

To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP.

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Related Clinical Coverage Policies

Refer to <https://medicaid.ncdhhs.gov/> for the related coverage policies listed below:
1B, *Physician's Drug Program*,

1.0 Description of the Procedure, Product, or Service

The Physician's Drug Program (PDP) covers many, but not all, primarily injectable drugs that are purchased and administered in a physician's office or in an outpatient clinic setting. Rituximab is covered through the PDP.

The rituximab antibody is a genetically engineered chimeric murine/human monoclonal antibody directed against the CD20 antigen found on the surface of normal and malignant B lymphocytes.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term "General" found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(The term "Specific" found throughout this policy only applies to this policy)

- a. **Medicaid**
None Apply.
- b. **NCHC**
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:
<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

NC Medicaid shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the NC Medicaid clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

3.2.2 Covered Indications

In the PDP, all indications approved by the Food and Drug Administration (FDA) are covered unless otherwise specified. In addition, off-label uses of an approved drug may be covered if the data on drug use are consistent with the compendia and peer-reviewed medical literature, according to 42 U.S.C. 1396r-8(g)(1)(B), and as determined by NC Medicaid.

Note: Injectable medications are covered only when oral medications are contraindicated.

3.2.3 FDA approved indications

Medicaid and NCHC cover Rituximab for the following:

- a. **Non-Hodgkin's Lymphoma (NHL)**
 1. Rituximab is covered for the treatment of patients with relapsed or refractory, low-grade or follicular, CD20-positive, B-Cell non-Hodgkin's lymphoma (NHL) as a single agent.

2. Rituximab is covered for the treatment of patients with previously untreated follicular, CD20-positive, B-Cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as a single-agent maintenance therapy.
 3. Rituximab is covered for the treatment of patients with previously untreated diffuse large B-Cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicine, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens.
 4. Rituximab is covered for the treatment of patients with non-progressing (including stable disease) low grade CD20-positive, B-Cell NHL as a single agent after first-line cyclophosphamide, vincristine and prednisolone (CVP) chemotherapy.
- b. **Rheumatoid Arthritis (RA)**
Rituximab in combination with methotrexate is covered to reduce signs and symptoms in adult patients with moderately- to severely-active RA who have shown an inadequate response to one or more tumor necrosis factor (TNF) antagonist therapies.
 - c. **Chronic Lymphocytic Leukemia (CLL)**
Rituximab is covered, in combination with fludarabine and cyclophosphamide (FC), for the treatment of patients with previously untreated or previously treated CD20-positive CLL.
 - d. **Wegener's Granulomatosis**
Rituximab, in combination with glucocorticoids, is covered for the treatment of adult patients with Wegener's granulomatosis (WG).
 - e. **Microscopic Polyangiitis**
Rituximab, in combination with glucocorticoids, is covered for the treatment of adult patients with microscopic polyangiitis (MPA).

3.2.4 Off label indications

Medicaid and NCHC cover Rituximab for the following:

- a. **Low Grade Non-Hodgkin's Lymphoma**
Rituximab is covered as initial treatment of low grade CD20-positive NHL.
- b. **Waldenstrom's Macroglobulinemia**
- c. **Systemic Lupus Erythematosus (SLE) and/or Lupus Nephritis**
Rituximab is covered for those patients with SLE or lupus nephritis refractory to usual therapy.
- d. **Immune or Idiopathic Thrombocytopenic Purpura**
Rituximab is covered for those patients with immune or idiopathic thrombocytopenic purpura (ITP) who have failed conventional treatment (e.g., corticosteroid treatment).
- e. **Autoimmune Hemolytic Anemia**
Rituximab is covered for those patients with an autoimmune hemolytic anemia condition that is refractory to conventional treatment (e.g., corticosteroid treatment).
- f. **Thrombotic Thrombocytopenic Purpura**
Rituximab is covered for those patients with persistent inhibitors and who have failed to achieve control with conventional plasma exchange and corticosteroid therapy.
- g. **Juvenile Chronic Polyarthritis**

3.2.5 Dosage Recommendations for Rituximab

Medicaid and NCHC cover rituximab for infusion according to the recommendations published by the FDA and compendia and peer-reviewed medical literature, according to 42 U.S.C. 1396r-8(g)(1)(B), and as determined by NC Medicaid.

3.2.6 Medicaid Additional Criteria Covered

None Apply.

3.2.7 NCHC Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

Medicaid and NCHC do not cover rituximab for use in beneficiaries with severe, active infections.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

4.2.3 NCHC Additional Criteria Not Covered

- a. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
 1. No services for long-term care.
 2. No nonemergency medical transportation.
 3. No EPSDT.
 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Medicaid and NCHC shall not require prior approval for Rituximab (Rituxan).

5.2 Limitations

Providers who determine that the indications or dosing for a rituximab is medically necessary for a beneficiary, but those parameters fall outside of the guidelines for that drug, may submit medical record information to the NC Medicaid Assistant Director for Clinical Policy and Programs for a case-by-case review. The address to send this information is:

Assistant Director for Clinical Policy and Programs
Division of Health Benefits
NC Medicaid
2501 Mail Service Center
Raleigh, NC 27699-2501

5.3 Medical Record Documentation

Documentation in the beneficiary's medical record shall include all of the following elements:

- a. support for the medical necessity of the rituximab infusion;
- b. a covered diagnosis;
- c. details regarding how traditional methods of treatment have been unsuccessful, as appropriate;
- d. dosage and frequency of the infusions;
- e. support of the clinical effectiveness of the injections;
- f. evidence that alternatives and risks have been discussed with the patient;
- g. documentation of CD20-positive status; and
- h. other documentation pertinent to the beneficiary's infusions, reactions and effectiveness.

5.4 Age Range for NCHC Beneficiaries

The age range for eligibility of NCHC beneficiaries is 6 years through 18 years of age.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

7.2 Safety and Provider Compliance

All physicians using rituximab shall review the FDA black box warnings and shall closely monitor their patients receiving rituximab.

Only physicians experienced in the use and administration of this preparation should be using rituximab to treat patients.

8.0 Policy Implementation/Revision Information

Original Effective Date: 10/01/1999

Revision Information:

Date	Section Revised	Change
7/1/2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
07/01/2011	Throughout	Bulletin article restricted coverage to FDA-approved indications (effective Oct.1, 2009) Added diagnosis of chronic lymphocytic leukemia (effective with FDA-approval January 1, 2010); added diagnosis of Wegener’s granulomatosis and microscopic polyangiitis (effective with FDA-approval April 19, 2011). Initial promulgation of current FDA-approved coverage with the addition of off-label indications – low-grade CD20-positive NHL; idiopathic and thrombotic thrombocytopenia purpura; Waldenstrom’s macroglobulinemia; lupus erythematosus and /or lupus nephritis; and autoimmune hemolytic anemia.
03/01/2012	Throughout	Added juvenile chronic polyarthritis codes as off-label indications.
03/01/2012	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
03/15/2019	Table of Contents	Added, “To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP.”
03/15/2019	All Sections and Attachments	Updated policy template language.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10-CM Code(s)			
C82.00	C84.Z1	M05.461	M06.859
C82.01	C84.A2	M05.462	M06.861
C82.02	C84.Z2	M05.469	M06.862
C82.03	C84.A3	M05.471	M06.869
C82.04	C84.Z3	M05.472	M06.871
C82.05	C84.A4	M05.479	M06.872
C82.06	C84.Z4	M05.49	M06.879
C82.07	C84.A5	M05.50	M06.88
C82.08	C84.Z5	M05.511	M06.89
C82.09	C84.A6	M05.512	M06.9
C82.10	C84.Z6	M05.519	M08.00
C82.11	C84.A7	M05.521	M08.011
C82.12	C84.Z7	M05.522	M08.012
C82.13	C84.A8	M05.529	M08.019
C82.14	C84.Z8	M05.531	M08.021
C82.15	C84.A9	M05.532	M08.022
C82.16	C84.Z9	M05.539	M08.029
C82.17	C84.01	M05.541	M08.031
C82.18	C84.02	M05.542	M08.032
C82.19	C84.03	M05.549	M08.039
C82.20	C84.04	M05.551	M08.041
C82.21	C84.05	M05.552	M08.042
C82.22	C84.06	M05.559	M08.049
C82.23	C84.07	M05.561	M08.051
C82.24	C84.08	M05.562	M08.052
C82.25	C84.09	M05.569	M08.059
C82.26	C84.10	M05.571	M08.061
C82.27	C84.11	M05.572	M08.062

C82.28	C84.12	M05.579	M08.069
C82.29	C84.13	M05.59	M08.071
C82.30	C84.14	M05.70	M08.072
C82.31	C84.15	M05.711	M08.079
C82.32	C84.16	M05.712	M08.08
C82.33	C84.17	M05.719	M08.09
C82.34	C84.18	M05.721	M08.20
C82.35	C84.19	M05.722	M08.211
C82.36	C84.40	M05.729	M08.212
C82.37	C84.41	M05.731	M08.219
C82.38	C84.42	M05.732	M08.221
C82.39	C84.43	M05.739	M08.222
C82.40	C84.44	M05.741	M08.229
C82.41	C84.45	M05.742	M08.231
C82.42	C84.46	M05.749	M08.232
C82.43	C84.47	M05.751	M08.239
C82.44	C84.48	M05.752	M08.241
C82.45	C84.49	M05.759	M08.242
C82.46	C84.60	M05.761	M08.249
C82.47	C84.61	M05.762	M08.251
C82.48	C84.62	M05.769	M08.252
C82.49	C84.63	M05.771	M08.259
C82.50	C84.64	M05.772	M08.261
C82.51	C84.65	M05.779	M08.262
C82.52	C84.66	M05.79	M08.269
C82.53	C84.67	M05.80	M08.271
C82.54	C84.68	M05.811	M08.272
C82.55	C84.69	M05.812	M08.279
C82.56	C84.70	M05.819	M08.28
C82.57	C84.71	M05.821	M08.29
C82.58	C84.72	M05.822	M08.3
C82.59	C84.73	M05.829	M08.40
C82.60	C84.74	M05.831	M08.411
C82.61	C84.75	M05.832	M08.412
C82.62	C84.76	M05.839	M08.419
C82.63	C84.77	M05.841	M08.421
C82.64	C84.78	M05.842	M08.422
C82.65	C84.79	M05.849	M08.429
C82.66	C84.90	M05.851	M08.431
C82.67	C84.91	M05.852	M08.432
C82.68	C84.92	M05.859	M08.439
C82.69	C84.93	M05.861	M08.441
C82.80	C84.94	M05.862	M08.442
C82.81	C84.95	M05.869	M08.449
C82.82	C84.96	M05.871	M08.451
C82.83	C84.97	M05.872	M08.452
C82.84	C84.98	M05.879	M08.459
C82.85	C84.99	M05.89	M08.461
C82.86	C85.10	M05.9	M08.462
C82.87	C85.11	M06.00	M08.469

C82.88	C85.12	M06.011	M08.471
C82.89	C85.13	M06.012	M08.472
C82.90	C85.14	M06.019	M08.479
C82.91	C85.14	M06.021	M08.48
C82.92	C85.15	M06.022	M08.80
C82.93	C85.16	M06.029	M08.811
C82.94	C85.17	M06.031	M08.812
C82.95	C85.18	M06.032	M08.819
C82.96	C85.19	M06.039	M08.821
C82.97	C85.20	M06.041	M08.822
C82.98	C85.21	M06.042	M08.829
C82.99	C85.22	M06.049	M08.831
C83.00	C85.23	M06.051	M08.832
C83.01	C85.24	M06.052	M08.839
C83.02	C85.25	M06.059	M08.841
C83.03	C85.26	M06.061	M08.842
C83.04	C85.27	M06.062	M08.849
C83.05	C85.28	M06.069	M08.851
C83.06	C85.29	M06.071	M08.852
C83.07	C85.80	M06.072	M08.859
C83.08	C85.81	M06.079	M08.861
C83.09	C85.82	M06.08	M08.862
C83.10	C85.83	M06.09	M08.869
C83.11	C85.84	M06.20	M08.871
C83.12	C85.84	M06.211	M08.872
C83.13	C85.85	M06.212	M08.879
C83.14	C85.86	M06.219	M08.88
C83.15	C85.87	M06.221	M08.89
C83.16	C85.88	M06.222	M08.90
C83.17	C85.89	M06.229	M08.911
C83.18	C85.90	M06.231	M08.912
C83.19	C85.91	M06.232	M08.919
C83.30	C85.92	M06.239	M08.921
C83.31	C85.93	M06.241	M08.922
C83.32	C85.94	M06.242	M08.929
C83.33	C85.95	M06.249	M08.931
C83.34	C85.96	M06.251	M08.932
C83.35	C85.97	M06.252	M08.939
C83.36	C85.98	M06.259	M08.941
C83.37	C85.99	M06.261	M08.942
C83.38	C86.0	M06.262	M08.949
C83.39	C86.1	M06.269	M08.951
C83.50	C86.2	M06.271	M08.952
C83.51	C86.3	M06.272	M08.959
C83.52	C86.4	M06.279	M08.961
C83.53	C86.5	M06.28	M08.962
C83.54	C86.6	M06.29	M08.969
C83.55	C88.0	M06.30	M08.971
C83.56	C88.4	M06.311	M08.972
C83.57	C91.10	M06.312	M08.979

C83.58	C91.11	M06.319	M08.98
C83.59	C91.12	M06.321	M08.99
C83.70	C91.40	M06.322	M30.0
C83.71	C91.41	M06.329	M30.1
C83.72	C91.42	M06.331	M30.2
C83.73	C96.0	M06.332	M30.8
C83.74	C96.2	M06.339	M31.1
C83.75	C96.4	M06.341	M31.30
C83.76	C96.9	M06.342	M31.31
C83.77	C96.A	M06.349	M31.7
C83.78	C96.Z	M06.351	M32.0
C83.79	D59.0	M06.352	M32.10
C83.80	D59.1	M06.359	M32.11
C83.81	D68.311	M06.361	M32.12
C83.82	D68.312	M06.362	M32.13
C83.83	D68.318	M06.369	M32.14
C83.84	D69.3	M06.371	M32.15
C83.85	D69.41	M06.372	M32.19
C83.86	D69.42	M06.379	M32.8
C83.87	D69.49	M06.38	M32.9
C83.88	M05.40	M06.39	
C83.89	M05.411	M06.80	
C83.90	M05.412	M06.811	
C83.91	M05.419	M06.812	
C83.92	M05.421	M06.819	
C83.93	M05.422	M06.821	
C83.94	M05.429	M06.822	
C83.95	M05.431	M06.829	
C83.96	M05.432	M06.831	
C83.97	M05.439	M06.832	
C83.98	M05.441	M06.839	
C83.99	M05.442	M06.841	
C84.00	M05.449	M06.842	
C84.A0	M05.451	M06.849	
C84.Z0	M05.452	M06.851	
C84.A1	M05.459	M06.852	

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Code(s)
J9310

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

1. Rituximab, HCPCS code J9310: 1 billing unit = 100 mg
2. Medicaid covers appropriate administration codes when billed with J9310 on the same day of service.

F. Place of Service

Outpatient, Office

G. Co-payments

For Medicaid refer to Medicaid State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

For NCHC refer to NCHC State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

H. Reimbursement

Provider(s) shall bill their usual and customary charges.
Providers are required to bill applicable revenue codes.

For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>