Care Coordination for Children, 2/11
- Centruorides Immune: Billing Guidelines, 12/11
- Clinical Coverage Policy Updates, 2/11
- Compounded Hydroxyprogesterone Caproate: 6/11, 7/11
- Dexamethasone Implant, Intravitreal, 0.1 mg, 8/11
- Injection, Factor X111 Concentrate, 9/11
- Injection, Icatibant Acetate: Billing Guidelines, 12/11
- Injection, Von Willebrand Factor Complex (Human), Wilate, 8/11
- Ipilimumab Injection Billing Guidelines, 6/11
- Makena Billing Guidelines Revised for the Physician's Drug Program, 7/11
- Methyl Aminolevulinate (MAL) for Topical Administration, 16.8%, 1 Gram (Metvixia, HCPCS Code J7309): Billing Guidelines, 4/11
- Omalizumab, 5 mg (Xolair, HCPCS Code J2357): Change in Coverage: 4/11, 5/11
- Peginterferon Alfa-2B Injection Billing Guidelines, 7/11
- Physician Assistant Enrollment, 9/11
- Physicians Billing for CPT Procedure Codes 15832-15837, 7/11
- Physicians Billing for CPT Procedure Code 16035, 7/11
- Physician Referral Form for HIV Case Management Services, 2/11
- Pregnancy Care Management Services, 2/11
- Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11
- Reporting of Never Events and Hospital-Acquired Conditions, 4/11
- Romidepsin, 1 mg (Istodax, HCPCS Code J9315): Billing Guidelines, 4/11
- Tigecycline, 1 mg (Tygacil, HCPCS Code J3243): Billing Guidelines, 4/11

Podiatrists:
- Claims for CPT Code 29904, 29905, 29906 and 2990, 8/11
- Podiatrists Billing for CPT Procedure Codes 13160 and 29581, 11/11
- Podiatrists Billing for CPT Procedure Code 15740, 4/11
- Podiatrists Billing for CPT Procedure Code 27618, 4/11
- Podiatrists Billing for New Patient Office Visit CPT Procedure Codes 99201-99205, 7/11

Practitioners:
- National Correct Coding Initiative Education, 2/11
Pregnancy Medical Home Providers:
• Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11
• Registering for Obstetrical Ultrasounds: 4/11, 5/11

Prescribers:
• Coverage of Prescription Vitamins and Mineral Products for N.C. Medicaid Recipient, 4/11
• Drug Utilization Review Intervention Letters, 3/11
• New Prior Authorization Requirements for Vusion Ointment, 11/11
• New Prior Authorization Requirements for Xolair Injection, 11/11
• Policy Implementation: Off Label Antipsychotic Monitoring Children through Age 17, 4/11
• Suboxone, Subutex, and Buprenorphine Prior Authorization, 1/11
• Transition Period for Oral Inhaled Corticosteroids, Leukotrienes, and Statins, 3/11
• Upcoming Policy Implementation: Off Label Antipsychotic Monitoring in Children through Age 17, 3/11
• Update: Active Pharmaceutical Ingredients and Excipients, 3/11
• Vacation Supply Prescriptions Limited to Once a Year, 11/11

Private Duty Nursing Providers:
• Preferred Supplier for Select Incontinence Products and Non-Sterile Gloves, 4/11
• Rate Revisions for Select Incontinence Product, 10/11
• Reimbursement Rates and Addition of New Pull-On Codes, 5/11

Provisionally Licensed Providers:
• Extension of Coverage for Provisionally Licensed Providers Billing Outpatient Behavioral Health Services through their LME, 6/11

Psychiatric Hospitals:
• Post-Payment Reviews by Public Consulting Group, 2/11

Psychiatric Residential Treatment Facilities:
• Post-Payment Reviews by Public Consulting Group, 2/11

Radiology Services:
• CPT Codes 74300, 5/11
• Mammography/Computer-Aided Detection, 5/11
• Obstetrical Due Date for Obstetrical Ultrasounds, 1/11
• Radiation Management Follow-up, 5/11

Residential Child Care Treatment Facilities:
• Post-Payment Reviews by Public Consulting Group, 2/11

Rural Health Clinics:
• Pregnancy Medical Home Project Seminars: 1/11, 2/11, 3/11

Skilled Nursing Providers:
• WIRM Portal, 6/11

Targeted Case Management for Individuals with Intellectual and Developmental Disabilities:
• Extension of Current CAP-MR/DD Waiver and Process For Submitting Authorization Requests, 12/11
• Post-Payment Reviews by Public Consulting Group, 2/11