
The CNConnector

Volume 4, Issue 4

1st Quarter, 2007

2007 - A NEW YEAR, A NEW CNC!

CNC is committed to significantly increasing our value to our providers and to providing you with the best in network management services. We hope you are as excited as we are about our many new programs for 2007!

CNC Provider Representatives

Every CNC provider now has a personal CNC Provider Representative! Our experienced healthcare professionals are here to assist you with any CNC-related issue and to help you solve your claim problems.

Free Continuing Education

CNC will be assisting our providers with the costs of meeting their annual/biannual CE requirements by providing FREE continuing education EVERY year!

TOLL-FREE Phone and Fax Numbers

To reduce the costs of doing business with our network, we now have TOLL-FREE phone and fax numbers.

Our toll free phone number is 1-877-4CN-C411 (1-877-426-2411).

Our toll free fax number is 1-877-FAX-CNC0 (1-877-329-2620).

No Surveys Due in 2007

The requirement to participate in the Patient Satisfaction Survey Program has been suspended for 2007! That means NO SURVEYS are required for 2007!

CNC Dividend Checks

Similar to NCMIC's annual dividend checks, "Excellence In Action" is a "Thank You" program to those particular providers who have had no quality issues and are the most cost effective when compared to their peers in the CNC network. This program returns a portion of the total CNC administration fee paid by eligible CNC providers during the previous calendar year.

CHIROTRACK-(Electronic Claims Filing)

Our electronic claims filing system is in use in hundreds of offices, and we are moving quickly to complete this project so that ALL CNC providers can use this great system. Please be patient, we are registering all providers as quickly as possible. We will contact you by phone when we are ready to get your office started on ChiroTrack.

Commitment to Excellent Service

We are committed to exceeding your expectations in all the services that we provide. If at any time our service does not exceed your expectations, please contact our Executive Director directly, Mrs. Parker Binder, at (704) 895-8117, ext 2.

*"For last year's words belong to last year's language
And next year's words await another voice.
And to make an end is to make a beginning.
~T.S. Eliot, "Little Gidding"*

FREE Continuing Education for South Carolina CNC Providers

CNC is excited to announce our new “Free CE from CNC” in conjunction with the South Carolina Chiropractic Association. Effective January 1, 2007, CNC will pick up the tab for ½ the cost (\$142.50) of your continuing education courses offered at the SCCA annual convention, if you pre-register by April 15, 2007!

Our goal is to assist you with the costs of meeting your biannual continuing education requirements. As you know, to remain licensed, SC providers are required to obtain 24 hours of CE every two years. Beginning in 2007, CNC will pay ½ the cost of the EARLY BIRD REGISTRATION fee for continuing education courses offered by the SC Chiropractic Association at the annual convention in Myrtle Beach, SC for every South Carolina CNC participating provider. You must pre-register by April 15, 2007!

The SCCA is working with CNC to make this as easy as possible! You will still register with the SCCA for the convention and the continuing education course(s) that you would like to attend. The SCCA will bill CNC for ½ of the cost!

If you are not currently a SCCA member, please join your state association today and take advantage of all of the member benefits, including CNC’s assistance with the cost of your CE requirements!

You may contact the SCCA at 803-772-9376 or visit their website at www.scchiropractic.org.

CNC encourages all chiropractors to join their state association. However, if you are a CNC participating provider but NOT a member of your state association, on your behalf CNC will pay the SCCA the equivalent of ½ of the SCCA MEMBER cost (\$142.50) of the Early Bird Registration fee towards your biannual CE requirements, provided the CE is through the SCCA convention AND provided you preregister with the SCCA by April 15th, 2007. Your state association serves ALL chiropractors in your state, not just the members.....so please consider joining today!

Be sure to complete the Early Bird Registration with the SCCA by April 15, 2007 and let CNC pick up the tab for ½ the cost of your required continuing education!



CNC South Carolina Chiropractors ONLY!

FREE Continuing Education for North Carolina CNC Providers

CNC is excited to announce our new “Free CE from CNC” annual seminar program designed to assist you with meeting your annual continuing education requirements. Beginning with our first annual seminar in April, we will be offering 12 hours of FREE CE to all North Carolina CNC providers each year!

This first seminar will be held at the Sheraton Resort at Four Seasons/Koury Convention Center in Greensboro, NC on Saturday, April 21st and Sunday, April 22nd. Lunch will be provided by CNC on Saturday. Additionally, the CNC Board of Directors will be hosting a cocktail reception for all attending CNC providers from 5 - 6:30 PM on Saturday, immediately following the seminar.

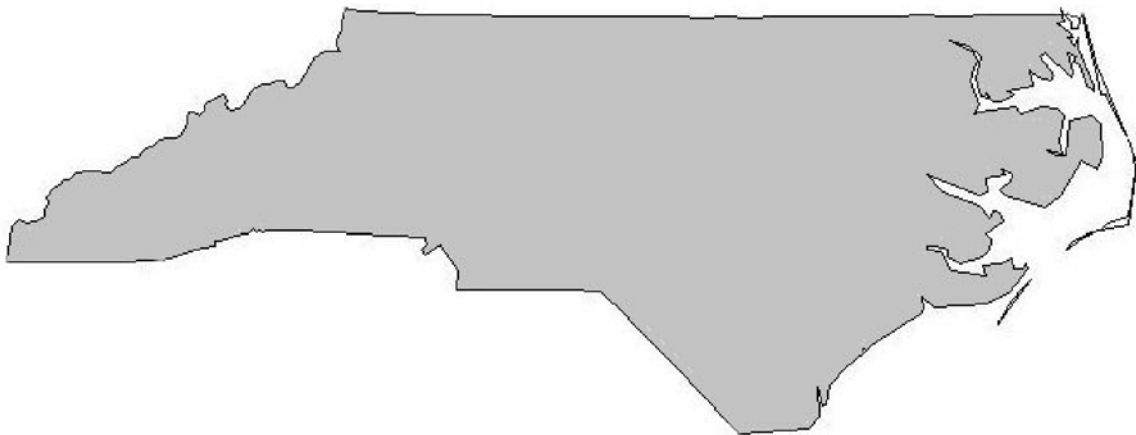
We are pleased to bring you the following outstanding speakers for this seminar: Dr. Art Croft will present a course on “Whiplash: Advanced Tools”. Dr. Maurice Pisciotano and Dr. John Davila will be presenting a course on “Clinical Justification for Evidenced Based Outcome” and “Introductory Class on the Use and Operation of the ProAdjuster Manipulative Technique”. Please review your registration packet for more details, including how to register. If you have any questions about how to register, please contact your CNC Provider Representative.

*(Space is limited for each course so please **register early** to ensure that you are able to attend the course of your choice.)*

Please DO NOT delay.

Registration for this seminar ends

April 1, 2007!



CNC North Carolina Chiropractors ONLY!

Want to Get Your “CNC” Claims Paid Faster?

Please remember to include the 2-digit relationship SUFFIX, if it is listed on the patient ID card, as part of the subscriber’s ID number on your CMS 1500 (HCFA)!

CNC RETURNS approximately 2500 claims EVERY DAY to our CNC providers for incorrect subscriber ID#’s. The vast majority of these claims are returned because the required 2-digit relationship suffix in the member’s ID# is not included on the claim form. Returning these claims to you causes delays in the processing of your claims, so please help us help you get your claims paid more quickly!



If the 2-digit relationship suffix (ex: 01, 02, 51, etc.) is listed on the member’s ID card, it is part of the **complete member ID number** and must be included in **box 1a on the CMS 1500 (HCFA)**. These claims cannot be adjudicated by the payors without the entire member ID number.

FOR NORTH CAROLINA PROVIDERS, this problem is occurring primarily with BCBSNC claims for the following plans:

Blue Options Blue Advantage Blue Care

The CORRECT, COMPLETE ID number that appears on the members BCBSNC ID card consists of:

- A four letter alpha prefix (Ex: YPPW)
- Followed by eight numbers (Ex: 12345678)
- Followed by the **2-digit relationship suffix** that appears on the member’s ID card to the left of the member’s name:

EXAMPLE: 01 John Doe (refers to member)

PLEASE REMEMBER, THE CORRECT RELATIONSHIP SUFFIX IS ANY TWO-DIGIT NUMBER THAT APPEARS ON THE MEMBER’S ID CARD TO THE LEFT OF THE MEMBER’S NAME!

When filling out your claims for these plans, **you must add this two-digit relationship suffix to the ID number in Box 1a of CMS 1500 (HCFA) form.** (The complete member ID number for these plans contains 14 digits, not just 12!)

EXAMPLE OF ID #S THAT SHOULD BE IN BOX 1a ON YOUR CMS 1500 (HCFA) FOR PATIENTS:

SELF:	YPPW12345678 <u>01</u> OR YPPW12345678 <u>51, 61, 81</u>
SPOUSE OR CHILD:	YPPW12345678 <u>02</u> OR YPPW12345678 <u>52, 62, 82</u>
SPOUSE OR CHILD:	YPPW12345678 <u>03</u> OR YPPW12345678 <u>53, 63, 83</u>

FOR SOUTH CAROLINA PROVIDERS, this problem is occurring primarily with Cigna Healthcare plans.

The CORRECT, COMPLETE ID number that appears on the members Cigna ID card must include the two-digit relationship suffix to the right of the main portion of the member ID number.

PLEASE REMEMBER, THE CORRECT RELATIONSHIP SUFFIX IS ANY TWO-DIGIT NUMBER THAT APPEARS ON THE MEMBER'S ID CARD AND IS USUALLY FOUND TO THE RIGHT OF THE MAIN NUMBER!

When filling out your claims for these plans, you must add this two-digit relationship suffix to the ID number in Box 1a of the CMS 1500 (HCFA) form. (The complete member ID number for these plans contains 11 digits, not just 9!)

EXAMPLE OF ID # THAT SHOULD BE IN BOX 1a ON YOUR HCFA 1500 FOR CIGNA SC PATIENT JOHN DOE:

U12345678 01 = Self
U12345678 02 = Spouse
U12345678 03 = Child

To assist you in reducing the number of denials, CNC will return any claim with an incomplete ID# to your office for correction. Simply add the missing relationship suffix to the claim, confirm the relationship in box 6 is correct and the name of the primary insured is in box 4, and send it back to CNC! **PLEASE DO NOT MARK "CORRECTED CLAIM"** on these claims, for these claims have not been previously adjudicated.

Please review this important issue with all appropriate billing personnel so that we can help you turn your denials into payments! If you have any questions, please contact your CNC Provider Representative for assistance.

Visit our Website
<http://www.cncarolinas.com>

“EXCELLENCE IN ACTION”

(Dividend Checks from CNC!)

CNC is excited to announce our new “Excellence in Action” program!

Many of you are aware that NCMIC awards an annual dividend check to some of their clients based on the total amount of the annual premium paid, as well as the length of time with no claims activity (i.e. - quality and cost containment). “Excellence in Action” is a similar program.

To clarify, CNC will issue dividend checks to those providers who, for the previous calendar year, have had no quality issues (for example, no BOE issues that resulted in disciplinary action or other quality issues) and who were the most cost effective when compared to their peers in the CNC network.

The amount of each dividend check will be a percentage of the total amount of the CNC administration fee paid by that provider during the previous calendar year. The dividend check amount will be equal to a percentage of the total administration fee paid by that provider to CNC during the previous year. To be eligible for an “Excellence in Action” dividend check, a provider must:

- Have been an active CNC provider during the entire preceding calendar year.
- Have had no quality issues.
- Must have distinguished themselves as one of the top 3 groups of above-average providers in our annual utilization review, when compared to all CNC providers for the preceding calendar year.

**** If you do not receive an “Excellence in Action” dividend check from CNC, please be assured that this does not affect your continued participation with our network!****

CNC is committed to reducing the costs to our providers of contracting with our network and this program, like NCMIC’s, is designed to return a portion of the CNC admin fee as a thank you for doing a great job.

To give you an example of the amount of the dividend checks that this program will yield, when we examined the relevant data from October 1, 2005 to October 1, 2006, more than 250 providers would receive dividend checks, ranging from \$8,400.00 to \$250.00. The average dividend check amount was \$1,173.00! “Excellence in Action” dividend checks will be mailed by March 31st, 2007.

Blue Cross Blue Shield of North Carolina’s, Mr. Howard Barnell, with Network Management stated “he believes quality incentive programs such as “Excellence in Action” can improve the quality of health care for members as well as make a difference in efforts to reduce health care costs. Similar quality programs are gaining momentum across the country. It fits with our strategy to line up health outcomes with financial incentives and recognition so that BCBSNC members receive the highest quality care in a cost-effective manner.”

Excellence in Action cont...

Mr. Paul Stetson, Director of Network Management at Medcost added “I believe that a mutual goal of both our organizations is to enable Carolinas employers to offer quality healthcare at an affordable price for their employees and dependents. CNC’s “**Excellence in Action**” program incorporates the most important elements: cost and quality. Too often, such programs emphasize cost and neglect quality and service. Your program seems to have the proper balance. We (Medcost) support any and all such efforts that provide motivation and align incentives to control healthcare costs.”

CNC is committed to providing our physicians with the best in network management services. We hope you are as excited about this new program as we are! CNC is changing, and “**Excellence in Action**” is just one way CNC is saying thanks for doing an excellent job as a network provider for CNC.

RESULTS OF YOUR PATIENT SATISFACTION SURVEYS

**CNC RECENTLY MAILED THE SUMMARY RESULTS OF THE
PATIENT SATISFACTION SURVEYS FOR 2006.**

We appreciate your cooperation in this program, and we are pleased (but certainly not surprised!) that the overwhelming majority of the surveys indicated a very high level of satisfaction with the care and services provided by the CNC network providers. This information will be shared with our managed care partners later in the year.

Patient satisfaction is an important indicator of the quality and effectiveness of services provided by CNC offices. The survey results provide meaningful and actionable information on how patients perceive your practice and the care they receive. This is a unique opportunity to learn more, from your patient’s perspective, about what makes your practice great or what areas may be improved. We hope you found the summary helpful.

**CNC Providers
WILL NOT BE REQUIRED
to do Patient Satisfaction Surveys in 2007!**

THE BUZZ ABOUT CHIROTRACK



“ChiroTrack was easy to install, very user friendly and the support from the CNC Staff can not be beat! Our claims get processed faster with less room for errors and it saves our office money in paper claims and stamps. Overall as the Office Manager, I have to say I love it!”

– Shelly Jones, Office Manager for Carolina Chiropractic in Southern Pines, NC.

“Signing up and beginning ChiroTrack was so easy! Kelli & BizTech were all very helpful! It is such a pleasure to send claims via ChiroTrack and be able to fix the errors so easily!! It saves me tons of time!”

– Venesca, from Clayton Chiropractic in Clayton, NC.



“ChiroTrack is wonderful! It is so helpful to be able to correct claims before they are even sent out. I can’t tell you how happy we are with the turnaround time either – it’s amazing! What was once 6-8 weeks is down to 10 days – NICE!”

– Heather H., from Keystone Chiropractic



ChiroTrack

ChiroTrack is up and running and the positive feedback from our providers is phenomenal! The electronic claims processing system is running smoothly and efficiently. We have received great feedback from the many offices currently LIVE on ChiroTrack. The offices that are currently using ChiroTrack report the many benefits of using the system:

- Extremely easy to use.
- Big time saver!
- Saves you money!
- Improves turnaround time for payment of your claims!
- Reduction in errors.
- Great service and support from CNC.

ChiroTrack saves our CNC providers money in many different ways. If you are currently using a clearinghouse to submit your claims, you no longer have to pay the clearinghouse for your CNC claims because ChiroTrack is **FREE** for all CNC providers! Because you will be submitting claims electronically, your office will save money on postage and supplies, but most of all, ChiroTrack creates real savings for our providers by significantly reducing the time your staff spends printing and mailing paper claims!

Per the Milliman Study, “the average physician can save as much as \$23,124 per year by sending claims electronically rather than by paper!”

ChiroTrack is simple and easy to use! Once the initial “testing phase” is complete and your office is LIVE on ChiroTrack, the claims processing time is much quicker than when submitting claims by paper so claims are getting paid faster, making our providers and billing managers happier!

ChiroTrack was designed to help your office submit “clean” claims to insurance companies. ChiroTrack has several levels of custom edits that check your claims for problems that would likely result in a denial of the claim, just as your practice management software may have a “pre-insurance” report that lets you know of certain errors before you actually send the claim out for adjudication by the payor. ChiroTrack promptly identifies the problem and even identifies the appropriate box on the CMS 1500 (HCFA) form that needs to be corrected. You simply correct the problem and resubmit the “clean” claim electronically to CNC. These edits help to ensure that your claims will process more quickly when they reach the payor.

CNC is currently registering provider offices that use any of the following three practice management software packages:

EZ BIS
MEDISOFT
AMS

If you are using one of the above practice management software packages and have not yet been contacted by CNC to start using ChiroTrack, please contact Kelli McDonnell at (704) 895-8117, extension 140. She will get you started using ChiroTrack right away.

We will begin registering providers for ChiroTrack that use the following practice management systems soon. If you are using either of these software packages, CNC will be contacting you shortly to get you started:

**LYTEC
DB CONSULTANTS**

If you are using either Lytec or DB Consultants and have already preregistered for ChiroTrack, CNC will contact you by telephone when we are ready for you to begin testing.

If you do not use EZ Bis, MediSoft, AMS, Lytec or DB Consultants, but you are very familiar with creating a batch file (text or image file), or an 837p file, then you may be able to start using the ChiroTrack system right away. Please contact Kelli McDonnell at 704-895-8117 ext. 140 or fax her at 704-895-8664, and she will work with you to get you started quickly.

If you are using a practice management software that is not listed above, please be patient with us. We will get to your software as soon as possible!

Please note that CNC understands that most practice management software packages need to be upgraded to handle the new CMS-1500 (HCFA) forms. There may be a slight delay in getting you started with ChiroTrack if you have not already upgraded your software. We want to make your transition to ChiroTrack as smooth and as seamless as possible. We only want you to have to go through the testing phase once, so if you are upgrading your software to accommodate the new CMS-1500, please wait until this process is complete before you begin using ChiroTrack. Again, we are working as fast as we can to get all CNC offices on ChiroTrack as quickly as possible. We look forward to working with your office to get you started on ChiroTrack!

**PLEASE VISIT OUR
WEBSITE:**

www.cncarolinas.com

South Carolina Providers!

COME JOIN THE FUN!

SCCA 2007 NINTH ANNUAL
“*TEE IT UP FOR CHIROPRACTIC*”
LEGISLATIVE FUND GOLF TOURNAMENT

The SCCA, CNC, and Mercedes Benz invite you to participate in the 9th Annual SCCA “*TEE IT UP FOR CHIROPRACTIC*” Golf Tournament on Thursday, April 19, 2007, 10:30am (shotgun start) at Columbia Country Club in Blythewood, SC.

When and Where

- Thursday, April 19, 2007
- 10:30 a.m. Shotgun Start
- Columbia Country Club
- Blythewood, SC

Four-Person Captain's Choice

\$450.00 per team (all-inclusive)

- Green Fees and Carts
- Dinner Buffet
- Practice Green
- Non-alcoholic Beverages on Course
- Best Goodie Bags Around

Prizes

- HUGE Raffle
- 1st through 3rd Place Trophies
- Closest-to-the-Pin Prize
- Last Place Prize

Questions about the
SCCA Golf Tournament?
Call 803-772-9376 or
email scca@capconsc.com

IMPROPER FILING OF MEDCOST CLAIMS

Improper filing of a claim costs time and money to the provider, to the re-pricer, and the payor, but most importantly to the patient. Patients whose claims are mailed to the wrong place for processing run the risk of not receiving their PPO in-network benefits, simply because a claim was not filed correctly. There are three things a provider can do to prevent improper filing of a claim:

1. Each time the patient comes in for a visit, always have the receptionist or billing staff ask the patient for an updated insurance card. This helps prevent filing claims under policies that are no longer active.

2. If you are unsure where to send a MedCost claim, simply use the MedCost Reference Guide. If you have not received your User ID and Password, contact your CNC Provider Representative and they will gladly get you connected. This will give you access to hundreds of companies and payers and help determine whether to send the claim to CNC or directly to the payer.

3. If you do not have access to the MedCost Reference Guide, fax a copy of the patient's ID card to CNC at 704-895-8664. We will help you determine where to correctly file the claim to get it processed correctly the first time.

INSTRUCTIONS REGARDING THE USE OF THE NEW CMS 1500 (HCFA) FORM AND YOUR NPI NUMBERS

To start using the new NPI numbers, you must first begin using the new CMS-1500 form – Version 08/05. The new claim form was specifically designed to allow all insurance companies to accept the NPI numbers. The NPI numbers will replace other Provider Identifiers previously used by health care providers that were assigned by payers. (Examples of Provider Identifiers are your BCBS ID #, UPIN number, Medicare number, etc).

New CMS 1500 (HCFA) NPI Number Fact Summary

January 1, 2007

Insurance companies began accepting the new CMS 1500 (HCFA) form.

January 1 - April 2, 2007 Transitional Phase

During the transitional phase, you may begin using the new CMS 1500 (HCFA) form but you must include **BOTH** your NPI number(s) and, if there is one, the appropriate Provider Identifier number, such as your BCBS ID #.

April 2, 2007

After April 2, 2007, insurance companies will **ONLY** accept the new CMS 1500 (HCFA) form. Any paper claims submitted to CNC after this date must be submitted on the new CMS 1500 (HCFA).

May 23, 2007

Beginning May 23, 2007 **ONLY** NPI numbers will be accepted by insurance companies. Insurance companies will no longer accept claims containing Provider Identifiers originally assigned to each provider (such as your BCBS ID #).

Please visit our website: www.cncarolinas.com for complete details regarding changes to the CMS 1500 (HCFA) form. Click on the tab labeled “Providers” at the bottom of the drop down box and then click on the tab labeled “NPI.”

If you use a clearinghouse, please make sure that your clearinghouse is able to accept the new CMS 1500 (HCFA) form and find out if there are any special instructions that you need to follow.

Tips and Tricks for *Blue e*

To find patient eligibility and benefits you have two options:

1. Member Name Search

You'll need the patient's first and last names and date of birth

If the member is an in-state member, meaning they are a member of Blue Cross Blue Shield of North Carolina, they will be easily identified by using this method. You may search for out-of-state member's benefits, however, keep in mind they may be limited or not loaded on the Blue e website, but may be available in the future.

If you know the patient is with the Federal Employee Program you will need to click on the FEP Search to find the patient ID number.

If you know the patient ID number, you can find their benefits under the Health Eligibility Search. You'll need the following information:

2. Health Eligibility

Member's/Patient's ID number

Member/Patient Date of Birth

Coverage Date (The date you want to know if they have (had) coverage)

To get Chiropractic benefits, you'll need to click on Specialty. If no Chiropractic benefits appear when you click on Search, you can try chiropractic benefits under the Professional benefit type.

Claim Status

To check the status of CNC/BCBS claims you need the following information:

CNC's provider number 0194L.

The patient's ID number.

Date of Service you are researching.

Blue Cross Blue Shield Important News

Blue Cross Blue Shield of North Carolina is partnering with American Imaging Management, Inc. (AIM) to implement a diagnostic imaging management program for the management of outpatient, high-tech diagnostic imaging services.

Ordering physicians for BCBSNC members must contact AIM to obtain prior plan approval (also known as prior review or prior authorization) before scheduling an imaging exam for the outpatient diagnostic, non-emergency services listed below:

- CT/CTA scans
- MRI/MRA scans
- Nuclear cardiology studies
- PET scans

Beginning February 1, 2007, you will be able to obtain and verify authorizations by logging on to **ProviderPortal** through Blue e, 7 days a week, 4am to 1am, Eastern time, calling toll-free at 1-866-455-8414, Monday through Friday, 8am to 5pm, Eastern time, or faxing AIM at 1-800-610-0050.

CORRECTED CLAIMS

Not sure whether the claim you are resubmitting should be marked “Corrected” or not? The following are some guidelines that will help answer this question:

- A) Has the claim already been processed and adjudicated by the insurance company?
- B) Have you received an Explanation of Benefits (EOB) for this claim?
- C) Was the claim incorrectly processed by the insurance company?

If you have answered “YES” to all three of these questions, please follow the steps below to file for correction:

- 1) Make any necessary corrections and generate a new CMS (HCFA)1500.
- 2) Mark the new CMS (HCFA) 1500 “Corrected” clearly in the address header.
- 3) Attach a copy of the EOB from the previous adjudication to the new CMS (HCFA) 1500.
- 4) Mail to CNC, and we will be glad to file for the correction.

If you have answered “NO” to the questions above, the claim has not been processed, therefore should not be resubmitted as a corrected claim. Examples are as follows:

- 1) CNC has returned a claim to you for incomplete or incorrect information (these returns will be accompanied by a CNC Claims Return Form or a CNC Electronic Claim Error Report).
- 2) CNC has returned a claim to you stating the insurance company has rejected it due to invalid ID # or invalid ID # for the date of service (these returns will be accompanied by a Claim Rejection from Insurance Company Form or a CNC Electronic Claim Error Report – this is not a denial or an EOB and this claim has not yet been adjudicated).
- 3) You have received a “Mailback” from the insurance company stating information is incomplete or incorrect (this is not a denial or an EOB and this claim has not yet been adjudicated).

If any of the above or similar examples apply to the claim, please follow the steps below to resubmit the claim:

- 1) Make any necessary changes and generate a new CMS (HCFA)1500.
- 2) Do not mark the new CMS (HCFA) 1500 in anyway.
- 3) Include the original or a copy of all documentation that was returned to you with the incorrect CMS (HCFA)1500.
- 4) Include any additional documentation that may have been requested – Primary Insurance EOB, a copy of the insurance card, etc.
- 5) Mail to CNC, and we will be glad to process the claim.
- 6) If you are a ChiroTrack provider, you may refile the claim through the ChiroTrack system unless a primary EOB or a copy of the insurance card is needed then you will need to refile on a paper CMS (HCFA) 1500.

If you have any questions regarding what type of claim you are submitting, please call your CNC Provider Representative for assistance.

In summary, if the claim has not been processed and adjudicated by the insurance company(i.e. if you have not received an EOB), it should not be resubmitted as a “Corrected” claim.

Provider Representatives

Codes No Longer Valid

CNC Provider Representatives

In January of this year, CNC introduced our new Provider Representative Program. This program was designed to significantly improve the level of service that CNC provides to you and your staff. Each CNC provider has been assigned a personal Provider Representative to assist you with any of your “CNC” questions or issues. A packet with a letter introducing your CNC Provider Rep was mailed to you in January and the same letter was also included in your CNC provider check cut at the end of January. Please feel free to fax or call your Provider Representative at anytime concerning any issue! Our Representatives are here to help you!

If you are unsure about who your Provider Rep is, please call CNC, and we will gladly assist you.

You may reach your Provider Rep by calling CNC at (704) 895- 8117 with the extensions listed below:

Mrs. Debby Brown	ext 120
Mrs. Melissa Casatelli	ext 118
Ms. Lisa Compton	ext 117
Mrs. Linda Howington	ext 121
Mrs. Dawn Swink	ext 116

Each of the Provider Representatives are healthcare professionals and are experts at solving billing issues, researching claim denials, tracing claims and so much more! We encourage you to contact your CNC Provider Representative any time we can be of assistance. We are committed to providing you with the best in network management services and your Provider Representative is here to solve your problems, offer support, and assist you in every way!

The following codes are being added and/or deleted from the HCPCS effective January 1, 2007. Please make note of these additions and deletions.

Code Deletions	Use New Code
L0100	A8002 or A8003
L0110	A8000 or A8001
L3902	L6624

Additions for 2007	Code Description
A8000	Helmet, protective, soft, prefab, includes all components and accessories
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment.
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface material, straps, custom fabricated, includes fitting and adjustment.
L3808	Wrist hand finger orthosis, rigid without joint(s), may include soft interface material, straps, custom fabricated, includes fitting and adjustment.
L3815	Wrist hand finger orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface material, straps, prefabricated, includes fitting and adjustment.



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