



## August 2013 Medicaid Bulletin

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**Attention: All Providers and N.C. Health Choice Providers**

**R**ceiving Email Alerts Through NCTracks

Providers can sign up for email through the NCTracks Provider Portal at [www.nctracks.nc.gov/](http://www.nctracks.nc.gov/). Alerts are sent when there is important information to share between issues of the Medicaid Provider Bulletin.

To receive email alerts and other communications from NCTracks, visit this page <https://www.nctracks.nc.gov/content/public/providers/provider-communications.html>. Then click on the “Sign up for NCTracks Communications” link under “Quick Links.”

Providers who currently receive email alerts will continue to receive them through NCTracks.

**Email addresses will never be shared, sold or used for any purpose other than Medicaid and N.C. Health Choice (NCHC) email alerts and NCTracks communications.**

**CSC, 1-800-688-6696**

## **Attention: All Providers and N.C. Health Choice Providers**

### **Getting NCTracks Questions Answered**

**Note:** This article was previously published in July 2013.

On July 1, NCTracks replaced the legacy Medicaid Management Information System (MMIS) system for processing Medicaid claims. The new NCTracks system consolidates several claims processing platforms into a single solution for multiple divisions within the N.C. Department of Health and Human Services (DHHS). These divisions are the Division of Medical Assistance (DMA), the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the Division of Public Health (DPH), and the Office of Rural Health and Community Care (ORHCC).

**CSC is the state contractor for NCTracks and has assumed many of the telephone numbers and post office boxes previously used by legacy vendors.** The following list outlines how best to contact CSC for various topic areas after July 1.

#### **Internet Communications:**

##### **General:**

The **NCTracks Website** address is [www.nctracks.nc.gov/](http://www.nctracks.nc.gov/). There is a “Contact Us” link at the bottom of every Web page.

##### **Information on Provider Enrollment:**

The last day to submit Provider Enrollment Applications or respond to outstanding recredentialing requests via the CSC Enrollment, Verification, and Credentialing Website was **June 14, 2013**. Applications and enrollment additions received via paper by June 14 are being processed. Since July 1, 2013, the enrollment functionality previously associated with the CSC EVC Website has been available through the new NCTracks Provider Portal, at [www.nctracks.nc.gov](http://www.nctracks.nc.gov/). More information can be found here: <https://nctracks.nc.gov/content/public/providers/provider-enrollment.html>.

##### **Receiving Email Alerts and Provider Updates**

To receive email alerts and other communications from NCTracks, visit this page <https://www.nctracks.nc.gov/content/public/providers/provider-communications.html>. Then click on the “Sign up for NCTracks Communications” link under “Quick Links.” Providers who currently receive email alerts will continue to receive them through NCTracks.

##### **Email Correspondence:**

**Emails** related to NCTracks should be directed to [NCTracksProvider@nctracks.com](mailto:NCTracksProvider@nctracks.com).

**Medicaid Email Alerts:**

Refer to the article titled “[Receiving Email Alerts Through NCTracks](#)” in this Medicaid Bulletin to learn more about receiving email alerts regarding important **Medicaid** information between cycles of the general Medicaid Provider Bulletin.

**Telephone Numbers:**

**NCTracks Automated Voice Response System (AVRS):** 1-800-723-4337

**NCTracks Call Center**

- Main Call Center Number: 1-800-688-6696
- Prior Approval Unit (Medical and Dental): 1-800-688-6696
- Prior Approval Unit (Pharmacy): 1-866-246-8505
- Provider Enrollment: 1-866-844-1113
- Trading Partner Agreements: 1-866-844-1113

**NCTracks Fax Numbers:**

- Main Fax Number: 919-851-4014
- Pharmacy Prior Approval: 866-246-8507
- Non-Pharmacy Prior Approval: 919-816-3139
- CA Overrides: 919-816-4420

**Mailing Information:**

**General Correspondence:**

CSC  
P.O. Box 300009  
Raleigh, NC 27622-8009

**Prior Approval Requests:**

CSC  
P.O. Box 31188  
Raleigh, NC 27622-1188

**Provider Enrollment Supplemental Information:**

CSC  
Provider EVC Unit  
P. O. Box 300020  
Raleigh, NC 27622-8020

**Courier Deliveries – UPS or Federal Express:**

CSC  
[Name of CSC Employee or Department]  
Suite 102  
2610 Wycliff Road  
Raleigh, NC 27607-3073

All claims are expected to be submitted electronically through NCTracks. However, if paper versions of claims are permitted under State policy, they should be mailed to:

CSC  
P.O. Box 30968  
Raleigh, NC 27622-0968

**NCTracks Call Center Hours of Operation:**

**General:**

Monday through Friday: 8:00 a.m. to 5:00 p.m.

**Pharmacy Prior Approval:**

Monday through Friday: 7:00 a.m. to 11:00 p.m.  
Saturday and Sunday: 7:00 a.m. to 6:00 p.m.

**Non-Pharmacy Prior Approval:**

Monday through Friday: 7:00 a.m. to 7:00 p.m.  
Saturday and Sunday: 8:00 a.m. to 5:00 p.m.

**CSC Holiday Schedule**

CSC will observe the following holidays from July through December 2013.

Holiday	Date(s) Observed
Independence Day	Thursday, July 4, 2013
Labor Day	Monday, September 2, 2013
Thanksgiving Day	Thursday, November 28, 2013
Day after Thanksgiving	Friday, November 29, 2013
CSC-Designated Holiday	Tuesday, December 24, 2013
Christmas Day	Wednesday, December 25, 2013

**CSC, 1-800-688-6696**

**Attention: All Providers****HCPCS Procedure Code Changes for the Physician's Drug Program**

**Note:** This article was previously published in May 2013, with one change. There has been a correction in the New HCPCS code for Firazyr. The correct new HCPCS code is J1744. It is reflected in the second table.

The following HCPCS procedure code changes have been made to comply with Centers for Medicare & Medicaid Services (CMS) HCPCS procedure code changes starting January 1, 2013 for the Medicaid and N.C. Health Choice (NCHC) programs.

**Note:** The process for adding new drugs and products – or new indications for drugs or products that are already covered through Physician's Drug Program (PDP) – is not automated. Therefore, there is always a delay between the effective date of coverage or change to the NCTracks and the announcement of the change in the Medicaid Bulletin.

**End-Dated Codes with Replacement Codes**

The following HCPCS codes were end-dated effective with date of service December 31, 2012, and replaced with new codes effective with date of service January 1, 2013. Claims submitted for dates of service on or after January 1, 2013, using the end-dated codes will be denied.

End-Dated HCPCS Code	Description	Unit	New HCPCS Code	Description	Unit
J1051 and J1055	Injection, medroxyprogesterone acetate (Depo-Provera)	50 mg and 150 mg, respectively	J1050	Injection, medroxyprogesterone acetate (Depo-Provera) Note: <b>For Medicaid claims, bill the FP modifier</b> when Depo-Provera is used <b>for contraception.</b>	1 mg
Q2045	Injection, human fibrinogen concentrate (Riastap)	1 mg	J7178	Injection, human fibrinogen concentrate (Riastap)	1 mg
Q2046	Injection, aflibercept (Eylea)	10 mg	J0178	Injection, aflibercept (Eylea)	1 mg

End-Dated HCPCS Code	Description	Unit	New HCPCS Code	Description	Unit
Q2048	Injection, doxorubicin hydrochloride, liposomal (Doxil)	10 mg	J9002	Injection, doxorubicin hydrochloride, liposomal (Doxil)	10 mg

### New Codes That Were Previously Billed with the Miscellaneous or Unclassified Drug Codes

Effective with date of service January 1, 2013, the N.C. Medicaid and NCHC programs cover the individual HCPCS codes for the drugs listed in the following table. Claims submitted for dates of service on or after January 1, 2013, using the unlisted drug codes J3590 or J9999 for these drugs will be denied. An invoice is not required.

Old HCPCS Code	Description	Old Unit	New HCPCS Code	Description	New Unit
J3590	Injection, belatacept (Nulojix)	12.5 mg	J0485	Injection, belatacept (Nulojix)	1 mg
J3590	Injection, centruroides immune f(ab)2 (Anascorp)	120 mg	J0716	Injection, centruroides immune f(ab)2 (Anascorp)	Up to 120 mg
J3590	Injection, icatibant (Firazyr)	10 mg	J1744	Injection, icatibant (Firazyr) <b>Note: Ages 018 through 115 years are covered.</b>	1 mg
J9999	Injection, asparaginase (Erwinaze)	1000 IU	J9019	Injection, asparaginase (Erwinaze)	1000 IU
J9999	Injection, brentuximab vedotin (Adcetris)	50 mg	J9042	Injection, brentuximab vedotin (Adcetris)	1 mg

Refer to the fee schedule for the PDP on the N.C. Division of Medical Assistance (DMA) Website at [www.ncdhhs.gov/dma/fee/fee.htm](http://www.ncdhhs.gov/dma/fee/fee.htm) for the latest available fees.

**Outpatient Specialized Therapy**  
DMA, 919-855-4300

**Attention: All Providers**

**NC Medicaid EHR Incentive Program: August 2013 Update**

**Stage 2 Meaningful Use Update**

N.C. Division of Medical Assistance (DMA) is partnering with the N.C. Community Care Networks (N3CN), the NC Health Information Exchange (NC HIE) and the N.C. Division of Public Health to establish the necessary infrastructure for meeting Stage 2 Meaningful Use (MU) requirements. These connections will have the capability to assist Eligible Professionals (EPs) in meeting the following MU objectives:

- Electronically submit Clinical Quality Measures (CQMs) to the N.C. Medicaid Incentive Payment System (NC-MIPS);
- Electronically submit data to the N.C. Immunization Registry;
- Electronically report specific cases to a specialized registry;
- Electronically report cancer cases to the N.C. Central Cancer Registry; and,
- Electronically exchange key clinical information among providers of care and patient authorized entities.

DMA will continue to provide updates and additional information in future Medicaid Provider Bulletins.

**e-CQMs Reported to the State in 2014**

Per the Stage 2 Final Rule issued by the Centers for Medicare & Medicaid Services (CMS), all participants in the N.C. Medicaid EHR Incentive Program who attest to Stage 2 MU will need to submit their CQMs electronically to the state. The state has designated the NC HIE to receive the electronic submission of CQMs.

With support from CMS, N.C. Medicaid will subsidize the cost of connecting providers who agree to become participants on the NC HIE. In addition to meeting Stage 2 MU requirements, full participants of the NC HIE will access all of the core services of the NC HIE. To be eligible for the subsidy program, a provider must be participating in the N.C. Medicaid EHR Incentive Program or be a member of the Community Care of North Carolina (CCNC) program.

For additional information, visit the Electronic Medical Record (EMR) Connectivity and Meaningful Use page at [www.communitycarenc.org/informatics-center/EMR-Connectivity-Meaningful-Use/](http://www.communitycarenc.org/informatics-center/EMR-Connectivity-Meaningful-Use/).



Questions can be directed to Chris Scarboro by phone at 919-745-2379 or email at [mscarboro@n3cn.org](mailto:mscarboro@n3cn.org) or Jayson Caracciolo by phone at 919-926-3901 or email at [jcaracciolo@n3cn.org](mailto:jcaracciolo@n3cn.org).

**N.C. Medicaid Health Information Technology (HIT)  
DMA, 919-855-4200**

**Attention: All Providers**

**S**peech/Language Therapy Providers

The following Clinical Coverage Policies address the provision of literacy therapy (treatment to address reading and writing impairments affecting educational performance) by Speech/Language Therapy Providers:

- Clinical Coverage Policy 10A – Outpatient Specialized Therapies
- Clinical Coverage Policy 10B – Independent Practitioners

Clinical Coverage Policies can be found on this page: [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/).

Clinical Coverage Policy 10A Subsection 3.2.1.3 and Clinical Coverage Policy 10B Subsection 3.2.4 identify the classifications of impairment that the N.C. Division of Medical Assistance (DMA) recognizes.

Clinical Coverage Policy 10B, Subsection 1.3 stipulates the speech/language assessment and treatment services that DMA accepts as medically necessary services.

Literacy therapy in the absence of documented language impairment in the area of syntax, morphology, semantics or pragmatics, or articulation/phonological process disorder is **not** a medically necessary service. Phonological processing goals must be incorporated into articulation goals, and phonological awareness and literacy goals must target the language deficits documented by a language assessment.

Literacy therapy must be used to facilitate the acquisition of an articulation or language skill and must **not** be used to target a deficit in reading or writing. Failure to comply with these guidelines may result in a post payment review audit and/or recoupment of N.C. Medicaid funds.

**Outpatient Specialized Therapies,  
DMA, 919-855-4308**

**Attention: All Providers****Clinical Coverage Policies**

The following new or amended combined N.C. Medicaid and N.C. Health Choice clinical coverage policies are available on the Division of Medical Assistance (DMA) Website at [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/):

- *1B, Physician's Drug Program (7/1/13)*
- *1E-3, Sterilization Procedures (7/1/13)*
- *1K-7, Prior Approval for Imaging Services (7/1/13)*
- *3A, Home Health Services (7/1/13)*
- *3D, Hospice Services (7/1/13)*
- *5A, Durable Medical Equipment (7/1/13)*
- *5B, Orthotics & Prosthetics (7/1/13)*
- *6A, Routine Eye Exam and Visual Aids for Recipients Under Age 21 (7/1/13)*
- *7, Hearing Aid Services (7/1/13)*
- *8M, Community Alternatives Program for Individuals with Intellectual/Developmental Disabilities (CAP-I/DD) (Date of Termination 4/30/13)*
- *8N, Intellectual and Developmental Disabilities Targeted Case Management (Date of Termination 4/30/13)*
- *9, Outpatient Pharmacy Program (7/1/13)*
- *10A, Outpatient Specialized Therapies (7/1/13)*
- *10B, Independent Practitioners (IP) (7/1/13)*
- *10C, Local Education Agencies (LEAs) (7/1/13)*
- *10D, Independent Practitioners Respiratory Therapy Services (7/1/13)*
- *12B, Human Immunodeficiency Virus (HIV) Case Management (6/1/13)*
- *13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair (7/1/13)*
- *13B, Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair (7/1/13)*
- *NCHC Home Health Services (Date of Termination 6/30/2013)*

These policies supersede previously published policies and procedures.

**Clinical Policy and Programs****DMA, 919-855-4260**

**Attention: Behavioral Health Providers****Physician Assistants/Associate-Level Licensed Providers:  
Taxonomy Codes**

The N.C. Division of Medical Assistance (DMA) State Plan to allow Physician Assistants (PAs) to directly enroll as Medicaid providers has been approved. We expect these revisions to DMA Clinical Coverage Policy 8C to post in August. If they choose, PAs are now eligible to be enrolled as direct-enrolled providers. Following the guidance found in the *October 2008 Medicaid Bulletin* titled, "[Modification in Supervision When Practicing 'Incident to' a Physician](#)," PAs may also continue billing "incident-to" a physician.

Per the contract with each Local Management Entity-Managed Care Organization (LME-MCO), LME-MCOs may choose to limit provider enrollment. However, because our state plan includes a set list of providers, LME-MCOs cannot deny the enrollment of any of these providers based solely on their type of licensure/profession. PAs and non-psychiatrist physicians may **not** be categorically excluded from enrollment when specialty behavioral health is considered within their individual scope of practice.

**NOTE: Providers are not required to have a Medicaid Provider Number (MPN) prior to enrolling in the LME-MCO, but they are required to have a National Provider Identifier (NPI) number prior to enrollment. Not having an MPN should not affect enrollment in the LME-MCO.**

**Extension of Coverage for Associate-Level Licensed Providers Billing  
Outpatient Behavioral Health Services Through LME-MCOs.**

The coverage of Associate-Level licensed providers delivering outpatient behavioral health services as a reimbursable service under Medicaid and billed through the LME-MCO has been extended to January 1, 2014. The exception is Licensed Psychological Associates (LPAs) who can directly bill.

**Taxonomy Codes**

Remember that all providers are to use taxonomy codes on all claims. Taxonomy codes identify the provider type and area of specialization for health care providers. They are 10-character alphanumeric codes that allow providers to identify their specialties. With the exception of pharmacy providers, all providers are required to submit taxonomy codes on all claims.

To learn more about NPI and find correct taxonomy codes visit [www.ncdhhs.gov/dma/NPI/index.htm](http://www.ncdhhs.gov/dma/NPI/index.htm). Providers can see a full list of taxonomy codes from the Washington Publishing Company at [www.wpc-edi.com/codes/taxonomy](http://www.wpc-edi.com/codes/taxonomy).

**Behavioral Health Section**  
**DMA, 919-855-4290**

## Attention: All Personal Care Services (PCS) Providers

### Personal Care Services (PCS) Program Highlights

**Note:** This article does not apply to providers billing for Personal Care Services (PCS) under the CAP program.

#### NCTRACKS

Effective July 1, 2013, NCTracks became the State's new Medicaid claims processing system, managed by Computer Sciences Corp (CSC). Personal Care Services (PCS) providers will go to [www.nctracks.nc.gov](http://www.nctracks.nc.gov) to submit Medicaid claims. Online training is currently available 24 hours a day, 7 days a week through [www.nctracks.nc.gov](http://www.nctracks.nc.gov).

PCS providers seeking assistance with the NCTracks system can phone the NCTracks Call Center at 1-800-688-6696, or send an email to [NCTracksProvider@nctracks.com](mailto:NCTracksProvider@nctracks.com). Providers can also request in-person training from field training representatives by going to [www.nctracks.nc.gov](http://www.nctracks.nc.gov) or by phoning the NCTracks Call Center.

The first checkwrite with the new NCTracks system was July 16, 2013. To view the full 2013 checkwrite schedule, visit the N.C. Division of Medical Assistance (DMA) Website at [www.ncdhhs.gov/dma/provider/calendar.htm](http://www.ncdhhs.gov/dma/provider/calendar.htm).

#### Retroactive Prior Approval

Retroactive prior approval authorization is only applied to initial requests for PCS services dating back to January 1, 2013. The effective date for retroactive authorization will be the request date on the referral form, providing the date is not more than 10 calendar days from the date when The Carolinas Center for Medical Excellence (CCME) received the referral form. When the referral form is received by CCME more than 10 calendar days from the request date on the referral form, the retroactive authorization will be effective the date CCME received the form. **If the initial referral form is missing information, the received date will not be effective until the correct information is provided to process the referral form.** Providers with additional questions regarding Retroactive Prior Approval authorization should contact the PCS program at 919-855-4340.

#### Upcoming Training

Regional Trainings for all PCS providers will be conducted in August. Training dates, locations, and registration information will be available on the DMA PCS Web page at [www.ncdhhs.gov/dma/pcs/pas.html](http://www.ncdhhs.gov/dma/pcs/pas.html) and CCME's Website at [www.thecarolinascener.org](http://www.thecarolinascener.org). Plans for additional provider trainings and Webinars will also be announced on the DMA PCS Web page.

## **PCS Program Contacts**

To contact the State PCS program, call 919-855-4340 or send an email to [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov). For PCS updates and to access important links visit the [PCS Web page](#).

**Home and Community Care  
DMA, 919-855-4340**

**Employment Opportunities with the N.C. Division of Medical Assistance (DMA)**

Employment opportunities with DMA are advertised on the Office of State Personnel’s Website at [www.osp.state.nc.us/jobs/](http://www.osp.state.nc.us/jobs/). To view the vacancy postings for DMA, click on “Agency,” then click on “Department of Health and Human Services.” If you identify a position for which you are both interested and qualified, complete a state application form online and submit it. If you need additional information regarding a posted vacancy, call the contact person at the telephone number given in the vacancy posting. General information about employment with North Carolina State Government is also available online at [www.osp.state.nc.us/jobs/general.htm](http://www.osp.state.nc.us/jobs/general.htm)

***Proposed Clinical Coverage Policies***

In accordance with NCGS §108A-54.2, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's Website. To submit a comment related to a policy, refer to the instructions on the Proposed Clinical Coverage Policies Web page at [www.ncdhhs.gov/dma/mpproposed/](http://www.ncdhhs.gov/dma/mpproposed/). Providers without Internet access can submit written comments to the address listed below.

Richard K. Davis  
 Division of Medical Assistance  
 Clinical Policy Section  
 2501 Mail Service Center  
 Raleigh NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

**2013 Checkwrite Schedule**

<b>Month</b>	<b>Checkwrite Cycle Cutoff Date</b>	<b>Checkwrite Date</b>	<b>EFT Effective Date</b>
<b>August</b>	08/02/13	08/06/13	08/07/13
	08/09/13	08/13/13	08/14/13
	08/16/13	08/20/13	08/21/13
	08/23/13	08/27/13	08/28/13
	08/30/13	09/04/13	09/05/13
<b>September</b>	09/06/13	09/10/13	09/11/13
	09/13/13	09/17/13	09/18/13
	09/20/13	09/24/13	09/25/13
	09/27/13	10/02/13	10/03/13



*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.*

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**Carol H. Steckel, MPH**  
**Director**  
**Division of Medical Assistance**  
**Department of Health and Human Services**

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**Rick Galasso**  
**Executive Account Director**  
**Computer Sciences Corp. (CSC)**