

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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**Attention:
Home Health Providers**

Updated Bill Type for Home Health Providers

***Providers are responsible for informing their billing agency of information in this bulletin.
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Effective November 1, 2015, providers should no longer submit original claims for home health services using Bill Type 33X. Providers should use Bill Type 32X or 34X instead. Bill Type 33X will be discontinued per the Centers for Medicare & Medicaid Services (CMS) and the National Uniform Billing Committee.

Service Limit Information Accessible via NCTracks and AVRS

Effective with date of service **November 1, 2015**, home health providers will be able to obtain service limit information via the NCTracks Provider Portal or the Automatic Voice Response System (AVRS).

To access service limit information via the Provider Portal go to the “Eligibility” tab, input the required information and review the Medicaid Service Limits section of the screen.

The AVRS allows enrolled providers to access detailed information pertaining to the N.C. Medicaid program. Using a touch-tone telephone, providers may access service limit information by calling 1-800-723-4337.

Implementation of Prior Approval Requirement for the Miscellaneous Supply Procedure Code (T1999)

Effective with date of service **November 1, 2015**, home health providers must submit prior approval requests for use of the T1999 procedure code through the NCTracks Provider Portal. Limits and prior approval of requirements for use of the T1999 code include the following:

- Total maximum miscellaneous billing limit of \$250 per patient per year without prior approval required.
- Prior approval is required for total miscellaneous billing greater than \$250.
- Total maximum miscellaneous billing limit of \$1,500 per patient per year.

Verification of limits will be made available through the AVRS and via NCTracks in the Provider Portal.

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