

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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June 2013

**Attention:
Home Health Providers**

New Service Limitations

***Providers are responsible for informing their billing agency of information in this bulletin.
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The N.C. Division of Medical Assistance (DMA) Home Health Services Policy has been amended. Refer to [Clinical Coverage Policy 3A, Home Health Services](#), for changes. The following limits apply to dates of service July 1, 2013 or after. **Note:** The state fiscal year runs from July 1 through June 30.

Skilled Nursing Visits

Pre-filling insulin syringes/Medi-Planner visits (RC 581) must be limited to a maximum of one visit every two (2) weeks with one (1) additional PRN visit allowed each month. There is a limit of 75 skilled nursing visits (inclusive of and in any combination with RC 550, RC 551, RC 559, RC 580, RC 581, and RC 589) per beneficiary per state fiscal year.

Home Health Aide Services

Home health aide services (RC 570) are limited to 100 visits per beneficiary per state fiscal year.

Miscellaneous Code T1999

Use of the T1999 code for billing miscellaneous supplies is limited as follows:

- A maximum of \$250 per beneficiary per state fiscal year may be billed without prior approval required.
- Any amount over \$250 per beneficiary per state fiscal year, whether for a single item or a cumulative total, requires prior approval.
- A maximum of \$1,500 per beneficiary per state fiscal year may be billed.

Note: For any service or supply which requires prior approval, providers must complete a General Request for Prior Approval form 372-118 (located at www.ncdhhs.gov/dma/forms/prior.pdf) and return it to DMA:

By fax: 919-715-9025
By mail: N.C. Division of Medical Assistance
Clinical Policy and Programs
Home Health Consultant
2501 Mail Services Center
Raleigh, NC 27699-2501

These requests should not be sent to HP or CSC.

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