

April 2018 NC Medicaid Bulletin Digest

Accepting and Billing Medicaid Beneficiaries

WEDNESDAY, APRIL 18, 2018

In accordance with 10A NCAC 22J .0106, a provider may refuse to accept a patient as a Medicaid patient and bill the patient as a private pay patient only if the provider informs the patient that the provider will not bill Medicaid for any services, but will charge the patient for all services provided.

More

Billing Guidelines: Vestronidase alfa-vjbk injection, for intravenous use (Mepsevii) HCPCS code J3590

WEDNESDAY, APRIL 18, 2018

Effective with date of service December 1, 2017, the North Carolina Medicaid and NC Health Choice (NCHC) programs cover vestronidase alfa-vjbk injection, for intravenous use (Mepsevii) for use in the Physician's Drug Program (PDP) when billed with HCPCS code J3590 – Unclassified biologics.

<u>More</u>

NCTracks Update: Reprocessing of Claims due to Personal Care Services Rate Change

WEDNESDAY, APRIL 18, 2018

As previously communicated, *Reimbursement Rate Increase*, North Carolina Medicaid retroactively increased the rate for Personal Care Services and the Community Alternatives Program for Children.

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Billing Guidelines: Coagulation Factor IX (Recombinant), GlycoPEGylated, lyophilized powder for solution for intravenous injection (Rebinyn) HCPCS code J7199

WEDNESDAY, APRIL 18, 2018

Effective with date of service Jan. 30, 2018, the North Carolina Medicaid and NC Health Choice (NCHC) programs cover Coagulation Factor IX (Recombinant), GlycoPEGylated, lyophilized powder for solution for intravenous injection (Rebinyn) for use in the Physician's Drug Program (PDP) when billed with HCPCS code J7199 - Hemophilia clotting factor, not otherwise classified.

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Institutional Respite Under the Community Alternatives Program for Disabled Adults

WEDNESDAY, APRIL 18, 2018

The Community Alternatives Program for Disabled Adults (CAP/DA) Waiver allows Adult Day Health (ADH) centers licensed to provide overnight respite to be providers of CAP/DA Institutional Respite.

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Change in Coverage: Hyaluronan or derivative, intra-articular injection

WEDNESDAY, APRIL 18, 2018

North Carolina Medicaid was recently made aware that several manufacturers of viscous hyaluronic acid products changed the status of their products from "drugs" to "devices" effective Oct. 24, 2017 and are therefore no longer offering rebate agreements with the Centers of Medicare & Medicaid Services.

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Billing Code Update for Nurse Practitioners and Physician Assistants (April 2018)

WEDNESDAY, APRIL 18, 2018

The NC Division of Medical Assistance (DMA) has received calls concerning claim denials for some services provided by nurse practitioners (NPs) and physician assistants (PAs).

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Pharmacy Reimbursement Methodology Changes

WEDNESDAY, APRIL 18, 2018

On July 21, 2017, the Centers for Medicare & Medicaid Services notified North Carolina Medicaid that its State Plan Amendment (SPA TN17-0003) had been reviewed and was approved effective April 1, 2017.

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Billing Guidelines: Etelcalcetide injection, for intravenous use (Parsabiv) HCPCS code J0606

WEDNESDAY, APRIL 18, 2018

Effective with date of service Jan. 4, 2018, the North Carolina Medicaid and NC Health Choice (NCHC) programs cover etelcalcetide injection, for intravenous use (Parsabiv) for use in the Physician's Drug Program (PDP) when billed with HCPCS code J0606 - Injection, etelcalcetide, 0.1 mg.

<u>More</u>

Update to Clinical Coverage Policy 1A-42 Balloon Ostial Dilation (BOD)

WEDNESDAY, APRIL 18, 2018

Effective Feb. 1, 2018, Clinical Coverage Policy 1A-42, *Balloon Ostial Dilation*, was revised to include new coverage of CPT code 31298 (balloon dilation of frontal and sphenoid sinus).

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Billing Guidelines: Hepatitis B vaccine (recombinant), adjuvanted solution for intramuscular injection (Heplisav-B) HCPCS code 90739

WEDNESDAY, APRIL 18, 2018

Effective with date of service Jan. 8, 2018, the North Carolina Medicaid and NC Health Choice (NCHC) programs covers hepatitis B vaccine (recombinant), adjuvanted solution for intramuscular injection



(Heplisav-B) for use in the Physician's Drug Program (PDP) when billed with HCPCS code 90739 - Hepatitis B vaccine (HepB), adult dosage, two dose schedule, for intramuscular use.

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SPECIAL BULLETIN: Prior Approval Requirements for Level of Care and CAP Waiver Services

SUNDAY, APRIL 15, 2018

NC Division of Medical Assistance (DMA) implemented a prior approval (PA) process for the Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) home- and community-based services waivers for Level of Care (LOC) and CAP waiver services.

More

The Office of the State Auditor Single Audit – State Fiscal Year 2018

TUESDAY, APRIL 10, 2018

Every year, in accordance with 2 CFR part 200, subpart F, the NC Office of the State Auditor selects a sample of North Carolina Medicaid and NC Health Choice claims to review to determine the state's compliance with federal and state regulations for claims paid in the prior state fiscal year, which runs from July 1 to June 30.

More

Update: Clinical Coverage Policy 2A-1, Acute Inpatient Hospital Services and 1A-4, Cochlear and Auditory Brainstem Implants

TUESDAY, APRIL 10, 2018 Changes to two clinical coverage policies – <u>2A-1, Acute Inpatient Hospital Services</u> and <u>1A-4, Cochlear</u> <u>and Auditory Brainstem Implants</u> – will soon become effective.

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NCTracks Provider Training Available in April 2018

TUESDAY, APRIL 10, 2018

Registration is open for the April 2018 instructor-led provider training course and annual seminar listed below. Slots are limited.

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Update to NC Medicaid Electronic Health Record Incentive Program (April 2018)

TUESDAY, APRIL 10, 2018

April is the last month to submit an attestation for the NC Medicaid Electronic Health Record Incentive Program for Program Year 2017. North Carolina's Medicaid EHR Incentive Payment System will close for Program Year 2017 at midnight on April 30, 2018.

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New Pricing Methodology for LARCs and Vaccines

TUESDAY, APRIL 10, 2018

On April 29, 2018, a new reimbursement methodology will be implemented for medical claims for physician-administered Long Acting Reversible Contraceptives and vaccines, effective for claims with date of service July 1, 2017 and after.

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Clinical Coverage Policies (April 2018)

TUESDAY, APRIL 10, 2018

The following new or amended combined North Carolina Medicaid and NC Health Choice (NCHC) clinical coverage policies are available on Medicaid's clinical coverage policy web pages.

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NC HealthConnex Connection Required by June 1, 2018, for Medicaid Hospitals, Physicians, Mid-Level Practitioners and Extension Process (April 2018)

TUESDAY, APRIL 10, 2018

Per Session Law (S.L.) 2015-241, as of June 1, 2018, hospitals, mid-level physicians and nurse practitioners who currently have an electronic health record system must be connected to NC HealthConnex to continue to receive payments for North Carolina Medicaid and NC Health Choice services.

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