



NC Medicaid Bulletin February 2018

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Attention: All Providers

Provider Guidelines for Post-Payment Audits

At various times of the year, Medicaid providers may receive notification of participation letters from the DMA Office of Compliance and Program Integrity (OCPI) which facilitates audits from various auditing agencies, e.g. Office of the Inspector General (OIG), Office of Internal Auditor (OIA), and Office of State Auditor (OSA).

As previously addressed in the [August 2017 Medicaid Bulletin](#) article, *The Office of the State Auditor Single Audit*:

“NC Medicaid is authorized by Section 1902 (a) (27) of the Social Security Act and 42 CFR §431.107 to access patient records for purposes directly related to the administration of Medicaid, the Medicaid Waiver, and the NC Health Choice Program. In addition, when applying for Medicaid benefits, each recipient signs a release which authorizes access to his/her Medicaid records by NC Medicaid and other appropriate regulatory authorities. Therefore, it is not necessary for you to require a signed consent for the release of records from any affected Medicaid recipient to submit the necessary documentation for this review.”

If providers are notified that they are to submit service provision documentation for a Medicaid client, the submission process is **extremely** time sensitive. Timelines may vary slightly among audit agencies; but, usually the materials are due within 30 days upon the **date** of the notification letter, not the **received by** date. This time limit points to the importance of having updated contact information, especially the correct mailing address, in the NC Tracks portal.

At times, the auditing entity may request additional documentation about the case. When this occurs, the time limit for returning this information is often shorter than the time limit indicated in the initial request. Keep in mind that in many cases the audit process of reviewing documents is already underway. To minimize any delay, all documents related to the claim should be sent with the initial request.

Audit notification letters will include a list of specific items from within the specified Medicaid beneficiary's file to send to the requesting agency. If providers have any doubt regarding the request, they should first contact the listed OCPI representative. Additionally, providers may call the *Medicaid Contact Center* in RTP. The local number is 919-813-5550, and the long-distance number is 1-888-245-0179. The call center staff will provide general facts and resolution of the information requested.

OCPI will make every effort to ensure the provider's claims are reviewed fairly. However, if the additionally requested information is not submitted in a timely manner, there is an increased risk of the case being designated as an **error**. Not only will the State be held responsible for this designation and be required to implement corrective action plans with the providers; but, the provider will potentially be required to pay back all monetary gains that had been reimbursed related to the claim.

Office of Compliance and Program Integrity
DMA, 919-814-0000

Attention: All Providers

Update to Family Planning Services Policy

Effective April 1, 2018, when performing a wet mount screening, providers serving Family Planning Medicaid (MAFDN) beneficiaries shall bill procedure code 87210 (smear, primary source with interpretation; wet mount for infectious agents [e.g., saline, India ink, KOH preps]). If both saline and potassium hydroxide (KOH) methods are needed, two units may be billed. Wet mount screenings may be performed during the annual exam or during any of the six inter-periodic visits allowed per 365 days under Family Planning Medicaid, when a sexually transmitted screening is required.

Line items submitted with a service date on or after April 1, 2018, for MAFDN eligible beneficiaries, with Procedure code Q0111 (wet mounts, including preparations of vaginal, cervical or skin specimens) will be denied.

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 or NCTracksprovider@nctracks.com.

Clinical Policy and Programs

DMA, 919-855-4260

Attention: All Providers

Sterilization Consent Form Status and Denial Reasons Accessible to Facility Providers

Facility providers can now access Sterilization Consent Form status, including denial reasons, on the secure NCTracks Provider Portal.

Once the beneficiary has the surgery and before the surgeon submits the completed sterilization consent form to NCTracks, the surgeon's NPI must be added to the top-left of the consent form and the beneficiary's identification number must be added to the top-right of the Sterilization Consent Form. Forms without this information cannot be processed.

For employees of the facility to inquire about the Sterilization Consent Form Status, the facility NPI must be written in the top-center of the consent form upon initial submission. Adding the facility NPI is optional; the consent form will **not** be denied if this NPI is not included.

Providers can access the [Sterilization Consent Form](#) on the U.S. Department of Health & Human Services website.

For more information and instruction for completing the Sterilization Consent Form, providers should refer to Clinical Policy 1E-3, *Sterilization Procedures*, which can be found on the North Carolina Medicaid [Obstetrics and Gynecology Clinical Coverage Policies web page](#). A Job Aid for the Sterilization Consent Form is also available in Skillport.

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 or NCTracksprovider@nctracks.com.

CSRA, 1-800-688-6696

Attention: All Providers

NCTracks Provider Training Available in February 2018

Registration is open for the February 2018 instructor-led provider training courses listed below. Slots are limited.

WebEx courses: Participants can be attended remotely from any location with a telephone, computer and internet connection.

On-site courses: Courses are held at CSRA, 2610 Wycliff Road in Raleigh.

Following are details on the courses, including dates, times and how to enroll.

Submitting Institutional Prior Approvals (On-Site)

Thursday, Feb. 1 - 9:30 a.m. to noon

How to submit prior approval (PA) requests, with a focus on nursing facilities, to ensure compliance with Medicaid clinical coverage policy and medical necessity. It also will cover PA inquiries to check on the status of a PA request.

Submitting Institutional Claims (On-Site)

Thursday, Feb. 1 - 1- 4 p.m.

How to submit an institutional claim through the NCTracks Provider Portal, with a focus on long-term care and secondary claims. At the end of training, authorized users will be able to:

- Enter an institutional claim
- Save a draft
- Use the claims draft search tool
- Submit a claim
- View results of a claim submission

Dental/Orthodontic Prior Approvals (WebEx)

Wednesday, Feb. 14 - 9:30 a.m. to noon

How authorized users electronically submit and inquire about prior approval requests for dental and orthodontic procedures. At the end of training, the user will be able to:

- Submit dental prior approvals requests
- Inquire about dental prior approval requests

Dental/Orthodontic Claims (WebEx)

Wednesday, Feb. 14 - 1 - 4 p.m.

How to submit dental and orthodontic claims. At the end of training, authorized users will be able to:

- Create a dental claim via the NCTracks web portal
- Submit a dental claim
- Save a draft claim
- Use claims draft search
- View results of a claim submission

Submitting Medical Prior Approvals (On-Site)

Tuesday, Feb. 20 - 9:30 a.m. – 12:00 noon

How authorized users can submit and inquire about prior approvals for different kinds of medical services.

After completing this course, authorized users will be able to:

- Submit prior approvals and managed care referrals electronically
- Conduct electronic inquiries about prior approvals

Submitting Professional Claims (On-Site)

Tuesday, Feb. 20 – 1 - 4:30 pm

How to submit a professional claim using the secure NCTracks Provider Portal. After completing this course, authorized users will be able to:

- Submit a professional claim
- Save a draft
- Use claims draft search
- View results of a claim submission

Training Enrollment Instructions

Providers can register for these courses in SkillPort, the NCTracks Learning Management System. Logon to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled **Provider Computer-Based Training (CBT) and Instructor Led Training (ILT)**. The courses can be found in the sub-folders labeled **ILTs: On-site** or **ILTs: Remote via WebEx**, depending on the format of the course.

Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort. The Provider Training page also includes a quick reference about downloading Java, which is required for the use of SkillPort.

CSRA, 1-800-688-6696

Attention: All Providers

Parmacy Behavioral Health Clinical Edits

Effective May 1, 2017, new pharmacy point of sale (POS) clinical edits for behavioral health medications were applied for pediatric and adult beneficiaries. These changes were communicated in the April and June 2017 [Pharmacy Newsletters](#) and the July 2017 [Medicaid Bulletin](#).

The edits are specifically related to dosage and quantity prescribed which exceeds the Food and Drug Administration (FDA) approved maximum dosage, dosage schedule and in-class therapeutic duplication.

A phased implementation was planned for the POS behavioral health clinical edits:

- July 2017: The first two edits were implemented. These edits applied to the dosage and quantity of atypical antipsychotics prescribed for pediatric and adult beneficiaries.
- March 12, 2018: Edits will be implemented which apply to the therapeutic duplication of atypical antipsychotics in pediatric and adult beneficiaries.
- May 14, 2018: Remaining edits will be implemented. These edits will apply to dosage and quantity prescribed and therapeutic duplication of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) drugs, anxiolytics and antidepressants prescribed to pediatric and adult beneficiaries.

Bypassing any of the POS behavioral health clinical edits requires an override that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue identified by the edit. The edit override is “10” entered in a submission clarification code field.

The bulleted description for the pediatric and adult behavioral health edits follow.

Phase One Implemented July 30, 2017

Edit 4110 Adult; Edit 7110 Pediatric

- Quantities more than the daily dosages recommended by the FDA for the atypical antipsychotics

Pharmacy POS message “Quantity exceeds the adult (pediatric) dosage recommended by the FDA for atypical antipsychotics.”

Phase Two Implementation March 12, 2018

Edit 58610 Adult; Edit 58650 Pediatric

- Concomitant use of three or more atypical antipsychotics (concomitant use is 60 or more days of overlapping therapy.)

Pharmacy POS message “Concomitant use of three or more atypical antipsychotics will be denied.”

Phase Three Implementation May 14, 2018

Edit 4125 Adult; Edit 7125 Pediatric

- Quantities more than the daily dosages recommended by the FDA for the antidepressants

Pharmacy POS message “Quantity exceeds the adult (pediatric) dosage recommended by the FDA for antidepressants.”

Edit 4140 Adult; Edit 7140 Pediatric

- Quantities more than the daily dosages recommended by the FDA for ADD/ADHD medications

Pharmacy POS message “Quantity exceeds the adult (pediatric) dosage recommended by the FDA for ADD/ADHD medications.”

Edit 4610 Adult; Edit 7610 Pediatric

- Quantities more than the daily dosages recommended by the FDA for the behavioral health medications (does not include antidepressants, atypical antipsychotics, stimulants and ADD/ADHD medications)

Pharmacy POS message “Quantity exceeds the adult (pediatric) dosage recommended by the FDA for behavioral health meds.”

Note: For the following edits, concomitant use is 60 or more days of overlapping therapy.

Edit 58620 Adult; Edit 58660 Pediatric

- Concomitant use of two or more antidepressants (Selective serotonin reuptake inhibitor -SSRIs includes combination products)

Pharmacy POS message “Concomitant use of two or more antidepressants will be denied.”

Edit 58630 Adult; Edit 58670 Pediatric

- Concomitant use of two or more antidepressants (Serotonin–norepinephrine reuptake inhibitor - SNRIs)

Pharmacy POS message “Concomitant use of two or more antidepressants will be denied.”

Edit 58640 Adult; Edit 58680 Pediatric

- Concomitant use of two or more anxiolytics

Pharmacy POS message “Concomitant use of two or more anxiolytics will be denied.”

The edits, with appendices of the drugs included in the edit, are posted on the [NCTracks Prior Approval Drugs and Criteria web page](#).

Outpatient Pharmacy Services
DMA, 919-855-4300

Attention: All Providers

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

Per [Session Law \(S.L.\) 2015-241](#), as amended by [S.L. 2017-57](#), North Carolina providers who are reimbursed by the state for providing health care services under Medicaid and NC Health Choice (NCHC) programs must join NC HealthConnex, the state-designated Health Information Exchange.

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 Medicaid and NCHC services. All other Medicaid and state-funded providers must be connected by June 1, 2019, including the State Health Plan, Program for All Inclusive Care of the Elderly (PACE) and state grants.

The NC Health Information Exchange Authority (HIEA), the NC Department of Information Technology agency that manages NC HealthConnex, will host “How to Connect” webinars the last Monday of each month at noon to educate providers affected by this law, describe the technical and onboarding requirements, and answer questions about the legal [Participation Agreement](#) that governs the data connection. In the meantime, providers can learn more at nchealthconnex.gov/how-connect.

To **register** for the next webinar at noon on Monday, Feb. 26, 2018, and to **learn more** about NC HealthConnex, visit nchealthconnex.gov.

Alternatively, the NC Health Information Exchange Authority (NC HIEA), in collaboration with the NC Department of Health and Human Services, developed a process that allows health care providers to request extensions to complete their connection to NC HealthConnex. To request a connection extension, providers must:

1. Sign an NC HIEA [Participation Agreement](#), and
2. Demonstrate how their organization plans to connect to NC HealthConnex within one calendar year.

If the provider organization meets these criteria, complete a form located on the nchealthconnex.gov website.

Note: This process is not a request for a waiver or exemption from the state’s requirements, but an extension of time to meet the state’s requirements.

NC HealthConnex links disparate systems and existing North Carolina HIE networks together to deliver a holistic view of a patient’s record. It currently houses 3.9 million unique patient records, allowing providers to access their patients’ comprehensive records across multiple providers, and review consolidated lists of items including labs, diagnoses, allergies and medications.

Providers with questions can contact the NC HIEA staff at 919-754-6912 or hiea@nc.gov.

Provider Services
DMA, 919-855-4050

Attention: All Providers

Update to Medicaid Required Enrollment Fees

Note: This article was originally published in the [January 2018 Medicaid Bulletin](#).

The North Carolina Medicaid and NC Health Choice (NCHC) application fee is \$100, which covers costs associated with processing enrollment applications. The \$100 application fee is required for both in-state and border-area (within 40 miles) providers during initial enrollment and when providers complete the five-year reverification process.

If an out-of-state provider chooses to enroll using the full-enrollment application, the \$100 fee will apply. Out-of-state (OOS) providers using the lite-enrollment application have the option to change from lite- to full-enrollment by submitting a Manage Change Request (MCR). In that case, they also will also be required to pay the \$100 application fee.

If the application is abandoned, withdrawn, or denied, the provider will be required to pay the application fee a second time upon resubmission of the application.

In addition, some providers are required to pay the federal application fee. These providers are defined in federal regulation at [42 CFR 455.460](#), and in [NC General Statute 108C-3 \(e\) and \(g\)](#) as moderate- or high-risk. The Federal application fee is \$569 for calendar year 2018, and may be adjusted by the Centers for Medicare and Medicaid Services (CMS) annually. This fee covers the costs associated with provider screening during the enrollment process. The application fee will be collected during initial enrollment, adding a new site location, re-enrollment, and five-year reverification. Refer to the [Provider Permission Matrix](#) on the Provider Enrollment page of NCTracks for more details.

System modifications in NCTracks automated fee collection for more efficient processing of enrollment, reenrollment, MCR and reverification applications. The site visit no longer occurs post enrollment. The federal fee collection and site visit now occur during processing of the re-enrollment, MCR or re-verification application.

Previously, only the site visit for initial enrollment applications occurred during processing.

Due to the changes, all enrollment, re-enrollment, MCR and reverification applications that were in “saved draft” status were **deleted on Jan. 28, 2018**. Applications created on or after Jan. 29, 2018, can once again be saved to draft.

Providers are encouraged to review the Status and Management web page on the secure NCTracks Provider Portal for applications initiated by the Enrollment Specialist (ES) or Office Administrator (OA), but not completed. If a draft application was deleted, providers will see “N/A” under the “Select” column of the Records Results.

A Job Aid for Updated Requirements for MCR, Re-verification, Re-enrollment, and Enrollment is also available in SkillPort.

| Application Type | NC Fee \$100 | Federal Fee (currently \$569) | Federal Site Visit | Provider Training |
|------------------------------------|--|--|---|--|
| Enrollment | Always required when provider applied for Medicaid and/or NCHC Exclusion: OOS Lite | FEDERAL fee is required per location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/NCHC plans only | FEDERAL site visit is required per location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/NCHC plans only | Always required when provider applied for Medicaid and/or NCHC |
| Reenrollment | Never required | FEDERAL fee is required per location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/NCHC plans only | FEDERAL site visit is required per location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/NCHC plans only | Never required |
| Manage Change Request | Only required when an OOS lite provider upgrades to OOS full provider | FEDERAL fee is required per newly added/reinstated location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/NCHC plans only | FEDERAL site visit is required per newly added/reinstated location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/NCHC plans only | Never required |
| Reverification | Always required when provider is active in Medicaid and/or NCHC | FEDERAL fee is required per location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are active. Note: Medicaid/NCHC plans only | FEDERAL site visit is required per location when one or more FEDERAL taxonomy codes (as identified on the Permission Matrix) are active. Note: Medicaid/NCHC plans only | Never required |
| Abbreviated MCR | Never required | Never required | Never required | Never required |
| Change Office Administrator | Never required | Never required | Never required | Never required |
| Maintain Eligibility | Never required | Never required | Never required | Never required |
| Fingerprinting | Never required | Never required | Never required | Never required |

Provider Services
DMA, 919-855-4050

Attention: All Providers

Update to NC Medicaid Electronic Health Record Incentive Program

Program Reminders

Providers have until April 30, 2018, to submit a complete and accurate attestation for Program Year 2017. **After that no changes can be made.** Attestations submitted within 30 days of the deadline are not guaranteed to be reviewed prior to April 30, 2018. Providers are advised to submit their attestation no later than March 30, 2018, so discrepancies may be addressed.

Eligible professionals (EPs) can receive a maximum of \$63,750 for six years of successful participation. Program Year 2021 is the last year to participate; therefore, EPs who received only one incentive payment prior to Program Year 2017 must successfully attest in Program Year 2017 and each remaining year through program year 2021 to receive all six payments. EPs who successfully attested at least once in program years 2011 through 2016 can return in Program Year 2017 even if they have been previously denied.

If the provider was paid for Program Year 2016 using a patient volume reporting period from calendar year 2016, they may use the same patient volume reporting period when attesting in Program Year 2017.

In Program Year 2017, providers have the option to attest to Modified Stage 2 Meaningful Use (MU) or Stage 3 MU. For objective and measure requirements, providers should refer to the CMS' [Modified Stage 2 MU](#) or CMS' [Stage 3 MU](#) specification sheets.

The attestation guides are updated each year. Providers are encouraged to use the most current [Modified Stage 2 MU](#) or [Stage 3 MU](#) attestation guide. Attestation guides can also be accessed from the menu on the right-hand side of the NC Medicaid Incentive Payment System ([NC-MIPS](#)).

NOTE: Clinical Quality Measures (CQM) are updated in Program Year 2017. Providers will now select six CQMs from a list of 53. To see the Program Year 2017 CQMs, visit the [Electronic Clinical Quality Improvement Resource Center \(eCQI\) website](#).

For more information, visit the [NC Medicaid EHR Incentive Program web page](#).

Updates for Program Year 2018

On Aug. 14, 2017, the Centers for Medicare and Medicaid Services (CMS) issued the [Inpatient Prospective Payment System \(IPPS\) Final Rule](#). The final rule impacts the NC Medicaid EHR Incentive Program in Program Year 2018 as follows:

- Stage 3 MU is no longer required in Program Year 2018. Providers may attest to either Modified Stage 2 MU or Stage 3 MU.
- Providers may use a 2014 edition Certified EHR Technology (CEHRT), 2015 Edition CEHRT, or a combination of 2014 Edition and 2015 Edition CEHRT.

- Providers will select six CQMs from a list of 53 (applicable in Program Year 2017).
- Providers may continue using a 90-day MU reporting period.

Visit the [NC Medicaid EHR Incentive Program website](#) for additional updates as they become available.

NC Medicaid EHR Incentive Program
NCMedicaid.HIT@dhhs.nc.gov (email preferred)

Attention: All Providers

Federal Fee Increase for Provider Enrollment

Note: This article was originally published in the [January 2018 Medicaid Bulletin](#) under the title *Affordable Care Act Fee Increase for Provider Enrollment*.

The Centers for Medicare & Medicaid Services (CMS) announced an increase in the federal application fee for provider enrollment. The application fee increased to \$569 for calendar year 2018 for applications received Jan. 1 - Dec. 31, 2018.

The fee is required for any **institutional** providers who are newly enrolling in Medicaid or NC Health Choice, re-enrolling, re-credentialing or adding a new practice location. It **does not** apply to individual physicians or non-physician practitioners.

After the submission of the enrollment application, providers will receive an invoice for the fee. Providers are requested to wait for their invoice before submitting payment. The Federal Register published the fee notice on [Dec. 4, 2017](#). For additional information about the application fee, visit the [ACA Application Fee FAQ web page](#) on the public NCTracks Provider Portal.

Provider Services
DMA, 919-855-4050

Attention: All Providers

Avoid Delays in the Processing Provider Enrollment Applications

If a provider's enrollment application or Manage Change Requests (MCR) is clean and does not contain errors, it will process more quickly. The NCTracks Enrollment Team identified common errors that cause delays in processing applications and MCRs. Common errors include:

- **Supporting documentation not attached** – If supporting documentation is required, it must be uploaded and attached prior to submission (including license/certification/accreditation). For guidance on how to attach supporting documentation, refer to section 3.30.1 of Participant User Guide PRV111 Provider Web Portal Applications on the secure NCTracks provider portal.
- **Name on application** – Name on application should match National Plan and Provider Enumeration System (NPES) National Provider Identifier (NPI).
- **Incomplete Exclusion Sanction information** – The Exclusion Sanction questions must be answered. On question K, **all** convictions (misdemeanors and felonies) must be disclosed regardless of how old the conviction is. (The only exception to this requirement is minor traffic offenses, such as a speeding ticket, expired registration, etc.) The questions must be answered for the enrolling provider, its owners, and agents in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

If the answer to the Exclusion Sanction questions is “yes,” then documentation regarding the disposition of the action must be attached to the application. If a provider submits a written attestation, it must be on company letterhead and signed and dated by the person to whom the attestation applies. For a complete list of questions, go to the [Provider User Guides and Training page](#) of the NCTracks Provider Portal and open either the "How to Enroll in North Carolina Medicaid as an Individual Practitioner" or "How to Enroll in North Carolina Medicaid as an Organization" user guides, which are located in the **Enrollment and Re-Verification** section. These documents contain the list of sanction questions.

- **Failure to upload Electronic Fingerprinting Submission Release of Information Form (Evidence)** – The form must be signed and dated by each person required to submit fingerprints. It must also be signed and dated by the law enforcement agency collecting the fingerprints. Providers must upload the Release of Information Form into NCTracks by the deadline on the notification letter.
- **Fingerprinting Card should not be mailed to address on the evidence form** – If the applicant opts to do a Fingerprint Card, it must be mailed to the State Bureau of Investigation (SBI) for processing at NCSBI/Applicant Unit, 3320 Garner Road, Raleigh, NC 27626.
- **Choosing the incorrect taxonomy code** – The taxonomy code selected must accurately reflect the type of provider. The provider must meet the enrollment qualifications for the taxonomy code selected and possess the required licensure and/or credentials. Providers who are uncertain which taxonomy code to select should consult the “Provider Permission Matrix” (and instruction sheet) on the [Provider Enrollment page](#) of the NCTracks provider portal. For additional guidance, refer to “How to View and Update Taxonomy on the Provider Profile in NCTracks” on the [Provider User Guides and Training page](#) of the NCTracks provider portal.

- **NCID misuse** – This continues to be an issue on applications and may result in adverse action on the provider’s application and record. Refer to the article, *Using NCIDs Properly in NCTracks*, in the [December 2016 Medicaid Bulletin](#).
- **Inaccurate entry of names, Social Security numbers (SSN) and date of birth (DOB) on applications** – This continues to be an issue which impacts the integrity of the application and Participation Agreement and may result in adverse action on the application.

For assistance with NCID and/or PIN, refer to the [Getting Started web page](#) on NCTracks and the NCTracks [NCID Fact Sheet](#).

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 (phone), 1-855-710-1965 (fax), or NCTracksProvider@nctracks.com.

CSRA, 1-800-688-6696

Attention: All Providers

Clinical Coverage Policies

The following new or amended combined North Carolina Medicaid and NC Health Choice clinical coverage policies are available on North Carolina Medicaid’s [Clinical Coverage Policy web pages](#).

- 1A-30, *Spinal Surgeries*, Feb. 1, 2018
- 1D-4, *Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics*, Feb. 1, 2018
- 1E-3, *Sterilization Procedures*, Feb. 1, 2018
- 3D, *Hospice Services*, Feb. 1, 2018
- 5B, *Orthotics & Prosthetics*, Jan. 15, 2018
- 11B-4, *Kidney Transplantation*, Feb. 1, 2018

These policies supersede previously published policies and procedures.

Clinical Policy and Programs

DMA, 919-855-4260

Attention: All Providers

Fingerprinting Process for Providers

Note: This article was originally published in the [October 2017 Medicaid Bulletin](#). This is the final Medicaid Bulletin publication.

‘High risk’ individual providers and provider organizations, as outlined in [NC General Statute 108C-3g](#), and individual owners with 5 percent or more direct or indirect ownership interest in a “high risk” organization are required to submit fingerprints to the North Carolina Medicaid program.

The provider’s Office Administrator (OA) will receive two notifications through the NCTracks provider portal, Provider Message Center Inbox, for each person required to submit fingerprints. One notification will be a letter with instructions and the other will be a Fingerprint Submission Release of Information Form. The OA also will receive an email for each party required to submit fingerprints. The email will have the Fingerprint Submission Release of Information Form attached.

The Fingerprint Submission Release of Information form should be printed and completed by the provider prior to taking it to any one of the [LiveScan locations for fingerprinting services](#). There is also a section on this form that **must be signed by the official taking the fingerprints**.

Once the provider is fingerprinted and the Fingerprint Submission Release of Information form is signed at the LiveScan location, the OA will electronically upload the form to the provider’s record in NCTracks by using the following steps:

1. From the Submitted Applications section of the Status and Management page, the OA will see that any NPI with a status of “In Review” will also have a hyperlink to Upload Documents.
2. Select the Upload Documents link. Once the link is selected, the OA will be able to browse for and attach the form.
3. Select the Upload Documents link found under the Fingerprint Evidence Documents section.

At this point the process is complete, and the provider will be able to access the Status and Management page for an updated application status.

Note: Individuals who are required to undergo the fingerprint-based background check will incur the cost of having their fingerprints taken. It is recommended that you contact the fingerprinting agency to confirm the fee prior to going.

If the applicant opts to do a fingerprinting card, rather than a live scan, they must mail the Fingerprint Card to the SBI for processing at NCSBI/Applicant Unit 3320 Garner Road Raleigh, NC 27626. The Electronic Submission Release of information form is still required to be uploaded to NCTracks.

Note: The Fingerprinting card should not be mailed to the address on the form. Mailing these documents will delay the application processing and could result in a for cause denial or termination.

More information on the Fingerprinting Application Process can be found in the [NCTracks Fingerprinting Application Required Job Aid](#). This link also provides additional resources and information including answers

to Frequently Asked Questions (FAQs) and locations for fingerprinting services. Providers can also refer to the Medicaid and NC Health Choice Provider Fingerprint-based Criminal Background Checks article in the [August 2017 Medicaid Bulletin](#).

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 (phone), 1-855-710-1965 (fax) or NCTracksProvider@nctracks.com.

Provider Services
DMA, 919-855-4050

Attention: All Providers

Maintain Eligibility Process

Note: This article was originally published in the [June 2017 Medicaid Bulletin](#).

Effective Oct. 29, 2017, NCTracks implemented a quarterly Maintain Eligibility Process which identifies providers with no claim activity within the past 12 months. NCTracks will notify the provider via the secure provider portal mailbox. The provider must attest electronically in NCTracks to remain active.

When a provider is identified with having no claims activity in 12 months, a Maintain Eligibility Due Date will be set. Providers will be notified 30 days before the due date that they must submit a Maintain Eligibility Application. Upon submission of the Maintain Eligibility Application, the provider's enrollment record will be updated with the current date.

If the provider does not submit the application by the due date, the provider's participation in the North Carolina Medicaid and NC Health Choice (NCHC) programs **will be end dated**. This will prevent fraud, waste and abuse in the Medicaid and NCHC programs.

Provider Services
DMA, 919-855-4050

Attention: All Providers

Change in Edit Disposition: Claims Pended for Incorrect Billing Location

Note: This article was previously published in the [September 2017 Medicaid Bulletin](#). It is being republished with updates regarding edit disposition.

Effective Oct. 29, 2017, the NC Department of Health and Human Services (DHHS) will validate through NCTracks that the billing provider's address submitted on the claim corresponds to the location listed on the provider record for the dates of service submitted. The billing provider address, city, state and zip code (first 5 digits) on all North Carolina Medicaid and NC Health Choice claims must match exactly with the corresponding information on the provider record. (The match is not case sensitive.)

Note: It was previously announced the claim would pend for 60 days. The edit will be implemented with a "pay and report" status. Providers will receive an informational Explanation of Benefits (EOB) 04529 - BILLING ADDRESS SUBMITTED ON THE CLAIM DOES NOT MATCH THE ADDRESS ON FILE.

NCTracks will use the address submitted on the claim (837 D, P, and I - Loop 2010AA / ADA Dental – box 48, CMS-1500 block 33 and UB04 – Form Locator 1) to match to a service location address on the provider's record. If NCTracks cannot match the billing provider's address to an active service location in the NCTracks provider's file, the provider will receive on the paper Remittance Advice (RA) the informational EOB code 04529 - BILLING ADDRESS SUBMITTED ON THE CLAIM DOES NOT MATCH THE ADDRESS ON FILE. This EOB indicates that the provider should add or correct the billing provider address on the provider's record in NCTracks or correct the address submitted on the claim.

Provider records can be updated with a new billing provider address by submitting a Manage Change Request (MCR) in the secure NCTracks provider portal. Alternatively, providers can correct the billing provider's address on the claim so it matches a service location on the billing provider's record and then refile the claim.

Note: MCRs may be subject to credentialing and verification. For guidance on submitting an MCR, refer to the User Guide, *How to Change the Physical Address in NCTracks*, in SkillPort.

The edit disposition of pay and report is temporary. Providers will be notified when the edit disposition will change to pend. Claims pended with EOB 04529 will automatically recycle daily, so if the provider adds the correct address to the provider record, the claim will resume processing. If the provider does not add the correct address to the provider record within 60 days, the claim will be denied.

Claims with dates of service prior to Oct. 29, 2017, will not be subjected to the edit. Pharmacy and crossover claims also will be excluded from the edit. Providers with questions can contact the CSRA Call Center at 1-800-688-6696 or NCTracksprovider@nctracks.com.

Provider Services
DMA, 919-855-4050

Attention: All Providers

Re-credentialing Due Dates for Calendar Year 2018

Note: This article is being republished monthly. It was originally published in the [December 2017 Medicaid Bulletin](#) with revisions which (describe revisions).

List of Providers Due for Re-credentialing

A list of providers scheduled for re-credentialing in the first quarter (January through April) of 2018 is available on the [provider enrollment page](#) of the North Carolina Medicaid website under the “Re-credentialing” header. Providers can use this resource to determine their re-credentialing/re-validation due date, and determine which month to begin the re-credentialing process. Organizations and systems with multiple providers may download this spreadsheet, which includes National Provider Identifier (NPI) numbers and provider names, to compare with their provider list.

Note: The terms re-credentialing and re-validation are synonymous.

Providers will receive a notification letter 45 days before their re-credentialing due date. Providers are required to pay a \$100 application fee for re-credentialing/re-verification. If the provider does not complete the process within the allotted 45 days, payment will be suspended until the process is completed. If the provider does not complete the re-credentialing process within 30 days from payment suspension and termination notice, participation in the North Carolina Medicaid and NC Health Choice programs will be terminated. Providers must submit a re-enrollment application to be reinstated.

Re-credentialing is not optional. It is crucial that all providers who receive a notice promptly respond and begin the process. Providers will receive a notification letter 45 days before their re-credentialing due date. When it is necessary to submit a full Managed Change Request (MCR), the provider must submit the full MCR prior to the 45th day and the MCR application status must be in one of the following statuses to avoid payment suspension:

- In Review
- Returned
- Approved
- Payment Pending

Providers are required to complete the re-credentialing application after the full MCR is completed. Payment will be suspended if the provider does not complete the process by the due date. To lift payment suspension, the provider must submit a re-credentialing application or the full MCR (if required).

When the provider does not submit a re-verification application by the re-verification due date and the provider has an MCR application in which the status is “In Review, Returned, Approved or Payment Pending,” the provider’s due date resets to the current date plus 45 calendar days.

Note: Providers must thoroughly review their electronic record in NCTracks to ensure all information is accurate and up-to-date, and take any actions necessary for corrections and updates.

Re-credentialing does not apply to time-limited enrolled providers, such as out-of-state providers. Out-of-state (OOS) providers who enroll using the OOS lite application must complete the enrollment process every 365 days.

Providers with questions about the re-credentialing process can contact the NCTracks Call Center at 1-800-688-6696 (phone), 919-710-1965 (fax) or NCTracksprovider@nctracks.com.

Provider Services
DMA, 919-855-4050

Attention: Durable Medical Equipment Providers

Updates to Clinical Coverage Policy 5A-2: Non-invasive Ventilator Policy

Clinical Coverage Policy 5A-2, *Respiratory Equipment and Supplies*, is updated to add policy guidelines for home ventilators with a non-invasive interface and to add HCPCS codes E0466 to the Durable Medical Equipment and Supplies (DME) fee schedule as a continuous rental. In addition to correcting numerical, grammatical and style errors, the following changes include:

1. Section 5.3.2 Respiratory Devices for the Treatment of Respiratory Disorders other than Obstructive Sleep Apnea (OSA), subsection Other Respiratory Devices, now reads:

1. Ventilators

Medicaid and NCHC shall cover a home ventilator with an invasive interface for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Coverage is provided for both positive and negative pressure ventilators.

Medicaid and NCHC shall cover a home ventilator with a non-invasive interface when criteria “a.” through “c.” are met:

a. Clinical documentation indicates that:

1. the beneficiary’s condition cannot be successfully managed on a BiLevel device with pressure support, or
2. BiLevel therapy and BiLevel therapy with a backup feature has been initiated and failed to adequately correct the beneficiary’s respiratory status

b. Documentation indicates that ONE (1) of the following conditions is present:

1. Restrictive lung disease when the beneficiary meets the following:

A. Beneficiary has chronic respiratory failure with:

- i. Daytime CO₂ retention greater than 50 mm Hg, or
- ii. CO₂ retention of 45 to 50 mm Hg with symptoms attributable to hypoventilation (such as morning headaches, restless sleep, nightmares, enuresis, or daytime hypersomnolence), and
- iii. Nighttime oxygen desaturation to less than or equal to 88% for five (5) continuous minutes while breathing the beneficiary’s usual FiO₂, and
- iv. Obstructive sleep apnea has been ruled out

2. Chronic obstructive pulmonary disease (COPD) when the beneficiary meets the following:

A. beneficiary has chronic respiratory failure symptoms with symptoms attributable to hypoventilation, and

B. Any of the following physiologic criteria:

- i. PaCO₂ greater than or equal to 55mm Hg, or
- ii. PaCO₂ 50-54mm Hg and nighttime oxygen desaturation less than or equal to 88% for five (5) continuous minutes while breathing the beneficiary’s usual FiO₂, or
- iii. PaCO₂ 50-54mm Hg and hospitalization related to recurrent (at least two (2) episodes in a 12-month period) hypercapnic respiratory failure

3. Progressive neuromuscular disorder such as:

A. ALS

B. Muscular dystrophy

- C. Multiple Sclerosis
- D. Spinal muscle atrophy
- E. Myasthenia gravis
- F. Primary lateral sclerosis

- 4. Chest wall deformity;
- 5. Acute poliomyelitis;
- 6. Spinal cord diseases/conditions; or
- 7. Central hypoventilation syndrome or obesity hypoventilation

c. Beneficiary can protect airway and clear secretions adequately.

Prior approval is required for home ventilators. Recertification is at 12 months. A lifetime PA may be considered at recertification if medical necessity is demonstrated.

- 2. **Section 5.3.1 Oxygen, Oxygen Supplies, and Equipment**, all references to 30 calendar days and 90 calendar days are updated to one (1) month and three (3) months respectively.
- 3. **Section 5.3.2 Respiratory Devices for the Treatment of Respiratory Disorders other than Obstructive Sleep Apnea (OSA)**, respiratory assist device (RAD) policy guidance, criterion b. now reads:

b. Severe chronic obstructive pulmonary disease (COPD):

The beneficiary must meet the following criteria:

- 1. Documentation of the beneficiary's severe COPD and an arterial blood gas study, done while awake and breathing the beneficiary's usual FIO₂, demonstrating a PaCO₂ that is greater than or equal to 52 mmHg; and one of the following:
- 2. Sleep oximetry demonstrating oxygen saturation less than or equal to 88% for at least five (5) minutes in total, done while breathing the beneficiary's usual FIO₂; or
- 3. Prior to initiating therapy, OSA (treatment with CPAP) has been considered and ruled-out.

Prior Approval (PA) is required for a RAD.

Note: The above criteria qualify the beneficiary for a RAD without a back-up rate.

For a beneficiary with COPD who qualifies for a RAD without a back-up rate, and the treating physician believes the beneficiary requires a RAD with a back-up rate, the device may be covered if the following criteria are met:

- A. The treating physician documents that a BiLevel device without back-up rate has been initiated and failed to adequately correct the beneficiary's respiratory status; or
- B. An arterial blood gas PaCO₂, repeated no sooner than 61 calendar days after initiation of compliant use of the RAD without a back-up rate, done while awake and breathing the beneficiary's usual FIO₂, remains greater than or equal to 52 mm Hg; and
- C. A signed and dated statement from the treating physician, completed no sooner than 61 calendar days after initiation of the RAD without a back-up rate, declaring that the beneficiary has been compliantly using the device an average of four (4) hours per 24-hour period, but that the beneficiary is NOT benefiting from its use.

4. **Attachment A, Section C: Procedure Codes**, the HCPCS code for home ventilators with a non-invasive interface (E0466) was added.

Additional Resources

Additional information is available at the North Carolina Medicaid [Medical Equipment policies web page](#). Providers should refer to the [DME fee schedule](#) for the current E0466 rental rate.

DMA Clinical Policy and Programs

DMEPOS section, 919-855-4310

Attention: HIV Case Management Providers

Update to HIV Case Management Program

Clinical Coverage Policy 12B and State Plan Amendment

Clinical Coverage Policy 12B, *HIV Case Management*, and the related State Plan Amendment (SPA) is revised to include clarifying updates to policy and program improvements, and increase beneficiary access to services. Amendments to the SPA and policy are currently undergoing the review process and will **tentatively be effective early Spring of 2018**.

2018 Recertification Process

North Carolina Medicaid has initiated the 2018 HIV Case Management (CM) recertification process for providers with current certifications expiring on June 30, 2018.

Beginning January 2018, Medicaid will:

- Notify providers of recertification process initiation via e-mail and mail
- Post the Recertification Application Packet on the North Carolina Medicaid [HIV Case Management Forms web page](#). **The completed packet is due by March 31, 2018.**
- Schedule site visits upon approval of completed Recertification Application Packets
- Conduct a desk audit review. The documentation requested for review and instructions can be found in the Notice of Certification Expiration letter.

Beginning April 2018, Medicaid will:

- Conduct site visits
- Issue recertification letters

Stakeholder Engagement

The next stakeholder meeting will be held March 8, 2018. The agenda is expected to include a discussion of managed care and its impact on HIV case management, as well as other pertinent topics including the 2018 Recertification Process. In-person attendance is required for stakeholder meetings; however, the agenda and meeting minutes will be available for review on the [DMA HIV Case Management web page](#).

Medicaid began involving HIV CM stakeholders in November 2016, and continues holding quarterly stakeholder meetings. A separate policy/training work group convened to focus on necessary policy changes.

History and Purpose of HIV Case Management Services

HIV CM is a client-focused strategy that provides cost-effective, medically necessary services to enhance beneficiary health status and level of functioning. The goals of HIV case management are to:

- Improve an eligible beneficiary's access to a wide range of appropriate services, including medical, social, and educational needs
- Promote continuity of care by coordinating service delivery arrangements

- Enhance a beneficiary's health status and level of functioning
- Promote efficiency by reducing or containing the overall cost of services

Since 2013, the NC Division of Medical Assistance (DMA) has administered the program. In late 2016, DMA began engaging stakeholders, amending the policy and SPA and expanding the program to ensure statewide coverage.

Those with questions regarding the HIV CM program may contact the Medicaid's HIV CM Section at 919-855-4360 or send an email to HIV_CaseMgt@dhhs.nc.gov.

HIV Case Management Section
DMA, 919-855-4360

Attention: Hospice Service Providers

Clinical Coverage Policies 3D - Hospice Services Policy Update

Effective Jan. 15, 2018, updates to [Clinical Coverage Policy 3D, Hospice Services](#), are approved. The amended policy is posted to the North Carolina Medicaid website.

Revisions to the policy include the implementation of:

- Hospice benefit period requirements
- Service intensity add-on payments for hospice social worker and nursing visits provided during the last seven days of life, when provided on routine home care days, and
- Implementation of the two-tier routine home care rates structure, which authorizes a higher rate in the first 60 days of hospice election and a lower rate for days 61 and beyond.

Home Care Services/Community Based Services
DMA, 919-855-4380

Attention: Nurse Practitioners and Physician Assistants

Billing Code Updates: Nurse Practitioners and Physician Assistants

North Carolina Medicaid received calls concerning claim denials for some services provided by nurse practitioners (NPs) and physician assistants (PAs).

Medicaid has provided instructions to NCTracks to update the claims processing system. The following procedure code list is updated to include additional NP and PA taxonomies. Newly added codes are:

| | | | |
|-----------|-----------|-----------|-----------|
| 17261 (B) | 17262 (B) | 21750 (A) | 27538 |
| 27538 (B) | 27590 (A) | 32663 (A) | 33020 (A) |
| 33413 (A) | 33463 (A) | 33512 (A) | 33641(A) |
| 33647(A) | 33681 (A) | 33750 (A) | 33780 (A) |
| 33786 (A) | 33820 (A) | 33822 (A) | 33840 (A) |
| 33845 (A) | 33917 (A) | 33925 (A) | 35301 (A) |
| 35371 (A) | 35566 (A) | 35656 (A) | 35665 (A) |
| 36821 (A) | 36830 (A) | 43752 | 63015 (A) |

***Codes marked with an (A) were updated for modifiers 80 and 82 only**

***Codes marked with a (B) were updated for modifier 59 only**

The Medicaid website has a complete list of [previously denied billing codes for NP, PAs and Certified Nurse Midwives](#).

Note: Codes currently in process for system updates will be published once system modifications are completed. New code problems will be addressed as Medicaid becomes aware of them.

CSRA, 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Billing Guidelines: Zoster Vaccine Recombinant, Adjuvanted, Suspension for Intramuscular Injection (Shingrix) CPT code 90750

Effective with date of service Nov. 8, 2017, the North Carolina Medicaid program covers zoster vaccine recombinant, adjuvanted, suspension for intramuscular injection (Shingrix) for use in the Physician's Drug Program (PDP) when billed with CPT code 90750 - Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection.

The suspension for injection is supplied as a single-dose vial of lyophilized varicella zoster virus glycoprotein E (gE) antigen component to be reconstituted with the accompanying vial of AS01B adjuvant suspension component. After reconstitution, a single dose of Shingrix is 0.5 mL. Shingrix is indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older. Shingrix is **not** indicated for prevention of primary varicella infection (chickenpox). The recommended dose of Shingrix is two doses (0.5 mL each) administered intramuscularly according to a schedule of a first dose at month zero followed by a second dose administered anytime between two and six months later.

Medicaid Billing

- ICD-10-CM diagnosis code required for billing is Z23 - Encounter for immunization.
- Providers must bill with CPT code: 90750 - Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection.
- One Medicaid unit of coverage is 0.5 mL.
- The maximum reimbursement rate per unit is \$144.20.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 58160-0823-11 and 58160-0819-12.
- The NDC units should be reported as "UN1."
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [Clinical Coverage Policy No. 1B, Physician Drug Program](#), Attachment A, H.7 on the Medicaid website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Billing Guidelines: Rolapitant injectable emulsion, for intravenous use (Varubi) HCPCS code J3490

Effective with date of service Nov. 15, 2017, the North Carolina Medicaid and NC Health Choice (NCHC) programs cover rolapitant injectable emulsion, for intravenous use (Varubi) for use in the Physician's Drug Program (PDP) when billed with HCPCS code J3490 - Unclassified drugs. Varubi is available as an injectable emulsion: 166.5 mg/92.5 mL (1.8 mg/mL) of rolapitant in a single-dose ready-to-use vial.

Varubi is indicated in combination with other antiemetic agents in adults (greater than 18 years of age) for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy. The recommended dose is 166.5 mg administered as an intravenous infusion over 30 minutes.

See full prescribing information for further details.

Medicaid and NCHC Billing

- ICD-10-CM diagnosis codes required for billing are:
 - Z51.11 - Encounter for antineoplastic chemotherapy, * along with one or more of the following:
 - R11.0 – Nausea
 - R11.10 - Vomiting, unspecified
 - R11.11 - Vomiting without nausea
 - R11.12 - Projectile vomiting
 - R11.13 - Vomiting of fecal matter
 - R11.14 - Bilious vomiting
 - R11.2 - Nausea with vomiting, unspecified

(*Required when given within 48 hours of moderately or highly emetogenic chemotherapy.)

- Providers must bill with HCPCS code J3490 - Unclassified drugs.
- One Medicaid unit of coverage is one vial. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$318.60.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NCD is 69656-0102-10.
- The NDC units should be reported as "UN1."
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [Clinical Coverage Policy No. 1B, Physician Drug Program](#), Attachment A, H.7 on the Medicaid website.
- Providers shall bill their usual and customary charge for non-340-B drugs.

- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Billing Guidelines: Delafloxacin for injection, for intravenous use (Baxdela) HCPCS code J3490

Effective with date of service, Nov. 15, 2017, the North Carolina Medicaid and NC Health Choice (NCHC) programs cover delafloxacin for injection, for intravenous use (Baxdela), for use in the Physicians Drug Program (PDP) when billed with HCPCS code J3490 - Unclassified Drugs. Baxdela is currently available for injection as 300 mg of delafloxacin (equivalent to 433 mg delafloxacin meglumine) as a lyophilized powder in a single-dose vial for reconstitution and further dilution before intravenous infusion.

The recommended dose of Baxdela is 300 mg by intravenous infusion over 60 minutes, every 12 hours, for five to 14 days total duration. Baxdela is indicated in adults (greater than or equal to 18 years of age) for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by the following designated susceptible bacteria:

- Gram-positive organisms: *Staphylococcus aureus* (including methicillin-resistant [MRSA] and methicillin-susceptible [MSSA] isolates), *Staphylococcus haemolyticus*, *Staphylococcus lugdunensis*, *Streptococcus agalactiae*, *Streptococcus anginosus* Group (including *Streptococcus anginosus*, *Streptococcus intermedius*, and *Streptococcus constellatus*), *Streptococcus pyogenes*, and *Enterococcus faecalis*.
- Gram-negative organisms: *Escherichia coli*, *Enterobacter cloacae*, *Klebsiella pneumoniae*, and *Pseudomonas aeruginosa*.

See full prescribing information for further details.

Medicaid and NCHC Billing

- ICD-10-CM diagnosis codes required for billing are:
 - A46 – Erysipelas
 - A49.01 - Methicillin susceptible *Staphylococcus aureus* infection, unspecified site
 - A49.02 - Methicillin resistant *Staphylococcus aureus* infection, unspecified site
 - A49.1 - Streptococcal infection, unspecified site
 - H00.031 - Abscess of right upper eyelid
 - H00.032 - Abscess of right lower eyelid
 - H00.033 - Abscess of eyelid right eye, unspecified eyelid
 - H00.034 - Abscess of left upper eyelid
 - H00.035 - Abscess of left lower eyelid
 - H00.036 - Abscess of eyelid left eye, unspecified eyelid
 - H00.039 - Abscess of eyelid unspecified eye, unspecified eyelid
 - H05.011 - Cellulitis of right orbit
 - H05.012 - Cellulitis of left orbit
 - H05.013 - Cellulitis of bilateral orbits
 - H05.019 - Cellulitis of unspecified orbit
 - H60.00 - Abscess of external ear, unspecified ear
 - H60.01 - Abscess of right external ear
 - H60.02 - Abscess of left external ear
 - H60.03 - Abscess of external ear, bilateral
 - H60.10 - Cellulitis of external ear, unspecified ear

- H60.11 – Cellulitis of right external ear
- H60.12 - Cellulitis of left external ear
- H60.13 - Cellulitis of external ear, bilateral
- J34.0 - Abscess, furuncle and carbuncle of nose
- K12.2 - Cellulitis and abscess of mouth
- K61.0 - Anal abscess
- K61.1 - Rectal abscess
- K61.2 - Anorectal abscess
- K61.3 - Ischiorectal abscess
- K61.4 - Intraspincteric abscess
- L01.00 - Impetigo, unspecified
- L01.01 - Non-bullous impetigo
- L01.02 - Bockhart's impetigo
- L01.03 - Bullous impetigo
- L01.09 - Other impetigo
- L01.1 - Impetiginization of other dermatoses
- L02.01 - Cutaneous abscess of face
- L02.02 - Furuncle of face
- L02.03 - Carbuncle of face
- L02.11 - Cutaneous abscess of neck
- L02.12 - Furuncle of neck
- L02.13 - Carbuncle of neck
- L02.211 - Cutaneous abscess of abdominal wall
- L02.212 - Cutaneous abscess of back [any part, except buttock]
- L02.213 - Cutaneous abscess of chest wall
- L02.214 - Cutaneous abscess of groin
- L02.215 - Cutaneous abscess of perineum
- L02.216 - Cutaneous abscess of umbilicus
- L02.219 - Cutaneous abscess of trunk, unspecified
- L02.221 - Furuncle of abdominal wall
- L02.222 - Furuncle of back [any part, except buttock]
- L02.223 - Furuncle of chest wall
- L02.224 - Furuncle of groin
- L02.225 - Furuncle of perineum
- L02.226 - Furuncle of umbilicus
- L02.229 - Furuncle of trunk, unspecified
- L02.231 - Carbuncle of abdominal wall
- L02.232 - Carbuncle of back [any part, except buttock]
- L02.233 - Carbuncle of chest wall
- L02.234 - Carbuncle of groin
- L02.235 - Carbuncle of perineum
- L02.236 - Carbuncle of umbilicus
- L02.239 - Carbuncle of trunk, unspecified
- L02.31 - Cutaneous abscess of buttock
- L02.32 - Furuncle of buttock
- L02.33 - Carbuncle of buttock
- L02.411 - Cutaneous abscess of right axilla

- L02.412 - Cutaneous abscess of left axilla
- L02.413 - Cutaneous abscess of right upper limb
- L02.414 - Cutaneous abscess of left upper limb
- L02.415 - Cutaneous abscess of right lower limb
- L02.416 - Cutaneous abscess of left lower limb
- L02.419 - Cutaneous abscess of limb, unspecified
- L02.421 - Furuncle of right axilla
- L02.422 - Furuncle of left axilla
- L02.423 - Furuncle of right upper limb
- L02.424 - Furuncle of left upper limb
- L02.425 - Furuncle of right lower limb
- L02.426 - Furuncle of left lower limb
- L02.429 - Furuncle of limb, unspecified
- L02.431 - Carbuncle of right axilla
- L02.432 - Carbuncle of left axilla
- L02.433 - Carbuncle of right upper limb
- L02.434 - Carbuncle of left upper limb
- L02.435 - Carbuncle of right lower limb
- L02.436 - Carbuncle of left lower limb
- L02.439 - Carbuncle of limb, unspecified
- L02.511 - Cutaneous abscess of right hand
- L02.512 - Cutaneous abscess of left hand
- L02.519 - Cutaneous abscess of unspecified hand
- L02.521 - Furuncle right hand
- L02.522 - Furuncle left hand
- L02.529 - Furuncle unspecified hand
- L02.531 - Carbuncle of right hand
- L02.532 - Carbuncle of left hand
- L02.539 - Carbuncle of unspecified hand
- L02.611 - Cutaneous abscess of right foot
- L02.612 - Cutaneous abscess of left foot
- L02.619 - Cutaneous abscess of unspecified foot
- L02.621 - Furuncle of right foot
- L02.622 - Furuncle of left foot
- L02.629 - Furuncle of unspecified foot
- L02.631 - Carbuncle of right foot
- L02.632 - Carbuncle of left foot
- L02.639 - Carbuncle of unspecified foot
- L02.811 - Cutaneous abscess of head [any part, except face]
- L02.818 - Cutaneous abscess of other sites
- L02.821 - Furuncle of head [any part, except face]
- L02.828 - Furuncle of other sites
- L02.831 - Carbuncle of head [any part, except face]
- L02.838 - Carbuncle of other sites
- L02.91 - Cutaneous abscess, unspecified
- L02.92 - Furuncle, unspecified
- L02.93 - Carbuncle, unspecified

- L03.011 - Cellulitis of right finger
- L03.012 - Cellulitis of left finger
- L03.019 - Cellulitis of unspecified finger
- L03.021 - Acute lymphangitis of right finger
- L03.022 - Acute lymphangitis of left finger
- L03.029 - Acute lymphangitis of unspecified finger
- L03.031 - Cellulitis of right toe
- L03.032 - Cellulitis of left toe
- L03.039 - Cellulitis of unspecified toe
- L03.041 - Acute lymphangitis of right toe
- L03.042 - Acute lymphangitis of left toe
- L03.049 - Acute lymphangitis of unspecified toe
- L03.111 - Cellulitis of right axilla
- L03.112 - Cellulitis of left axilla
- L03.113 - Cellulitis of right upper limb
- L03.114 - Cellulitis of left upper limb
- L03.115 - Cellulitis of right lower limb
- L03.116 - Cellulitis of left lower limb
- L03.119 - Cellulitis of unspecified part of limb
- L03.121 - Acute lymphangitis of right axilla
- L03.122 - Acute lymphangitis of left axilla
- L03.123 - Acute lymphangitis of right upper limb
- L03.124 - Acute lymphangitis of left upper limb
- L03.125 - Acute lymphangitis of right lower limb
- L03.126 - Acute lymphangitis of left lower limb
- L03.129 - Acute lymphangitis of unspecified part of limb
- L03.211 - Cellulitis of face
- L03.212 - Acute lymphangitis of face
- L03.213 - Periorbital cellulitis
- L03.221 - Cellulitis of neck
- L03.222 - Acute lymphangitis of neck
- L03.311 - Cellulitis of abdominal wall
- L03.312 - Cellulitis of back [any part except buttock]
- L03.313 - Cellulitis of chest wall
- L03.314 - Cellulitis of groin
- L03.315 - Cellulitis of perineum
- L03.316 - Cellulitis of umbilicus
- L03.317 - Cellulitis of buttock
- L03.319 - Cellulitis of trunk, unspecified
- L03.321 - Acute lymphangitis of abdominal wall
- L03.322 - Acute lymphangitis of back [any part except buttock]
- L03.323 - Acute lymphangitis of chest wall
- L03.324 - Acute lymphangitis of groin
- L03.325 - Acute lymphangitis of perineum
- L03.326 - Acute lymphangitis of umbilicus
- L03.327 - Acute lymphangitis of buttock
- L03.329 - Acute lymphangitis of trunk, unspecified

- L03.811 - Cellulitis of head [any part, except face]
- L03.818 - Cellulitis of other sites
- L03.891 - Acute lymphangitis of head [any part, except face]
- L03.898 - Acute lymphangitis of other sites
- L03.90 - Cellulitis, unspecified
- L03.91 - Acute lymphangitis, unspecified
- L04.0 - Acute lymphadenitis of face, head and neck
- L04.1 - Acute lymphadenitis of trunk
- L04.2 - Acute lymphadenitis of upper limb
- L04.3 - Acute lymphadenitis of lower limb
- L04.8 - Acute lymphadenitis of other sites
- L04.9 - Acute lymphadenitis, unspecified
- L05.01 - Pilonidal cyst with abscess
- L05.02 - Pilonidal sinus with abscess
- L05.91 - Pilonidal cyst without abscess
- L05.92 - Pilonidal sinus without abscess
- L08.0 - Pyoderma
- L08.1 - Erythrasma
- L08.81 - Pyoderma vegetans
- L08.82 - Omphalitis not of newborn
- L08.89 - Other specified local infections of the skin and subcutaneous tissue
- L08.9 - Local infection of the skin and subcutaneous tissue, unspecified
- N48.21 – Abscess of corpus cavernosum and penis
- N48.22 - Cellulitis of corpus cavernosum and penis
- N61.0 - Mastitis without abscess
- N61.1 - Abscess of the breast and nipple
- N76.4 - Abscess of vulva

Code also organism, if applicable:

- B95.0 – Streptococcus, group A, as the cause of diseases classified elsewhere
- B95.1 - Streptococcus, group B, as the cause of diseases classified elsewhere
- B95.2 - Enterococcus as the cause of diseases classified elsewhere
- B95.4 - Other streptococcus as the cause of diseases classified elsewhere
- B95.61 - Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere
- B95.62 - Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere
- B95.7 - Other staphylococcus as the cause of diseases classified elsewhere
- B95.8 - Unspecified staphylococcus as the cause of diseases classified elsewhere
- B96.1 - Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere
- B96.20 - Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere
- B96.21 - Shiga toxin-producing Escherichia coli [E. coli] (STEC) O157 as the cause of diseases classified elsewhere
- B96.22 - Other specified Shiga toxin-producing Escherichia coli [E. coli] (STEC) as the cause of diseases classified elsewhere

- B96.23 - Unspecified Shiga toxin-producing Escherichia coli [E. coli] (STEC) as the cause of diseases classified elsewhere
- B96.29 - Other Escherichia coli [E. coli] as the cause of diseases classified elsewhere
- B96.5 - Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
- Providers must bill with HCPCS code J3490 - Unclassified Drugs.
- One Medicaid unit of coverage is 1 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$0.48.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 70842-0102-03.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [Clinical Coverage Policy No. 1B, Physician Drug Program](#), Attachment A, H.7 on the Medicaid website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Billing Guidelines: Gallium Ga 68 dotatate injection, for intravenous use kit (NETSPOT), HCPCS Code A4641

Effective with date of service, June 1, 2016, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs cover NETSPOT for use in the Physician's Drug Program (PDP) when billed with HCPCS code A4641, radiopharmaceutical, diagnostic, not otherwise classified. NETSPOT is available in a single-dose kit containing a reaction vial with lyophilized powder (40 mcg of dotatate) and buffer vial (1 mL of reaction buffer solution).

NETSPOT, after radiolabeling with Ga 68, is a radioactive diagnostic agent indicated for use with positron emission tomography (PET) for localization of somatostatin receptor positive neuroendocrine tumors (NETs) in adults and pediatric patients. NETSPOT is administered with a recommended dose of 2MBq/kg of body weight (0.054 mCi/kg) up to 200 MBq (5.4 mCi) administered as an intravenous bolus injection.

Medicaid and NCHC Billing

- Providers must bill the product with HCPCS code A4641- radiopharmaceutical, diagnostic, not otherwise classified.
- Providers must indicate the number of HCPCS units (assumption: 1 unit = 1 study dose).
- One Medicaid unit of coverage is one study dose. NCHC bills according to Medicaid units.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDC is 69488-0001-40.
- The NDC units should be reported as "UN1."
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [Clinical Coverage Policy No. 1B, Physician Drug Program](#), Attachment A, H.7 on the Medicaid website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Billing Guidelines: Methacholine chloride (Provocholine), HCPCS Code J7674

Effective with date of service June 1, 2016, the North Carolina Medicaid and NC Health Choice (NCHC) programs cover methacholine chloride (Provocholine) administered as inhalation solution, for use in the Physician's Drug Program (PDP) when billed with HCPCS code J7674 (Methacholine chloride, neb, per 1 mg). Provocholine is available in 20 mL amber vials containing 100 mg of methacholine chloride powder for reconstitution.

Methacholine chloride is a bronchoconstrictor agent indicated for the diagnosis of bronchial airway hyperreactivity in subjects who do not have clinically apparent asthma. There are two different dilution schedules using a 100 mg vial of methacholine depending on the desired protocol for the methacholine challenge test. One is based on a two-minute tidal breathing dosing protocol and the other is a five-breath dosimeter protocol. Both methods use a nebulizer to administer the medication.

Medicaid and NCHC Billing

- Providers must with HCPCS code J7674 - Methacholine chloride, neb., 1 mg.
- Providers must indicate the number of HCPCS units (assumption: 1 unit = 1 mg).
- One Medicaid unit of coverage is 1 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$0.52.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The associated NDCs are 64281-0100-00 (single vial) and 64281-0100-06 (box of six vials).
- The NDC units should be reported as "UN1."
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [Clinical Coverage Policy No. 1B, Physician Drug Program](#), Attachment A, H.7 on the Medicaid website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSC, 800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Rituximab (Rituxan) HCPCS code J9310 Rituximab, 100 mg, injection: Billing Guidelines

Effective with the date of service of April 30, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-2, *Rituximab (Rituxan)*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the Botulinum agents will remain unchanged.

See prescribing information for details.

Below is information regarding Rituxan.

Medicaid and NCHC cover Rituximab for the following FDA-approved indications:

- 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 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 had 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).

Medicaid and NCHC cover Rituximab for the following off-label indications:

- 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

For Medicaid and NCHC Billing

- The ICD-10-CM diagnosis code required for billing are:

| | | | | | |
|--------|--------|--------|--------|--------|--------|
| C82.00 | C82.01 | C82.02 | C82.03 | C82.04 | C82.05 |
| C82.06 | C82.07 | C82.08 | C82.09 | C82.10 | C82.11 |
| C82.12 | C82.13 | C82.14 | C82.15 | C82.16 | C82.17 |
| C82.18 | C82.19 | C82.20 | C82.21 | C82.22 | C82.23 |
| C82.24 | C82.25 | C82.26 | C82.27 | C82.28 | C82.29 |
| C82.30 | C82.31 | C82.32 | C82.33 | C82.34 | C82.35 |
| C82.36 | C82.37 | C82.38 | C82.39 | C82.40 | C82.41 |
| C82.42 | C82.43 | C82.44 | C82.45 | C82.46 | C82.47 |
| C82.48 | C82.49 | C82.50 | C82.51 | C82.52 | C82.53 |
| C82.54 | C82.55 | C82.56 | C82.57 | C82.58 | C82.59 |
| C82.60 | C82.61 | C82.62 | C82.63 | C82.64 | C82.65 |
| C82.66 | C82.67 | C82.68 | C82.69 | C82.80 | C82.81 |
| C82.82 | C82.83 | C82.84 | C82.85 | C82.86 | C82.87 |
| C82.88 | C82.89 | C82.90 | C82.91 | C82.92 | C82.93 |
| C82.94 | C82.95 | C82.96 | C82.97 | C82.98 | C82.99 |
| C83.00 | C83.01 | C83.02 | C83.03 | C83.04 | C83.05 |
| C83.06 | C83.07 | C83.08 | C83.09 | C83.10 | C83.11 |
| C83.12 | C83.13 | C83.14 | C83.15 | C83.16 | C83.17 |
| C83.18 | C83.19 | C83.30 | C83.31 | C83.32 | C83.33 |
| C83.34 | C83.35 | C83.36 | C83.37 | C83.38 | C83.39 |
| C83.50 | C83.51 | C83.52 | C83.53 | C83.54 | C83.55 |
| C83.56 | C83.57 | C83.58 | C83.59 | C83.70 | C83.71 |
| C83.72 | C83.73 | C83.74 | C83.75 | C83.76 | C83.77 |
| C83.78 | C83.79 | C83.80 | C83.81 | C83.82 | C83.83 |
| C83.84 | C83.85 | C83.86 | C83.86 | C83.87 | C83.88 |
| C83.89 | C83.90 | C83.91 | C83.92 | C83.93 | C83.94 |
| C83.95 | C83.96 | C83.97 | C83.98 | C83.99 | C84.00 |
| C84.A0 | C84.Z0 | C84.A1 | C84.Z1 | C84.A2 | C84.Z2 |
| C84.A3 | C84.Z3 | C84.A4 | C84.Z4 | C84.A5 | C84.Z5 |
| C84.A6 | C84.Z6 | C84.A7 | C84.Z7 | C84.A8 | C84.Z8 |
| C84.A9 | C84.Z9 | C84.01 | C84.02 | C84.03 | C84.04 |
| C84.05 | C84.06 | C84.07 | C84.08 | C84.09 | C84.10 |
| C84.11 | C84.12 | C84.13 | C84.14 | C84.15 | C84.16 |

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|---------|---------|---------|---------|---------|---------|
| C84.17 | C84.18 | C84.19 | C84.40 | C84.41 | C84.42 |
| C84.43 | C84.44 | C84.45 | C84.46 | C84.47 | C84.48 |
| C84.49 | C84.60 | C84.61 | C84.62 | C84.63 | C84.64 |
| C84.65 | C84.66 | C84.67 | C84.68 | C84.69 | C84.69 |
| C84.70 | C84.71 | C84.72 | C84.73 | C84.74 | C84.75 |
| C84.76 | C84.77 | C84.78 | C84.79 | C84.90 | C84.91 |
| C84.92 | C84.93 | C84.94 | C84.95 | C84.96 | C84.97 |
| C84.98 | C84.99 | C85.10 | C85.11 | C85.12 | C85.13 |
| C85.14 | C85.14 | C85.15 | C85.16 | C85.17 | C85.18 |
| C85.19 | C85.20 | C85.21 | C85.22 | C85.23 | C85.24 |
| C85.25 | C85.26 | C85.27 | C85.28 | C85.29 | C85.80 |
| C85.81 | C85.82 | C85.83 | C85.84 | C85.84 | C85.85 |
| C85.86 | C85.87 | C85.88 | C85.89 | C85.90 | C85.91 |
| C85.92 | C85.93 | C85.94 | C85.95 | C85.96 | C85.97 |
| C85.98 | C85.99 | C86.0 | C86.1 | C86.2 | C86.3 |
| C86.4 | C86.5 | C86.6 | C88.0 | C88.4 | C91.10 |
| C91.11 | C91.12 | C91.40 | C91.41 | C91.42 | C96.0 |
| C96.2 | C96.4 | C96.9 | C96.A | C96.Z | D59.0 |
| D59.1 | D68.311 | D68.312 | D68.318 | D69.3 | D69.41 |
| D69.42 | D69.49 | M05.40 | M05.411 | M05.412 | M05.419 |
| M05.421 | M05.422 | M05.429 | M05.431 | M05.432 | M05.439 |
| M05.441 | M05.442 | M05.449 | M05.451 | M05.452 | M05.459 |
| M05.461 | M05.462 | M05.469 | M05.471 | M05.472 | M05.479 |
| M05.49 | M05.50 | M05.511 | M05.512 | M05.519 | M05.521 |
| M05.522 | M05.529 | M05.531 | M05.532 | M05.539 | M05.541 |
| M05.542 | M05.549 | M05.551 | M05.552 | M05.559 | M05.561 |
| M05.562 | M05.569 | M05.571 | M05.572 | M05.579 | M05.59 |
| M05.70 | M05.711 | M05.712 | M05.719 | M05.721 | M05.722 |
| M05.729 | M05.731 | M05.732 | M05.739 | M05.741 | M05.742 |
| M05.749 | M05.751 | M05.752 | M05.759 | M05.761 | M05.762 |
| M05.769 | M05.771 | M05.772 | M05.779 | M05.79 | M05.80 |
| M05.811 | M05.812 | M05.819 | M05.821 | M05.822 | M05.829 |
| M05.831 | M05.832 | M05.839 | M05.841 | M05.842 | M05.849 |
| M05.851 | M05.852 | M05.859 | M05.861 | M05.862 | M05.869 |
| M05.871 | M05.872 | M05.879 | M05.89 | M05.9 | M06.00 |
| M06.011 | M06.012 | M06.019 | M06.021 | M06.022 | M06.029 |
| M06.031 | M06.032 | M06.039 | M06.041 | M06.042 | M06.049 |
| M06.051 | M06.052 | M06.059 | M06.061 | M06.062 | M06.069 |
| M06.071 | M06.072 | M06.079 | M06.079 | M06.08 | M06.09 |
| M06.20 | M06.211 | M06.212 | M06.219 | M06.221 | M06.222 |
| M06.229 | M06.231 | M06.232 | M06.239 | M06.241 | M06.242 |
| M06.249 | M06.251 | M06.252 | M06.259 | M06.261 | M06.262 |
| M06.269 | M06.271 | M06.272 | M06.279 | M06.28 | M06.29 |
| M06.30 | M06.311 | M06.312 | M06.319 | M06.321 | M06.322 |
| M06.329 | M06.331 | M06.332 | M06.339 | M06.341 | M06.342 |
| M06.349 | M06.351 | M06.352 | M06.359 | M06.361 | M06.362 |
| M06.369 | M06.371 | M06.372 | M06.379 | M06.38 | M06.39 |
| M06.80 | M06.811 | M06.812 | M06.819 | M06.821 | M06.822 |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| M06.829 | M06.831 | M06.832 | M06.839 | M06.841 | M06.842 |
| M06.849 | M06.851 | M06.852 | M06.859 | M06.861 | M06.862 |
| M06.869 | M06.871 | M06.872 | M06.879 | M06.88 | M06.89 |
| M06.9 | M08.00 | M08.011 | M08.012 | M08.019 | M08.021 |
| M08.022 | M08.029 | M08.031 | M08.032 | M08.039 | M08.041 |
| M08.042 | M08.049 | M08.051 | M08.052 | M08.059 | M08.061 |
| M08.062 | M08.069 | M08.071 | M08.072 | M08.079 | M08.08 |
| M08.09 | M08.20 | M08.211 | M08.212 | M08.219 | M08.221 |
| M08.222 | M08.229 | M08.231 | M08.232 | M08.239 | M08.241 |
| M08.242 | M08.249 | M08.251 | M08.252 | M08.259 | M08.261 |
| M08.262 | M08.269 | M08.271 | M08.272 | M08.279 | M08.28 |
| M08.29 | M08.3 | M08.40 | M08.411 | M08.412 | M08.419 |
| M08.421 | M08.422 | M08.429 | M08.431 | M08.432 | M08.439 |
| M08.441 | M08.442 | M08.449 | M08.451 | M08.452 | M08.459 |
| M08.461 | M08.462 | M08.469 | M08.471 | M08.472 | M08.479 |
| M08.48 | M08.80 | M08.811 | M08.812 | M08.819 | M08.821 |
| M08.822 | M08.829 | M08.831 | M08.832 | M08.839 | M08.841 |
| M08.842 | M08.849 | M08.851 | M08.852 | M08.859 | M08.859 |
| M08.861 | M08.862 | M08.869 | M08.871 | M08.872 | M08.879 |
| M08.88 | M08.89 | M08.90 | M08.911 | M08.912 | M08.919 |
| M08.921 | M08.922 | M08.929 | M08.931 | M08.932 | M08.939 |
| M08.941 | M08.942 | M08.949 | M08.951 | M08.952 | M08.959 |
| M08.961 | M08.962 | M08.969 | M08.971 | M08.972 | M08.979 |
| M08.98 | M08.99 | M30.0 | M30.1 | M30.2 | M30.8 |
| M31.1 | M31.30 | M31.31 | M31.7 | M32.0 | M32.10 |
| M32.11 | M32.12 | M32.13 | M32.14 | M32.15 | M32.19 |
| M32.8 | M32.9 | | | | |

- Providers must bill with HCPCS code J9310 - Rituximab (Rituxin) injection.
- One Medicaid unit of coverage is 100 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$496.85.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 50242005121 and 50242005306.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [PDP Clinical Coverage Policy No. 1B, Physicians Drug Program](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Botulinum Toxin Type A (Botox) HCPCS code J0585 Botulinum Toxin Type A, per unit: Billing Guidelines

Effective with the date of service April 30, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-1, *Botulinum Toxin Treatment*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the Botulinum agents will remain unchanged.

See full prescribing information for details.

Below is information regarding Botox.

Medicaid and NCHC shall cover OnabotulinumtoxinA (Botox) for the following FDA-approved indications:

- a. Adult spasticity
- b. Cervical dystonia in adults
- c. Severe axillary hyperhidrosis
- d. Blepharospasm associated with dystonia in a beneficiary 12 years of age and older
- e. Strabismus in a beneficiary 12 years of age and older

Medicaid and NCHC shall cover OnabotulinumtoxinA (Botox) for the following off-label indications:

- a. Chronic anal fissure refractory to conservative treatment
- b. Esophageal achalasia when surgical treatment is not indicated
- c. Spasticity (that is from multiple sclerosis, neuromyelitis optica, other demyelinating diseases of the central nervous system, spastic hemiplegia, quadriplegia, hereditary spastic paraplegia, spinal cord injury, traumatic brain injury, and stroke)
- d. Infantile cerebral palsy, specified or unspecified, such as congenital diplegia congenital hemiplegia; and quadriplegic, monoplegic, and infantile hemiplegia
- e. Hemifacial spasms
- f. Disorders of eye movement other than strabismus
- g. Achalasia and cardiospasm
- h. Secondary focal hyperhidrosis (Frey's syndrome)
- i. Disturbance of salivary secretion (sialorrhea)
- j. Schilder's disease
- k. Idiopathic (primary or genetic) torsion dystonia
- l. Symptomatic (acquired) torsion dystonia, and
- m. Laryngeal dystonia and adductor spasmodic dysphonia.

Medicaid and NCHC shall cover Electrical Stimulation or Electromyography guidance for chemodenervation when it is medically necessary to determine the proper injection site(s).

Specific Criteria Not Covered by both Medicaid and NCHC include:

- a. Disorders or conditions other than those listed above
- b. Any other spastic conditions not listed above: including treatment of smooth muscle spasm, anal spasm, irritable colon, or biliary dyskinesia is considered investigational, unsafe, and ineffective or is considered to be cosmetic; and is not accepted as the standard of practice within the medical community
- c. Treatment of craniofacial wrinkles

- d. Treatment of headaches is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found on [NCTracks](#)
- e. Treatment of urinary incontinence and overactive bladder due to detrusor over activity or idiopathic detrusor over activity associated with a neurologic condition in adults who have an inadequate response to or are intolerant of an anticholinergic medication is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found on [NCTracks](#).
- f. Medicaid and NCHC covers one injection of Botox for each site, regardless of the number of injections made into the site. A site is defined as the muscles of a single contiguous body part (a single limb, eyelid, face, neck).

The cumulative dosage of Botox must not exceed 600 units in 90 days.

For Medicaid and NCHC Billing

- The ICD-10-CM diagnosis code required for billing are:

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| G04.1 | G11.4 | G24.01 | G24.02 | G24.09 | G24.1 |
| G24.2 | G24.3 | G24.4 | G24.5 | G24.8 | G24.9 |
| G35 | G36.0 | G36.1 | G36.8 | G36.9 | G37.0 |
| G37.1 | G37.2 | G37.3 | G37.4 | G37.5 | G37.8 |
| G37.9 | G51.2 | G51.3 | G51.4 | G51.8 | G51.9 |
| G80.0 | G80.1 | G80.2 | G80.3 | G80.4 | G80.8 |
| G80.9 | G81.10 | G81.11 | G81.12 | G81.13 | G81.14 |
| G82.20 | G82.21 | G82.22 | G82.50 | G82.51 | G82.52 |
| G82.53 | G82.54 | G83.0 | G83.10 | G83.11 | G83.12 |
| G83.13 | G83.14 | G83.20 | G83.21 | G83.22 | G83.23 |
| G83.24 | G83.30 | G83.31 | G83.32 | G83.33 | G83.34 |
| G83.81 | G96.8 | H49.00 | H49.01 | H49.02 | H49.03 |
| H49.10 | H49.11 | H49.12 | H49.13 | H49.20 | H49.21 |
| H49.22 | H49.23 | H49.30 | H49.31 | H49.32 | H49.33 |
| H49.40 | H49.41 | H49.42 | H49.43 | H49.881 | H49.882 |
| H49.883 | H49.889 | H49.9 | H50.00 | H50.011 | H50.012 |
| H50.021 | H50.022 | H50.031 | H50.032 | H50.041 | H50.042 |
| H50.05 | H50.06 | H50.07 | H50.08 | H50.10 | H50.111 |
| H50.112 | H50.121 | H50.122 | H50.131 | H50.132 | H50.141 |
| H50.142 | H50.15 | H50.16 | H50.17 | H50.18 | H50.21 |
| H50.22 | H50.30 | H50.311 | H50.312 | H50.32 | H50.331 |
| H50.332 | H50.34 | H50.40 | H50.411 | H50.412 | H50.42 |
| H50.43 | H50.50 | H50.51 | H50.52 | H50.53 | H50.54 |
| H50.55 | H50.60 | H50.611 | H50.612 | H50.69 | H50.811 |
| H50.812 | H50.89 | H50.9 | H51.0 | H51.11 | H51.12 |
| H51.20 | H51.21 | H51.22 | H51.23 | H51.8 | H51.9 |
| I69.031 | I69.032 | I69.033 | I69.034 | I69.039 | I69.041 |
| I69.042 | I69.043 | I69.044 | I69.049 | I69.131 | I69.132 |
| I69.133 | I69.134 | I69.139 | I69.141 | I69.142 | I69.143 |
| I69.144 | I69.149 | I69.231 | I69.232 | I69.233 | I69.234 |
| I69.239 | I69.241 | I69.242 | I69.243 | I69.244 | I69.249 |
| I69.331 | I69.332 | I69.333 | I69.334 | I69.339 | I69.341 |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| I69.342 | I69.343 | I69.344 | I69.349 | I69.831 | I69.832 |
| I69.833 | I69.834 | I69.839 | I69.841 | I69.842 | I69.843 |
| I69.844 | I69.849 | I69.931 | I69.932 | I69.933 | I69.934 |
| I69.939 | I69.941 | I69.942 | I69.943 | I69.944 | I69.949 |
| J38.00 | J38.01 | J38.02 | J38.5 | K11.0 | K11.1 |
| K11.20 | K11.21 | K11.22 | K11.23 | K11.7 | K11.8 |
| K11.9 | K22.0 | K22.4 | K60.0 | K60.1 | K60.2 |
| L74.510 | L74.511 | L74.512 | L74.513 | L74.519 | L74.52 |
| M43.6 | M62.831 | M62.838 | Q39.5 | R25.2 | R25.3 |
| R49.0 | S06.2X0 | S06.2X1 | S06.2X2 | S06.2X3 | S06.2X4 |
| S06.2X5 | S06.2X6 | S06.2X7 | S06.2X8 | S06.2X9 | S06.300 |
| S06.301 | S06.302 | S06.303 | S06.304 | S06.305 | S06.306 |
| S06.307 | S06.308 | S06.309 | S06.9X0 | S06.9X1 | S06.9X2 |
| S06.9X3 | S06.9X4 | S06.9X5 | S06.9X6 | S06.9X7 | S06.9X8 |
| S06.9X9 | S14.0 | S14.101 | S14.102 | S14.103 | S14.104 |
| S14.105 | S14.106 | S14.107 | S14.108 | S14.109 | S14.111 |
| S14.112 | S14.113 | S14.114 | S14.115 | S14.116 | S14.117 |
| S14.118 | S14.119 | S14.121 | S14.122 | S14.123 | S14.124 |
| S14.125 | S14.126 | S14.127 | S14.128 | S14.129 | S14.131 |
| S14.132 | S14.133 | S14.134 | S14.135 | S14.136 | S14.137 |
| S14.138 | S14.139 | S14.141 | S14.142 | S14.143 | S14.144 |
| S14.145 | S14.146 | S14.147 | S14.148 | S14.149 | S14.151 |
| S14.152 | S14.153 | S14.154 | S14.155 | S14.156 | S14.157 |
| S14.158 | S14.159 | S24.0 | S24.101 | S24.102 | S24.103 |
| S24.104 | S24.109 | S24.111 | S24.112 | S24.113 | S24.114 |
| S24.119 | S24.131 | S24.132 | S24.133 | S24.134 | S24.139 |
| S24.141 | S24.142 | S24.143 | S24.144 | S24.149 | S24.151 |
| S24.152 | S24.153 | S24.154 | S24.159 | S34.01 | S34.02 |
| S34.101 | S34.102 | S34.103 | S34.104 | S34.105 | S34.109 |
| S34.111 | S34.112 | S34.113 | S34.114 | S34.115 | S34.119 |
| S34.121 | S34.122 | S34.123 | S34.124 | S34.125 | S34.129 |
| S34.131 | S34.132 | S34.139 | S34.3 | | |

- CPT Codes for administration to use with Botox:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 31513 | 31570 | 31571 | 43201 | 46505 | 64611 |
| 64612 | 64616 | 64617 | 64640 | 64642 | 64643 |
| 64644 | 64645 | 64650 | 67345 | | |

- Only one electrical stimulation or electromyography code may be reported for each injection site. The following procedure codes for electrical stimulation or EMG guidance may be billed if appropriate. (List separately in addition to a code for a primary procedure). CPT Code(s) are 95873 and 95874.
- Providers must bill with HCPCS code J0585: Injection, onabotulinumtoxinA (Botox)
- One Medicaid unit of coverage is 1 unit. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$5.67.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 00023114501, 00023392102.
- The NDC units should be reported as “UN1.”

- For additional information, refer to the January 2012, Special Bulletin, [*National Drug Code Implementation Update*](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [*PDP Clinical Coverage Policy No. 1B, Physicians Drug Program*](#), Attachment A, H.7 on Medicaid's website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [*registered with the Office of Pharmacy Affairs \(OPA\)*](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [*PDP web page*](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

AbobotulinumtoxinA for injection, for intramuscular use (Dysport) HCPCS code J0586 - Injection, abobotulinumtoxinA, 5 units: Billing Guidelines

Effective with the date of service of April 31, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-1, *Botulinum Toxin Treatment*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the Botulinum agents will remain unchanged.

See full prescribing information for details.

Below is information regarding Dysport.

Medicaid and NCHC shall cover AbobotulinumtoxinA (Dysport) for the following FDA-approved indications:

- a Cervical dystonia in adults
- b Upper limb spasticity in adults, and
- c Lower limb spasticity in beneficiaries two years of age and older.

Medicaid and NCHC shall cover AbobotulinumtoxinA (Dysport) for the following off-label indications:

- a. Chronic anal fissure refractory to conservative treatment
- b. Esophageal achalasia when surgical treatment is not indicated
- c. Spasticity (that is from multiple sclerosis, neuromyelitis optica, other demyelinating diseases of the central nervous system, spastic hemiplegia, quadriplegia, hereditary spastic paraplegia, spinal cord injury, traumatic brain injury, stroke, and upper limb spasticity in adults)
- d. Infantile cerebral palsy, specified or unspecified, including congenital diplegia; congenital hemiplegia; and quadriplegic, monoplegic, and infantile hemiplegia
- e. Hemifacial spasms
- f. Strabismus and other disorders of eye movement
- g. Achalasia and cardiospasm
- h. Secondary focal hyperhidrosis (Frey's syndrome)
- i. Disturbance of salivary secretion (sialorrhea)
- j. Schilder's disease
- k. Idiopathic (primary or genetic) torsion dystonia
- l. Symptomatic (acquired) torsion dystonia
- m. Laryngeal dystonia and adductor spasmodic dysphonia
- n. Blepharospasm associated with dystonia in a beneficiary 12 years of age and older, and
- o. Treatment of severe axillary hyperhidrosis.

Medicaid and NCHC shall cover Electrical Stimulation or Electromyography guidance for chemodenervation when it is medically necessary to determine the proper injection site(s).

Specific Criteria Not Covered by both Medicaid and NCHC include:

- a. Disorders or conditions other than those listed above
- b. Any other spastic conditions not listed above: including treatment of smooth muscle spasm, anal spasm, irritable colon, or biliary dyskinesia is considered investigational, unsafe, and ineffective or is considered to be cosmetic; and is not accepted as the standard of practice within the medical community
- c. Treatment of craniofacial wrinkles

- d. Treatment of headaches is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found [on NCTracks](#).
- e. Treatment of urinary incontinence and overactive bladder due to detrusor over activity or idiopathic detrusor over activity associated with a neurologic condition in adults who have an inadequate response to or are intolerant of an anticholinergic medication is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found [on NCTracks](#).
- f. Medicaid and NCHC covers one injection of Dysport for each site, regardless of the number of injections made into the site. A site is defined as the muscles of a single contiguous body part (a single limb, eyelid, face, neck).

The cumulative dosage of Dysport must not exceed 1500 units in 12 weeks (84 days).

For Medicaid and NCHC Billing

- The ICD-10-CM diagnosis code required for billing are:

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| G04.1 | G11.4 | G24.01 | G24.02 | G24.09 | G24.1 |
| G24.2 | G24.3 | G24.4 | G24.5 | G24.8 | G24.9 |
| G35 | G36.0 | G36.1 | G36.8 | G36.9 | G37.0 |
| G37.1 | G37.2 | G37.3 | G37.4 | G37.5 | G37.8 |
| G37.9 | G51.2 | G51.3 | G51.4 | G51.8 | G51.9 |
| G80.0 | G80.1 | G80.2 | G80.3 | G80.4 | G80.8 |
| G80.9 | G81.10 | G81.11 | G81.12 | G81.13 | G81.14 |
| G82.20 | G82.21 | G82.22 | G82.50 | G82.51 | G82.52 |
| G82.53 | G82.54 | G83.0 | G83.10 | G83.11 | G83.12 |
| G83.13 | G83.14 | G83.20 | G83.21 | G83.22 | G83.23 |
| G83.24 | G83.30 | G83.31 | G83.32 | G83.33 | G83.34 |
| G83.81 | G96.8 | H49.00 | H49.01 | H49.02 | H49.03 |
| H49.10 | H49.11 | H49.12 | H49.13 | H49.20 | H49.21 |
| H49.22 | H49.23 | H49.30 | H49.31 | H49.32 | H49.33 |
| H49.40 | H49.41 | H49.42 | H49.43 | H49.881 | H49.882 |
| H49.883 | H49.889 | H49.9 | H50.00 | H50.011 | H50.012 |
| H50.021 | H50.022 | H50.031 | H50.032 | H50.041 | H50.042 |
| H50.05 | H50.06 | H50.07 | H50.08 | H50.10 | H50.111 |
| H50.112 | H50.121 | H50.122 | H50.131 | H50.132 | H50.141 |
| H50.142 | H50.15 | H50.16 | H50.17 | H50.18 | H50.21 |
| H50.22 | H50.30 | H50.311 | H50.312 | H50.32 | H50.331 |
| H50.332 | H50.34 | H50.40 | H50.411 | H50.412 | H50.42 |
| H50.43 | H50.50 | H50.51 | H50.52 | H50.53 | H50.54 |
| H50.55 | H50.60 | H50.611 | H50.612 | H50.69 | H50.811 |
| H50.812 | H50.89 | H50.9 | H51.0 | H51.11 | H51.12 |
| H51.20 | H51.21 | H51.22 | H51.23 | H51.8 | H51.9 |
| I69.031 | I69.032 | I69.033 | I69.034 | I69.039 | I69.041 |
| I69.042 | I69.043 | I69.044 | I69.049 | I69.131 | I69.132 |
| I69.133 | I69.134 | I69.139 | I69.141 | I69.142 | I69.143 |
| I69.144 | I69.149 | I69.231 | I69.232 | I69.233 | I69.234 |
| I69.239 | I69.241 | I69.242 | I69.243 | I69.244 | I69.249 |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| I69.331 | I69.332 | I69.333 | I69.334 | I69.339 | I69.341 |
| I69.342 | I69.343 | I69.344 | I69.349 | I69.831 | I69.832 |
| I69.833 | I69.834 | I69.839 | I69.841 | I69.842 | I69.843 |
| I69.844 | I69.849 | I69.931 | I69.932 | I69.933 | I69.934 |
| I69.939 | I69.941 | I69.942 | I69.943 | I69.944 | I69.949 |
| J38.00 | J38.01 | J38.02 | J38.5 | K11.0 | K11.1 |
| K11.20 | K11.21 | K11.22 | K11.23 | K11.7 | K11.8 |
| K11.9 | K22.0 | K22.4 | K60.0 | K60.1 | K60.2 |
| L74.510 | L74.511 | L74.512 | L74.513 | L74.519 | L74.52 |
| M43.6 | M62.831 | M62.838 | Q39.5 | R25.2 | R25.3 |
| R49.0 | S06.2X0 | S06.2X1 | S06.2X2 | S06.2X3 | S06.2X4 |
| S06.2X5 | S06.2X6 | S06.2X7 | S06.2X8 | S06.2X9 | S06.300 |
| S06.301 | S06.302 | S06.303 | S06.304 | S06.305 | S06.306 |
| S06.307 | S06.308 | S06.309 | S06.9X0 | S06.9X1 | S06.9X2 |
| S06.9X3 | S06.9X4 | S06.9X5 | S06.9X6 | S06.9X7 | S06.9X8 |
| S06.9X9 | S14.0 | S14.101 | S14.102 | S14.103 | S14.104 |
| S14.105 | S14.106 | S14.107 | S14.108 | S14.109 | S14.111 |
| S14.112 | S14.113 | S14.114 | S14.115 | S14.116 | S14.117 |
| S14.118 | S14.119 | S14.121 | S14.122 | S14.123 | S14.124 |
| S14.125 | S14.126 | S14.127 | S14.128 | S14.129 | S14.131 |
| S14.132 | S14.133 | S14.134 | S14.135 | S14.136 | S14.137 |
| S14.138 | S14.139 | S14.141 | S14.142 | S14.143 | S14.144 |
| S14.145 | S14.146 | S14.147 | S14.148 | S14.149 | S14.151 |
| S14.152 | S14.153 | S14.154 | S14.155 | S14.156 | S14.157 |
| S14.158 | S14.159 | S24.0 | S24.101 | S24.102 | S24.103 |
| S24.104 | S24.109 | S24.111 | S24.112 | S24.113 | S24.114 |
| S24.119 | S24.131 | S24.132 | S24.133 | S24.134 | S24.139 |
| S24.141 | S24.142 | S24.143 | S24.144 | S24.149 | S24.151 |
| S24.152 | S24.153 | S24.154 | S24.159 | S34.01 | S34.02 |
| S34.101 | S34.102 | S34.103 | S34.104 | S34.105 | S34.109 |
| S34.111 | S34.112 | S34.113 | S34.114 | S34.115 | S34.119 |
| S34.121 | S34.122 | S34.123 | S34.124 | S34.125 | S34.129 |
| S34.131 | S34.132 | S34.139 | S34.3 | | |

- CPT Codes for administration to use with Dysport:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 31513 | 31570 | 31571 | 43201 | 46505 | 64611 |
| 64612 | 64616 | 64617 | 64640 | 64642 | 64643 |
| 64644 | 64645 | 64650 | 67345 | | |

- Only one electrical stimulation or electromyography code may be reported for each injection site. The following procedure codes for electrical stimulation or EMG guidance may be billed if appropriate. (List separately in addition to a code for a primary procedure). CPT Code(s): 95873, 95874.
- Providers must bill with HCPCS code J0586: Injection, abobotulinumtoxinA (Dysport).
- One Medicaid unit of coverage is 5 units. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$7.21.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 00299596230, 1505405001 and 15054053006.

- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [*National Drug Code Implementation Update*](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [*PDP Clinical Coverage Policy No. 1B, Physicians Drug Program*](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [*registered with the Office of Pharmacy Affairs \(OPA\)*](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [*PDP web page*](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

IncobotulinumtoxinA (Xeomin) HCPCS code J0588 incobotulinumtoxinA, 1 unit: Billing Guidelines

Effective with the date of service of April 31, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-1, *Botulinum Toxin Treatment*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the Botulinum agents will remain unchanged.

See full prescribing information for details.

Below is information regarding Xeomin.

Medicaid shall cover IncobotulinumtoxinA (Xeomin) for the following FDA-approved indications for adult beneficiaries:

- a. cervical dystonia
- b. blepharospasm, and
- c. upper limb spasticity.

Medicaid and NCHC shall cover IncobotulinumtoxinA (Xeomin) for the following off-label indications:

- a. Chronic anal fissure refractory to conservative treatment.
- b. Esophageal achalasia when surgical treatment is not indicated.
- c. Spasticity
- d. Infantile cerebral palsy, specified or unspecified, including congenital diplegia; congenital hemiplegia; and quadriplegic, monoplegic, and infantile hemiplegia.
- e. Hemifacial spasms.
- f. Strabismus and other disorders of eye movement.
- g. Achalasia and cardiospasm.
- h. Secondary focal hyperhidrosis (Frey's syndrome).
- i. Disturbance of salivary secretion (sialorrhea).
- j. Schilder's disease.
- k. Idiopathic (primary or genetic) torsion dystonia.
- l. Symptomatic (acquired) torsion dystonia.
- m. Laryngeal dystonia and adductor spasmodic dysphonia
- n. Treatment of severe axillary hyperhidrosis

Medicaid and NCHC shall cover Electrical Stimulation or Electromyography guidance for chemodenervation when it is medically necessary to determine the proper injection site(s).

Specific Criteria Not Covered by both Medicaid and NCHC include:

- a. Disorders or conditions other than those listed above
- b. Any other spastic conditions not listed above including treatment of smooth muscle spasm, anal spasm, irritable colon, or biliary dyskinesia is considered to be investigational, unsafe, and ineffective or is considered to be cosmetic; and is not accepted as the standard of practice within the medical community
- c. Treatment of craniofacial wrinkles
- d. Treatment of headaches is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found [on NCTracks](#).

- e. Treatment of urinary incontinence and overactive bladder due to detrusor over activity or idiopathic detrusor over activity associated with a neurologic condition in adults who have an inadequate response to or are intolerant of an anticholinergic medication is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found [on NCTracks](#).
- f. Medicaid and NCHC covers one injection of Xeomin for each site, regardless of the number of injections made into the site. A site is defined as the muscles of a single contiguous body part (a single limb, eyelid, face, neck).

The cumulative dosage of Xeomin must not exceed 600 units in 12 weeks (84 days).

For Medicaid and NCHC Billing

- The ICD-10-CM diagnosis code required for billing are:

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| G04.1 | G11.4 | G24.01 | G24.02 | G24.09 | G24.1 |
| G24.2 | G24.3 | G24.4 | G24.5 | G24.8 | G24.9 |
| G35 | G36.0 | G36.1 | G36.8 | G36.9 | G37.0 |
| G37.1 | G37.2 | G37.3 | G37.4 | G37.5 | G37.8 |
| G37.9 | G51.2 | G51.3 | G51.4 | G51.8 | G51.9 |
| G80.0 | G80.1 | G80.2 | G80.3 | G80.4 | G80.8 |
| G80.9 | G81.10 | G81.11 | G81.12 | G81.13 | G81.14 |
| G82.20 | G82.21 | G82.22 | G82.50 | G82.51 | G82.52 |
| G82.53 | G82.54 | G83.0 | G83.10 | G83.11 | G83.12 |
| G83.13 | G83.14 | G83.20 | G83.21 | G83.22 | G83.23 |
| G83.24 | G83.30 | G83.31 | G83.32 | G83.33 | G83.34 |
| G83.81 | G96.8 | H49.00 | H49.01 | H49.02 | H49.03 |
| H49.10 | H49.11 | H49.12 | H49.13 | H49.20 | H49.21 |
| H49.22 | H49.23 | H49.30 | H49.31 | H49.32 | H49.33 |
| H49.40 | H49.41 | H49.42 | H49.43 | H49.881 | H49.882 |
| H49.883 | H49.889 | H49.9 | H50.00 | H50.011 | H50.012 |
| H50.021 | H50.022 | H50.031 | H50.032 | H50.041 | H50.042 |
| H50.05 | H50.06 | H50.07 | H50.08 | H50.10 | H50.111 |
| H50.112 | H50.121 | H50.122 | H50.131 | H50.132 | H50.141 |
| H50.142 | H50.15 | H50.16 | H50.17 | H50.18 | H50.21 |
| H50.22 | H50.30 | H50.311 | H50.312 | H50.32 | H50.331 |
| H50.332 | H50.34 | H50.40 | H50.411 | H50.412 | H50.42 |
| H50.43 | H50.50 | H50.51 | H50.52 | H50.53 | H50.54 |
| H50.55 | H50.60 | H50.611 | H50.612 | H50.69 | H50.811 |
| H50.812 | H50.89 | H50.9 | H51.0 | H51.11 | H51.12 |
| H51.20 | H51.21 | H51.22 | H51.23 | H51.8 | H51.9 |
| I69.031 | I69.032 | I69.033 | I69.034 | I69.039 | I69.041 |
| I69.042 | I69.043 | I69.044 | I69.049 | I69.131 | I69.132 |
| I69.133 | I69.134 | I69.139 | I69.141 | I69.142 | I69.143 |
| I69.144 | I69.149 | I69.231 | I69.232 | I69.233 | I69.234 |
| I69.239 | I69.241 | I69.242 | I69.243 | I69.244 | I69.249 |
| I69.331 | I69.332 | I69.333 | I69.334 | I69.339 | I69.341 |
| I69.342 | I69.343 | I69.344 | I69.349 | I69.831 | I69.832 |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| I69.833 | I69.834 | I69.839 | I69.841 | I69.842 | I69.843 |
| I69.844 | I69.849 | I69.931 | I69.932 | I69.933 | I69.934 |
| I69.939 | I69.941 | I69.942 | I69.943 | I69.944 | I69.949 |
| J38.00 | J38.01 | J38.02 | J38.5 | K11.0 | K11.1 |
| K11.20 | K11.21 | K11.22 | K11.23 | K11.7 | K11.8 |
| K11.9 | K22.0 | K22.4 | K60.0 | K60.1 | K60.2 |
| L74.510 | L74.511 | L74.512 | L74.513 | L74.519 | L74.52 |
| M43.6 | M62.831 | M62.838 | Q39.5 | R25.2 | R25.3 |
| R49.0 | S06.2X0 | S06.2X1 | S06.2X2 | S06.2X3 | S06.2X4 |
| S06.2X5 | S06.2X6 | S06.2X7 | S06.2X8 | S06.2X9 | S06.300 |
| S06.301 | S06.302 | S06.303 | S06.304 | S06.305 | S06.306 |
| S06.307 | S06.308 | S06.309 | S06.9X0 | S06.9X1 | S06.9X2 |
| S06.9X3 | S06.9X4 | S06.9X5 | S06.9X6 | S06.9X7 | S06.9X8 |
| S06.9X9 | S14.0 | S14.101 | S14.102 | S14.103 | S14.104 |
| S14.105 | S14.106 | S14.107 | S14.108 | S14.109 | S14.111 |
| S14.112 | S14.113 | S14.114 | S14.115 | S14.116 | S14.117 |
| S14.118 | S14.119 | S14.121 | S14.122 | S14.123 | S14.124 |
| S14.125 | S14.126 | S14.127 | S14.128 | S14.129 | S14.131 |
| S14.132 | S14.133 | S14.134 | S14.135 | S14.136 | S14.137 |
| S14.138 | S14.139 | S14.141 | S14.142 | S14.143 | S14.144 |
| S14.145 | S14.146 | S14.147 | S14.148 | S14.149 | S14.151 |
| S14.152 | S14.153 | S14.154 | S14.155 | S14.156 | S14.157 |
| S14.158 | S14.159 | S24.0 | S24.101 | S24.102 | S24.103 |
| S24.104 | S24.109 | S24.111 | S24.112 | S24.113 | S24.114 |
| S24.119 | S24.131 | S24.132 | S24.133 | S24.134 | S24.139 |
| S24.141 | S24.142 | S24.143 | S24.144 | S24.149 | S24.151 |
| S24.152 | S24.153 | S24.154 | S24.159 | S34.01 | S34.02 |
| S34.101 | S34.102 | S34.103 | S34.104 | S34.105 | S34.109 |
| S34.111 | S34.112 | S34.113 | S34.114 | S34.115 | S34.119 |
| S34.121 | S34.122 | S34.123 | S34.124 | S34.125 | S34.129 |
| S34.131 | S34.132 | S34.139 | S34.3 | | |

- CPT Codes for administration to use with Xeomin:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 31513 | 31570 | 31571 | 43201 | 46505 | 64611 |
| 64612 | 64616 | 64617 | 64640 | 64642 | 64643 |
| 64644 | 64645 | 64650 | 67345 | | |

- Only one electrical stimulation or electromyography code may be reported for each injection site. The following procedure codes for electrical stimulation or EMG guidance may be billed if appropriate. (List separately in addition to a code for a primary procedure).CPT Code(s): 95873, 95874.
- Providers must bill with HCPCS code J0588: Injection, incobotulinumtoxinA (Xeomin).
- One Medicaid unit of coverage is 1 unit. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$5.28.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs is/are 00259160501, 00259161001, 00259162001 and 46783016001.
- The NDC units should be reported as “UN1.”

- For additional information, refer to the January 2012, Special Bulletin, [*National Drug Code Implementation Update*](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [*PDP Clinical Coverage Policy No. 1B, Physicians Drug Program*](#), Attachment A, H.7 on Medicaid's website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [*registered with the Office of Pharmacy Affairs \(OPA\)*](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [*PDP web page*](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

RimabotulinumtoxinB (Myobloc) HCPCS code J0587 rimabotulinumtoxinB, 1 unit: Billing Guidelines

Effective with the date of service of April 30, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-1, *Botulinum Toxin Treatment*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the Botulinum agents will remain unchanged.

See full prescribing information for details.

Below is information regarding Myobloc.

Medicaid and NCHC shall cover RimabotulinumtoxinB (Myobloc) for the following FDA-approved indication:

- Cervical dystonia in adults

Medicaid and NCHC shall cover RimabotulinumtoxinB (Myobloc) for the following off-label indication:

- Sialorrhea in adults

Medicaid and NCHC shall cover Electrical Stimulation or Electromyography guidance for chemodenervation when it is medically necessary to determine the proper injection site(s).

Specific Criteria Not Covered by both Medicaid and NCHC include:

- a. Disorders or conditions other than those listed above
- b. Any other spastic conditions not listed above: including treatment of smooth muscle spasm anal spasm, irritable colon, or biliary dyskinesia is considered to be investigational, unsafe, and ineffective or is considered to be cosmetic; and is not accepted as the standard of practice within the medical community
- c. Treatment of craniofacial wrinkles
- d. Treatment of headaches is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found on NCTracks.
- e. Treatment of urinary incontinence and overactive bladder due to detrusor over activity or idiopathic detrusor over activity associated with a neurologic condition in adults who have an inadequate response to or are intolerant of an anticholinergic medication is covered through the Outpatient Pharmacy Program only and only by prior approval. Coverage criteria and prior approval request forms can be found on NCTracks.
- f. Medicaid and NCHC covers one injection of Myobloc for each site, regardless of the number of injections made into the site. A site is defined as the muscles of a single contiguous body part (a single limb, eyelid, face, neck).

The cumulative dosage of Myobloc must not exceed 10,000 units in 12 weeks (84 days).

For Medicaid and NCHC Billing

- The ICD-10-CM diagnosis code required for billing are:

| | | | | | |
|--------|-------|-------|--------|--------|--------|
| G24.3 | K11.0 | K11.1 | K11.20 | K11.21 | K11.22 |
| K11.23 | K11.7 | K11.8 | K11.9 | | |

- CPT Codes for Botulinum Toxin Serotype B (Myobloc) administration are:

| | | | | | |
|-------|-------|-------|--|--|--|
| 64612 | 64613 | 64616 | | | |
|-------|-------|-------|--|--|--|

- Only one electrical stimulation or electromyography code may be reported for each injection site. The following procedure codes for electrical stimulation or EMG guidance may be billed if appropriate. (List separately in addition to a code for a primary procedure). CPT Code(s): 95873, 95874.
- Providers must bill with HCPCS code J0587: Injection, rimabotulinumtoxinB (Myobloc
- One Medicaid unit of coverage is 100 units. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$8.31.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 10454071010, 10454071110 and 10454071210.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin,
- [National Drug Code Implementation Update.](#)
- For additional information regarding NDC claim requirements related to the PDP, refer to the [PDP Clinical Coverage Policy No. 1B, Physicians Drug Program](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physicians and Physician Assistants

Iron Dextran (INFeD) HCPCS code J1750: Billing Guidelines

Effective with the date of service of April 30, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-3, *Intravenous Iron Therapy*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the IV Iron agents will remain unchanged.

See prescribing information for details.

Below is information regarding iron dextran.

Medicaid and NCHC shall cover iron dextran for the following FDA-approved indication

- a. Iron deficiency anemia for beneficiaries in whom a trial period of oral iron was ineffective, not tolerated, or unlikely to be beneficial

Medicaid and NCHC shall cover iron dextran for all the following off-label indications

- a. Iron deficiency anemia in hemodialysis-dependent chronic kidney disease beneficiaries (HDD-CKD) with epoetin therapy
- b. Iron deficiency anemia in peritoneal dialysis-dependent chronic kidney disease beneficiaries (PDD-CKD) with epoetin therapy
- c. Iron deficiency anemia in non-dialysis dependent chronic kidney disease beneficiaries (NDD-CKD) with or without epoetin therapy
- d. Iron deficiency anemia from excessive uterine blood loss or pregnancy
- e. Iron deficiency anemia of cancer and cancer chemotherapy
- f. Iron deficiency anemia with comorbid heart failure
- g. Iron repletion for autologous blood transfusions
- h. Gastrointestinal (GI) blood loss with iron deficiency (such as gastric bypass surgery, celiac disease, or inflammatory bowel disease)
- i. Disorders of iron metabolism
- j. Iron deficiency due to intravascular hemolysis (such as paroxysmal nocturnal hemoglobinuria, valvular heart disease and malfunctioning prosthetic valves), and
- k. Iron deficiency due to achlorhydria (such as pernicious anemia or medication induced).

For Medicaid and NCHC Billing

- ICD-10 codes for iron deficiency anemias where oral treatment is not suitable are:

| Primary Diagnosis | | |
|---------------------|---------|----------------|
| D50.0 | D50.1 | D50.8 D50.9 |
| Secondary Diagnosis | | |
| K50.00 | K51.012 | K51.514 |
| K50.011 | K51.013 | K51.518 |
| K50.012 | K51.014 | K51.519 |
| K50.013 | K51.018 | K51.80 |
| K50.014 | K51.019 | K51.811 |

| | | |
|---------|---------|---------|
| K50.018 | K51.20 | K51.812 |
| K50.019 | K51.211 | K51.813 |
| K50.10 | K51.212 | K51.814 |
| K50.111 | K51.213 | K51.818 |
| K50.112 | K51.214 | K51.819 |
| K50.113 | K51.218 | K51.90 |
| K50.114 | K51.219 | K51.911 |
| K50.118 | K51.30 | K51.912 |
| K50.119 | K51.311 | K51.913 |
| K50.80 | K51.312 | K51.914 |
| K50.811 | K51.313 | K51.918 |
| K50.812 | K51.314 | K51.919 |
| K50.813 | K51.318 | K90.0 |
| K50.814 | K51.319 | K90.1 |
| K50.818 | K51.40 | K90.2 |
| K50.819 | K51.411 | K90.3 |
| K50.90 | K51.412 | K90.4 |
| K50.911 | K51.413 | K90.89 |
| K50.912 | K51.414 | K90.9 |
| K50.913 | K51.418 | K91.2 |
| K50.914 | K51.419 | Z87.19 |
| K50.918 | K51.50 | |
| K50.919 | K51.511 | |
| K51.00 | K51.512 | |
| K51.011 | K51.513 | |

- ICD-10 codes for disorders of iron metabolism are:

| | | |
|---------|---------|---------|
| E83.10 | E83.111 | E83.119 |
| E83.110 | E83.118 | E83.19 |

- ICD-10 codes for anemia in neoplastic disease or antineoplastic chemotherapy induced anemia are:

| Primary Diagnosis | | |
|---------------------|--------|--------|
| D63.0 | D64.81 | |
| Secondary Diagnosis | | |
| C00.0 | C72.20 | C92.91 |
| C00.1 | C72.21 | C92.92 |
| C00.2 | C72.22 | C92.A0 |
| C00.3 | C72.30 | C92.A1 |
| C00.4 | C72.31 | C92.A2 |
| C00.5 | C72.32 | C92.Z0 |
| C00.6 | C72.40 | C92.Z1 |
| C00.8 | C72.41 | C92.Z2 |
| C00.9 | C72.42 | C93.00 |
| C01 | C72.50 | C93.01 |
| C02.0 | C72.59 | C93.02 |
| C02.1 | C72.9 | C93.10 |
| C02.2 | C73 | C93.11 |

| | | |
|--------|--------|--------|
| C02.3 | C74.00 | C93.12 |
| C02.4 | C74.01 | C93.30 |
| C02.8 | C74.02 | C93.31 |
| C02.9 | C74.10 | C93.32 |
| C03.0 | C74.11 | C93.90 |
| C03.1 | C74.12 | C93.91 |
| C03.9 | C74.90 | C93.92 |
| C04.0 | C74.91 | C93.Z0 |
| C04.1 | C74.92 | C93.Z1 |
| C04.8 | C75.0 | C93.Z2 |
| C04.9 | C75.1 | C94.00 |
| C05.0 | C75.2 | C94.01 |
| C05.1 | C75.3 | C94.02 |
| C05.2 | C75.4 | C94.20 |
| C05.8 | C75.5 | C94.21 |
| C05.9 | C75.8 | C94.22 |
| C06.0 | C75.9 | C94.30 |
| C06.1 | C76.0 | C94.31 |
| C06.2 | C76.1 | C94.32 |
| C06.80 | C76.2 | C94.4 |
| C06.89 | C76.3 | C94.41 |
| C06.9 | C76.40 | C94.42 |
| C07 | C76.41 | C94.80 |
| C08.0 | C76.42 | C94.81 |
| C08.1 | C76.50 | C94.82 |
| C08.9 | C76.51 | C95.00 |
| C09.0 | C76.52 | C95.01 |
| C09.1 | C76.8 | C95.02 |
| C09.8 | C77.0 | C95.10 |
| C09.9 | C77.1 | C95.11 |
| C10.0 | C77.2 | C95.12 |
| C10.1 | C77.3 | C95.90 |
| C10.2 | C77.4 | C95.91 |
| C10.3 | C77.5 | C95.92 |
| C10.4 | C77.8 | C96.0 |
| C10.8 | C77.9 | C96.2 |
| C10.9 | C78.00 | C96.4 |
| C11.0 | C78.01 | C96.5 |
| C11.1 | C78.02 | C96.6 |
| C11.2 | C78.1 | C96.A |
| C11.3 | C78.2 | C96.Z |
| C11.8 | C78.30 | C96.9 |
| C11.9 | C78.39 | D00.00 |
| C12 | C78.4 | D00.01 |
| C13.0 | C78.5 | D00.02 |
| C13.1 | C78.6 | D00.03 |
| C13.2 | C78.7 | D00.04 |
| C13.8 | C78.80 | D00.05 |
| C13.9 | C78.89 | D00.06 |
| C14.0 | C79.00 | D00.07 |

| | | |
|-------|---------|--------|
| C14.2 | C79.01 | D00.08 |
| C14.8 | C79.02 | D00.1 |
| C15.3 | C79.10 | D00.2 |
| C15.4 | C79.11 | D01.0 |
| C15.5 | C79.19 | D01.1 |
| C15.8 | C79.2 | D01.2 |
| C15.9 | C79.31 | D01.3 |
| C16.0 | C79.32 | D01.40 |
| C16.1 | C79.40 | D01.49 |
| C16.2 | C79.49 | D01.5 |
| C16.3 | C79.51 | D01.7 |
| C16.4 | C79.52 | D01.9 |
| C16.5 | C79.60 | D02.0 |
| C16.6 | C79.61 | D02.1 |
| C16.8 | C79.62 | D02.20 |
| C16.9 | C79.70 | D02.21 |
| C17.0 | C79.71 | D02.22 |
| C17.1 | C79.72 | D02.3 |
| C17.2 | C79.81 | D02.4 |
| C17.3 | C79.82 | D03.0 |
| C17.8 | C79.89 | D03.10 |
| C17.9 | C79.9 | D03.11 |
| C18.0 | C7A.00 | D03.12 |
| C18.1 | C7A.010 | D03.20 |
| C18.2 | C7A.011 | D03.21 |
| C18.3 | C7A.012 | D03.22 |
| C18.4 | C7A.019 | D03.30 |
| C18.5 | C7A.020 | D03.39 |
| C18.6 | C7A.021 | D03.4 |
| C18.7 | C7A.022 | D03.51 |
| C18.8 | C7A.023 | D03.52 |
| C18.9 | C7A.024 | D03.59 |
| C19 | C7A.025 | D03.60 |
| C20 | C7A.026 | D03.61 |
| C21.0 | C7A.029 | D03.62 |
| C21.1 | C7A.090 | D03.70 |
| C21.2 | C7A.091 | D03.71 |
| C21.8 | C7A.092 | D03.72 |
| C22.0 | C7A.093 | D03.8 |
| C22.1 | C7A.094 | D03.9 |
| C22.2 | C7A.095 | D04.0 |
| C22.3 | C7A.096 | D04.10 |
| C22.4 | C7A.098 | D04.11 |
| C22.7 | C7A.1 | D04.12 |
| C22.8 | C7A.8 | D04.20 |
| C22.9 | C7B.00 | D04.21 |
| C23 | C7B.01 | D04.22 |
| C24.0 | C7B.02 | D04.30 |
| C24.1 | C7B.03 | D04.39 |
| C24.8 | C7B.04 | D04.4 |

| | | |
|--------|--------|--------|
| C24.9 | C7B.09 | D04.5 |
| C25.0 | C7B.1 | D04.60 |
| C25.1 | C7B.8 | D04.61 |
| C25.2 | C80.0 | D04.62 |
| C25.3 | C80.1 | D04.70 |
| C25.4 | C80.2 | D04.71 |
| C25.7 | C81.00 | D04.72 |
| C25.8 | C81.01 | D04.8 |
| C25.9 | C81.02 | D04.9 |
| C26.0 | C81.03 | D05.00 |
| C26.1 | C81.04 | D05.01 |
| C26.9 | C81.05 | D05.02 |
| C30.0 | C81.06 | D05.10 |
| C30.1 | C81.07 | D05.11 |
| C31.0 | C81.08 | D05.12 |
| C31.1 | C81.09 | D05.80 |
| C31.2 | C81.10 | D05.81 |
| C31.3 | C81.11 | D05.82 |
| C31.8 | C81.12 | D05.90 |
| C31.9 | C81.13 | D05.91 |
| C32.0 | C81.14 | D05.92 |
| C32.1 | C81.15 | D06.0 |
| C32.2 | C81.16 | D06.1 |
| C32.3 | C81.17 | D06.7 |
| C32.8 | C81.18 | D06.9 |
| C32.9 | C81.19 | D07.0 |
| C33 | C81.20 | D07.1 |
| C34.00 | C81.21 | D07.2 |
| C34.01 | C81.22 | D07.30 |
| C34.02 | C81.23 | D07.39 |
| C34.10 | C81.24 | D07.4 |
| C34.11 | C81.25 | D07.5 |
| C34.12 | C81.26 | D07.60 |
| C34.2 | C81.27 | D07.61 |
| C34.30 | C81.28 | D07.69 |
| C34.31 | C81.29 | D09.0 |
| C34.32 | C81.30 | D09.10 |
| C34.80 | C81.31 | D09.19 |
| C34.81 | C81.32 | D09.20 |
| C34.82 | C81.33 | D09.21 |
| C34.90 | C81.34 | D09.22 |
| C34.91 | C81.35 | D09.3 |
| C34.92 | C81.36 | D09.8 |
| C37 | C81.37 | D09.9 |
| C38.0 | C81.38 | D10.0 |
| C38.1 | C81.39 | D10.1 |
| C38.2 | C81.40 | D10.2 |
| C38.3 | C81.41 | D10.30 |
| C38.4 | C81.42 | D10.39 |
| C38.8 | C81.43 | D10.4 |

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| C39.0 | C81.44 | D10.5 |
| C39.9 | C81.45 | D10.6 |
| C40.00 | C81.46 | D10.7 |
| C40.01 | C81.47 | D10.9 |
| C40.02 | C81.48 | D11.0 |
| C40.10 | C81.49 | D11.7 |
| C40.11 | C81.70 | D11.9 |
| C40.12 | C81.71 | D12.0 |
| C40.20 | C81.72 | D12.1 |
| C40.21 | C81.73 | D12.2 |
| C40.22 | C81.74 | D12.3 |
| C40.30 | C81.75 | D12.4 |
| C40.31 | C81.76 | D12.5 |
| C40.32 | C81.77 | D12.6 |
| C40.80 | C81.78 | D12.7 |
| C40.81 | C81.79 | D12.8 |
| C40.82 | C81.90 | D12.9 |
| C40.90 | C81.91 | D13.0 |
| C40.91 | C81.92 | D13.1 |
| C40.92 | C81.93 | D13.2 |
| C41.0 | C81.94 | D13.30 |
| C41.1 | C81.95 | D13.39 |
| C41.2 | C81.96 | D13.4 |
| C41.3 | C81.97 | D13.5 |
| C41.4 | C81.98 | D13.6 |
| C41.9 | C81.99 | D13.7 |
| C43.0 | C82.00 | D13.9 |
| C43.10 | C82.01 | D14.0 |
| C43.11 | C82.02 | D14.1 |
| C43.12 | C82.03 | D14.2 |
| C43.20 | C82.04 | D14.30 |
| C43.21 | C82.05 | D14.31 |
| C43.22 | C82.06 | D14.32 |
| C43.30 | C82.07 | D14.4 |
| C43.31 | C82.08 | D15.0 |
| C43.39 | C82.09 | D15.1 |
| C43.4 | C82.10 | D15.2 |
| C43.51 | C82.11 | D15.7 |
| C43.52 | C82.12 | D15.9 |
| C43.59 | C82.13 | D16.00 |
| C43.60 | C82.14 | D16.01 |
| C43.61 | C82.15 | D16.02 |
| C43.62 | C82.16 | D16.10 |
| C43.70 | C82.17 | D16.11 |
| C43.71 | C82.18 | D16.12 |
| C43.72 | C82.19 | D16.20 |
| C43.8 | C82.20 | D16.21 |
| C43.9 | C82.21 | D16.22 |
| C44.00 | C82.22 | D16.30 |
| C44.01 | C82.23 | D16.31 |

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| C44.02 | C82.24 | D16.32 |
| C44.09 | C82.25 | D16.4 |
| C44.101 | C82.26 | D16.5 |
| C44.102 | C82.27 | D16.6 |
| C44.109 | C82.28 | D16.7 |
| C44.111 | C82.29 | D16.8 |
| C44.112 | C82.30 | D16.9 |
| C44.119 | C82.31 | D17.0 |
| C44.121 | C82.32 | D17.1 |
| C44.122 | C82.33 | D17.20 |
| C44.129 | C82.34 | D17.21 |
| C44.191 | C82.35 | D17.22 |
| C44.192 | C82.36 | D17.23 |
| C44.199 | C82.37 | D17.24 |
| C44.201 | C82.38 | D17.30 |
| C44.202 | C82.39 | D17.39 |
| C44.209 | C82.40 | D17.4 |
| C44.211 | C82.41 | D17.5 |
| C44.212 | C82.42 | D17.6 |
| C44.219 | C82.43 | D17.71 |
| C44.221 | C82.44 | D17.72 |
| C44.222 | C82.45 | D17.79 |
| C44.229 | C82.46 | D17.9 |
| C44.291 | C82.47 | D18.00 |
| C44.292 | C82.48 | D18.01 |
| C44.299 | C82.49 | D18.02 |
| C44.300 | C82.50 | D18.03 |
| C44.301 | C82.51 | D18.09 |
| C44.309 | C82.52 | D18.1 |
| C44.310 | C82.53 | D19.0 |
| C44.311 | C82.54 | D19.1 |
| C44.319 | C82.55 | D19.7 |
| C44.320 | C82.56 | D19.9 |
| C44.321 | C82.57 | D20.0 |
| C44.329 | C82.58 | D20.1 |
| C44.390 | C82.59 | D21.0 |
| C44.391 | C82.60 | D21.10 |
| C44.399 | C82.61 | D21.11 |
| C44.40 | C82.62 | D21.12 |
| C44.41 | C82.63 | D21.20 |
| C44.42 | C82.64 | D21.21 |
| C44.49 | C82.65 | D21.22 |
| C44.500 | C82.66 | D21.3 |
| C44.501 | C82.67 | D21.4 |
| C44.509 | C82.68 | D21.5 |
| C44.510 | C82.69 | D21.6 |
| C44.511 | C82.80 | D21.9 |
| C44.519 | C82.81 | D22.0 |
| C44.520 | C82.82 | D22.10 |
| C44.521 | C82.83 | D22.11 |

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| C44.529 | C82.84 | D22.12 |
| C44.590 | C82.85 | D22.20 |
| C44.591 | C82.86 | D22.21 |
| C44.599 | C82.87 | D22.22 |
| C44.601 | C82.88 | D22.30 |
| C44.602 | C82.89 | D22.39 |
| C44.609 | C82.90 | D22.4 |
| C44.611 | C82.91 | D22.5 |
| C44.612 | C82.92 | D22.60 |
| C44.619 | C82.93 | D22.61 |
| C44.621 | C82.94 | D22.62 |
| C44.622 | C82.95 | D22.70 |
| C44.629 | C82.96 | D22.71 |
| C44.691 | C82.97 | D22.72 |
| C44.692 | C82.98 | D22.9 |
| C44.699 | C82.99 | D23.0 |
| C44.701 | C83.00 | D23.10 |
| C44.702 | C83.01 | D23.11 |
| C44.709 | C83.02 | D23.12 |
| C44.711 | C83.03 | D23.20 |
| C44.712 | C83.04 | D23.21 |
| C44.719 | C83.05 | D23.22 |
| C44.721 | C83.06 | D23.30 |
| C44.722 | C83.07 | D23.39 |
| C44.729 | C83.08 | D23.4 |
| C44.791 | C83.09 | D23.5 |
| C44.792 | C83.10 | D23.60 |
| C44.799 | C83.11 | D23.61 |
| C44.80 | C83.12 | D23.62 |
| C44.81 | C83.13 | D23.70 |
| C44.82 | C83.14 | D23.71 |
| C44.89 | C83.15 | D23.72 |
| C44.90 | C83.16 | D23.9 |
| C44.91 | C83.17 | D24.1 |
| C44.92 | C83.18 | D24.2 |
| C44.99 | C83.19 | D24.9 |
| C45.0 | C83.30 | D25.0 |
| C45.1 | C83.31 | D25.1 |
| C45.2 | C83.32 | D25.2 |
| C45.7 | C83.33 | D25.9 |
| C45.9 | C83.34 | D26.0 |
| C46.0 | C83.35 | D26.1 |
| C46.1 | C83.36 | D26.7 |
| C46.2 | C83.37 | D26.9 |
| C46.3 | C83.38 | D27.0 |
| C46.4 | C83.39 | D27.1 |
| C46.50 | C83.50 | D27.9 |
| C46.51 | C83.51 | D28.0 |
| C46.52 | C83.52 | D28.1 |
| C46.7 | C83.53 | D28.2 |

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| C46.9 | C83.54 | D28.7 |
| C47.0 | C83.55 | D28.9 |
| C47.10 | C83.56 | D29.0 |
| C47.11 | C83.57 | D29.1 |
| C47.12 | C83.58 | D29.20 |
| C47.20 | C83.59 | D29.21 |
| C47.21 | C83.70 | D29.22 |
| C47.22 | C83.71 | D29.30 |
| C47.3 | C83.72 | D29.31 |
| C47.4 | C83.73 | D29.32 |
| C47.5 | C83.74 | D29.4 |
| C47.6 | C83.75 | D29.8 |
| C47.8 | C83.76 | D29.9 |
| C47.9 | C83.77 | D30.00 |
| C48.0 | C83.78 | D30.01 |
| C48.1 | C83.79 | D30.02 |
| C48.2 | C83.80 | D30.10 |
| C48.8 | C83.81 | D30.11 |
| C49.0 | C83.82 | D30.12 |
| C49.10 | C83.83 | D30.20 |
| C49.11 | C83.84 | D30.21 |
| C49.12 | C83.85 | D30.22 |
| C49.20 | C83.86 | D30.3 |
| C49.21 | C83.87 | D30.4 |
| C49.22 | C83.88 | D30.8 |
| C49.3 | C83.89 | D30.9 |
| C49.4 | C83.90 | D31.00 |
| C49.5 | C83.91 | D31.01 |
| C49.6 | C83.92 | D31.02 |
| C49.8 | C83.93 | D31.10 |
| C49.9 | C83.94 | D31.11 |
| C4A.0 | C83.95 | D31.12 |
| C4A.10 | C83.96 | D31.20 |
| C4A.11 | C83.97 | D31.21 |
| C4A.12 | C83.98 | D31.22 |
| C4A.20 | C83.99 | D31.30 |
| C4A.21 | C84.00 | D31.31 |
| C4A.22 | C84.01 | D31.32 |
| C4A.30 | C84.02 | D31.40 |
| C4A.31 | C84.03 | D31.41 |
| C4A.39 | C84.04 | D31.42 |
| C4A.4 | C84.05 | D31.50 |
| C4A.51 | C84.06 | D31.51 |
| C4A.52 | C84.07 | D31.52 |
| C4A.59 | C84.08 | D31.60 |
| C4A.60 | C84.09 | D31.61 |
| C4A.61 | C84.10 | D31.62 |
| C4A.62 | C84.11 | D31.90 |
| C4A.70 | C84.12 | D31.91 |
| C4A.71 | C84.13 | D31.92 |

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| C4A.72 | C84.14 | D32.0 |
| C4A.8 | C84.15 | D32.1 |
| C4A.9 | C84.16 | D32.9 |
| C50.011 | C84.17 | D33.0 |
| C50.012 | C84.18 | D33.1 |
| C50.019 | C84.19 | D33.2 |
| C50.021 | C84.40 | D33.3 |
| C50.022 | C84.41 | D33.4 |
| C50.029 | C84.42 | D33.7 |
| C50.111 | C84.43 | D33.9 |
| C50.112 | C84.44 | D34 |
| C50.119 | C84.45 | D35.00 |
| C50.121 | C84.46 | D35.01 |
| C50.122 | C84.47 | D35.02 |
| C50.129 | C84.48 | D35.1 |
| C50.211 | C84.49 | D35.2 |
| C50.212 | C84.60 | D35.3 |
| C50.219 | C84.61 | D35.4 |
| C50.221 | C84.62 | D35.5 |
| C50.222 | C84.63 | D35.6 |
| C50.229 | C84.64 | D35.7 |
| C50.311 | C84.65 | D35.9 |
| C50.312 | C84.66 | D36.0 |
| C50.319 | C84.67 | D36.10 |
| C50.321 | C84.68 | D36.11 |
| C50.322 | C84.69 | D36.12 |
| C50.329 | C84.70 | D36.13 |
| C50.411 | C84.71 | D36.14 |
| C50.412 | C84.72 | D36.15 |
| C50.419 | C84.73 | D36.16 |
| C50.421 | C84.74 | D36.17 |
| C50.422 | C84.75 | D36.7 |
| C50.429 | C84.76 | D36.9 |
| C50.511 | C84.77 | D37.01 |
| C50.512 | C84.78 | D37.02 |
| C50.519 | C84.79 | D37.030 |
| C50.521 | C84.90 | D37.031 |
| C50.522 | C84.91 | D37.032 |
| C50.529 | C84.92 | D37.039 |
| C50.611 | C84.93 | D37.04 |
| C50.612 | C84.94 | D37.05 |
| C50.619 | C84.95 | D37.09 |
| C50.621 | C84.96 | D37.1 |
| C50.622 | C84.97 | D37.2 |
| C50.629 | C84.98 | D37.3 |
| C50.811 | C84.99 | D37.4 |
| C50.812 | C84.A0 | D37.5 |
| C50.819 | C84.A1 | D37.6 |
| C50.821 | C84.A2 | D37.8 |
| C50.822 | C84.A3 | D37.9 |

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| C50.829 | C84.A4 | D38.0 |
| C50.911 | C84.A5 | D38.1 |
| C50.912 | C84.A6 | D38.2 |
| C50.919 | C84.A7 | D38.3 |
| C50.921 | C84.A8 | D38.4 |
| C50.922 | C84.A9 | D38.5 |
| C50.929 | C84.Z0 | D38.6 |
| C51.0 | C84.Z1 | D39.0 |
| C51.1 | C84.Z2 | D39.10 |
| C51.2 | C84.Z3 | D39.11 |
| C51.8 | C84.Z4 | D39.12 |
| C51.9 | C84.Z5 | D39.2 |
| C52 | C84.Z6 | D39.8 |
| C53.0 | C84.Z7 | D39.9 |
| C53.1 | C84.Z8 | D3A.00 |
| C53.8 | C84.Z9 | D3A.010 |
| C53.9 | C85.10 | D3A.011 |
| C54.0 | C85.11 | D3A.012 |
| C54.1 | C85.12 | D3A.019 |
| C54.2 | C85.13 | D3A.020 |
| C54.3 | C85.14 | D3A.021 |
| C54.8 | C85.15 | D3A.022 |
| C54.9 | C85.16 | D3A.023 |
| C55 | C85.17 | D3A.024 |
| C56.1 | C85.18 | D3A.025 |
| C56.2 | C85.19 | D3A.026 |
| C56.9 | C85.20 | D3A.029 |
| C57.00 | C85.21 | D3A.090 |
| C57.01 | C85.22 | D3A.091 |
| C57.02 | C85.23 | D3A.092 |
| C57.10 | C85.24 | D3A.093 |
| C57.11 | C85.25 | D3A.094 |
| C57.12 | C85.26 | D3A.095 |
| C57.20 | C85.27 | D3A.096 |
| C57.21 | C85.28 | D3A.098 |
| C57.22 | C85.29 | D3A.8 |
| C57.3 | C85.80 | D40.0 |
| C57.4 | C85.81 | D40.10 |
| C57.7 | C85.82 | D40.11 |
| C57.8 | C85.83 | D40.12 |
| C57.9 | C85.84 | D40.8 |
| C58 | C85.85 | D40.9 |
| C60.0 | C85.86 | D41.00 |
| C60.1 | C85.87 | D41.01 |
| C60.2 | C85.88 | D41.02 |
| C60.8 | C85.89 | D41.10 |
| C60.9 | C85.90 | D41.11 |
| C61 | C85.91 | D41.12 |
| C62.00 | C85.92 | D41.20 |
| C62.01 | C85.93 | D41.21 |

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| C62.02 | C85.94 | D41.22 |
| C62.10 | C85.95 | D41.3 |
| C62.11 | C85.96 | D41.4 |
| C62.12 | C85.97 | D41.8 |
| C62.90 | C85.98 | D41.9 |
| C62.91 | C85.99 | D42.0 |
| C62.92 | C86.0 | D42.1 |
| C63.00 | C86.1 | D42.9 |
| C63.01 | C86.2 | D43.0 |
| C63.02 | C86.3 | D43.1 |
| C63.10 | C86.4 | D43.2 |
| C63.11 | C86.5 | D43.3 |
| C63.12 | C86.6 | D43.4 |
| C63.2 | C88.0 | D43.8 |
| C63.7 | C88.2 | D43.9 |
| C63.8 | C88.3 | D44.0 |
| C63.9 | C88.4 | D44.10 |
| C64.1 | C88.8 | D44.11 |
| C64.2 | C88.9 | D44.12 |
| C64.9 | C90.00 | D44.2 |
| C65.1 | C90.01 | D44.3 |
| C65.2 | C90.02 | D44.4 |
| C65.9 | C90.10 | D44.5 |
| C66.1 | C90.11 | D44.6 |
| C66.2 | C90.12 | D44.7 |
| C66.9 | C90.20 | D44.9 |
| C67.0 | C90.21 | D45 |
| C67.1 | C90.22 | D46.0 |
| C67.2 | C90.30 | D46.1 |
| C67.3 | C90.31 | D46.20 |
| C67.4 | C90.32 | D46.21 |
| C67.5 | C91.00 | D46.22 |
| C67.6 | C91.01 | D46.A |
| C67.7 | C91.02 | D46.B |
| C67.8 | C91.10 | D46.C |
| C67.9 | C91.11 | D46.4 |
| C68.0 | C91.12 | D46.Z |
| C68.1 | C91.30 | D46.9 |
| C68.8 | C91.31 | D47.0 |
| C68.9 | C91.32 | D47.1 |
| C69.00 | C91.40 | D47.2 |
| C69.01 | C91.41 | D47.3 |
| C69.02 | C91.42 | D47.4 |
| C69.10 | C91.50 | D47.9 |
| C69.11 | C91.51 | D47.Z1 |
| C69.12 | C91.52 | D47.Z9 |
| C69.20 | C91.60 | D48.0 |
| C69.21 | C91.61 | D48.1 |
| C69.22 | C91.62 | D48.2 |
| C69.30 | C91.90 | D48.3 |

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| C69.31 | C91.91 | D48.4 |
| C69.32 | C91.92 | D48.5 |
| C69.40 | C91.A0 | D48.60 |
| C69.41 | C91.A1 | D48.61 |
| C69.42 | C91.A2 | D48.62 |
| C69.50 | C91.Z0 | D48.7 |
| C69.51 | C91.Z1 | D48.9 |
| C69.52 | C91.Z2 | D49.0 |
| C69.60 | C92.00 | D49.1 |
| C69.61 | C92.01 | D49.2 |
| C69.62 | C92.02 | D49.3 |
| C69.81 | C92.10 | D49.4 |
| C69.82 | C92.11 | D49.5 |
| C69.90 | C92.12 | D49.7 |
| C69.91 | C92.20 | D49.81 |
| C69.92 | C92.21 | D49.89 |
| C70.0 | C92.22 | D49.9 |
| C70.1 | C92.30 | K31.7 |
| C70.9 | C92.31 | K63.5 |
| C71.0 | C92.32 | Q85.00 |
| C71.1 | C92.40 | Q85.01 |
| C71.2 | C92.41 | Q85.02 |
| C71.3 | C92.42 | Q85.03 |
| C71.4 | C92.50 | Q85.09 |
| C71.5 | C92.51 | |
| C71.6 | C92.52 | |
| C71.7 | C92.60 | |
| C71.8 | C92.61 | |
| C71.9 | C92.62 | |
| C72.0 | C92.90 | |
| C72.1 | | |

- ICD-10 codes for iron deficiency anemias of excessive uterine blood loss or pregnancy are:

| Primary Diagnosis | | |
|---------------------|--------|--------|
| D50.0 | D50.8 | O46.0 |
| D50.1 | D50.9 | |
| Secondary Diagnosis | | |
| N92.0 | Z34.00 | Z34.83 |
| N92.1 | Z34.01 | Z34.90 |
| N92.3 | Z34.02 | Z34.91 |
| N92.5 | Z34.03 | Z34.92 |
| N92.6 | Z34.80 | Z34.93 |
| N92.2 | Z34.81 | |
| N92.4 | Z34.82 | |
| N95.0 | | |

- ICD-10 codes for anemia in chronic kidney disease are:

| Primary Diagnosis | | |
|---------------------|-------|-------|
| D63.1 | | |
| Secondary Diagnosis | | |
| N18.1 | N18.4 | N18.6 |
| N18.2 | N18.5 | N18.9 |
| N18.3 | | |

- ICD-10 codes for iron repletion for autologous blood transfusions are:

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| Z52.000 | Z52.010 | Z52.090 |
| Z52.008 | Z52.018 | Z52.098 |

- ICD-10 codes for Gastrointestinal (GI) complications with iron deficiency are:

| Primary Diagnosis | | |
|---------------------|-------|--------|
| D50.0 | D50.8 | K92.2 |
| D50.1 | D50.9 | |
| Secondary Diagnosis | | |
| D62 | K90.0 | K94.21 |
| | K91.1 | K95.09 |
| | K91.2 | K95.89 |

- ICD-10 codes for Iron deficiency with comorbid heart failure are:

| Primary Diagnosis | | |
|---------------------|--------|--------|
| D50.0 | D50.1 | D50.8 |
| | | D50.9 |
| Secondary Diagnosis | | |
| I42.0 | I42.8 | I50.31 |
| I42.1 | I42.9 | I50.32 |
| I42.2 | I50.1 | I50.33 |
| I42.3 | I50.20 | I50.40 |
| I42.4 | I50.21 | I50.41 |
| I42.5 | I50.22 | I50.42 |
| I42.6 | I50.23 | I50.43 |
| I42.7 | I50.30 | I50.9 |

- ICD-10 codes for iron deficiency due to achlorhydria or intravascular hemolysis are:

| | | |
|-------|-------|-------|
| D50.8 | D51.0 | D61.1 |
|-------|-------|-------|

- Providers must bill with HCPCS code J1750: Iron Dextran, Injection.
- One Medicaid and NCHC unit of coverage is 50 mg.
- The maximum reimbursement rate per unit is \$11.25.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 52544093102 and 52544093107.

- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [*National Drug Code Implementation Update*](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [*PDP Clinical Coverage Policy No. 1B, Physicians Drug Program*](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [*registered with the Office of Pharmacy Affairs \(OPA\)*](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [*PDP web page*](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physicians and Physician Assistants

Iron Sucrose (Venofer) HCPCS code J1756: Billing Guidelines

Effective with the date of service of April 30, 2018, the North Carolina Medicaid and Health Choice (NCHC) programs will be terminating Clinical Policy 1B-3, *Intravenous Iron Therapy*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the IV Iron agents will remain unchanged.

Please see prescribing information for details.

Below is information regarding iron sucrose.

Medicaid and NCHC shall cover iron sucrose for the following FDA-approved indications

- Adult patients with iron deficiency anemia in hemodialysis-dependent chronic kidney disease (HDD-CKD) with epoetin therapy
- Adult patients with iron deficiency anemia in peritoneal dialysis-dependent chronic kidney disease (PDD-CKD) with epoetin therapy; adult patients with iron deficiency anemia in non-dialysis dependent chronic kidney disease (NDD-CKD) with or without epoetin therapy
- Pediatric patients (2 years of age and older) as iron maintenance treatment in hemodialysis-dependent chronic kidney disease (HDD-CKD), and
- Pediatric patients (2 years of age and older) with iron deficiency anemia in non-dialysis dependent chronic kidney disease (NDD-CKD) or peritoneal dialysis-dependent chronic kidney disease (PDD-CKD) who are on erythropoietin.

Medicaid and NCHC shall cover iron sucrose for the following off-label indications

- Iron deficiency anemia from cancer and cancer chemotherapy
- Iron deficiency anemia of excessive uterine blood loss or pregnancy
- Iron deficiency with comorbid heart failure
- Iron repletion for autologous blood transfusions
- Gastrointestinal (gi) blood loss with iron deficiency
- Disorders of iron metabolism
- Iron deficiency where oral treatment is ineffective or infeasible
- Gastrointestinal (gi) blood loss with iron deficiency (such as gastric bypass surgery, celiac disease, inflammatory bowel disease)
- Iron deficiency due to intravascular hemolysis (such as paroxysmal nocturnal hemoglobinuria, valvular heart disease and malfunctioning prosthetic valves), and
- Iron deficiency due to achlorhydria (including pernicious anemia or medication induced).

For Medicaid and NCHC Billing

- ICD-10 codes for iron deficiency anemias where oral treatment is not suitable are:

| Primary Diagnosis | | |
|------------------------------|-------------------------------|-------------------------------|
| D50.0 | D50.1 | D50.8 D50.9 |
| K50.00 K50.011 K50.012 | K51.012 K51.013 K51.014 | K51.514 K51.518 K51.519 |

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|---------|---------|---------|
| K50.013 | K51.018 | K51.80 |
| K50.014 | K51.019 | K51.811 |
| K50.018 | K51.20 | K51.812 |
| K50.019 | K51.211 | K51.813 |
| K50.10 | K51.212 | K51.814 |
| K50.111 | K51.213 | K51.818 |
| K50.112 | K51.214 | K51.819 |
| K50.113 | K51.218 | K51.90 |
| K50.114 | K51.219 | K51.911 |
| K50.118 | K51.30 | K51.912 |
| K50.119 | K51.311 | K51.913 |
| K50.80 | K51.312 | K51.914 |
| K50.811 | K51.313 | K51.918 |
| K50.812 | K51.314 | K51.919 |
| K50.813 | K51.318 | K90.0 |
| K50.814 | K51.319 | K90.1 |
| K50.818 | K51.40 | K90.2 |
| K50.819 | K51.411 | K90.3 |
| K50.90 | K51.412 | K90.4 |
| K50.911 | K51.413 | K90.89 |
| K50.912 | K51.414 | K90.9 |
| K50.913 | K51.418 | K91.2 |
| K50.914 | K51.419 | Z87.19 |
| K50.918 | K51.50 | |
| K50.919 | K51.511 | |
| K51.00 | K51.512 | |
| K51.011 | K51.513 | |

- ICD-10 codes for disorders of iron metabolism are:

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|---------|---------|---------|
| E83.10 | E83.111 | E83.119 |
| E83.110 | E83.118 | E83.19 |

- ICD-10 codes for anemia in neoplastic disease or antineoplastic chemotherapy induced anemia are:

| Primary Diagnosis | | |
|---------------------|--------|--------|
| D63.0 | D64.81 | |
| Secondary Diagnosis | | |
| C00.0 | C72.20 | C92.91 |
| C00.1 | C72.21 | C92.92 |
| C00.2 | C72.22 | C92.A0 |
| C00.3 | C72.30 | C92.A1 |
| C00.4 | C72.31 | C92.A2 |
| C00.5 | C72.32 | C92.Z0 |
| C00.6 | C72.40 | C92.Z1 |
| C00.8 | C72.41 | C92.Z2 |
| C00.9 | C72.42 | C93.00 |
| C01 | C72.50 | C93.01 |
| C02.0 | C72.59 | C93.02 |

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|--------|--------|--------|
| C02.1 | C72.9 | C93.10 |
| C02.2 | C73 | C93.11 |
| C02.3 | C74.00 | C93.12 |
| C02.4 | C74.01 | C93.30 |
| C02.8 | C74.02 | C93.31 |
| C02.9 | C74.10 | C93.32 |
| C03.0 | C74.11 | C93.90 |
| C03.1 | C74.12 | C93.91 |
| C03.9 | C74.90 | C93.92 |
| C04.0 | C74.91 | C93.Z0 |
| C04.1 | C74.92 | C93.Z1 |
| C04.8 | C75.0 | C93.Z2 |
| C04.9 | C75.1 | C94.00 |
| C05.0 | C75.2 | C94.01 |
| C05.1 | C75.3 | C94.02 |
| C05.2 | C75.4 | C94.20 |
| C05.8 | C75.5 | C94.21 |
| C05.9 | C75.8 | C94.22 |
| C06.0 | C75.9 | C94.30 |
| C06.1 | C76.0 | C94.31 |
| C06.2 | C76.1 | C94.32 |
| C06.80 | C76.2 | C94.4 |
| C06.89 | C76.3 | C94.41 |
| C06.9 | C76.40 | C94.42 |
| C07 | C76.41 | C94.80 |
| C08.0 | C76.42 | C94.81 |
| C08.1 | C76.50 | C94.82 |
| C08.9 | C76.51 | C95.00 |
| C09.0 | C76.52 | C95.01 |
| C09.1 | C76.8 | C95.02 |
| C09.8 | C77.0 | C95.10 |
| C09.9 | C77.1 | C95.11 |
| C10.0 | C77.2 | C95.12 |
| C10.1 | C77.3 | C95.90 |
| C10.2 | C77.4 | C95.91 |
| C10.3 | C77.5 | C95.92 |
| C10.4 | C77.8 | C96.0 |
| C10.8 | C77.9 | C96.2 |
| C10.9 | C78.00 | C96.4 |
| C11.0 | C78.01 | C96.5 |
| C11.1 | C78.02 | C96.6 |
| C11.2 | C78.1 | C96.A |
| C11.3 | C78.2 | C96.Z |
| C11.8 | C78.30 | C96.9 |
| C11.9 | C78.39 | D00.00 |
| C12 | C78.4 | D00.01 |
| C13.0 | C78.5 | D00.02 |
| C13.1 | C78.6 | D00.03 |
| C13.2 | C78.7 | D00.04 |
| C13.8 | C78.80 | D00.05 |

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| C13.9 | C78.89 | D00.06 |
| C14.0 | C79.00 | D00.07 |
| C14.2 | C79.01 | D00.08 |
| C14.8 | C79.02 | D00.1 |
| C15.3 | C79.10 | D00.2 |
| C15.4 | C79.11 | D01.0 |
| C15.5 | C79.19 | D01.1 |
| C15.8 | C79.2 | D01.2 |
| C15.9 | C79.31 | D01.3 |
| C16.0 | C79.32 | D01.40 |
| C16.1 | C79.40 | D01.49 |
| C16.2 | C79.49 | D01.5 |
| C16.3 | C79.51 | D01.7 |
| C16.4 | C79.52 | D01.9 |
| C16.5 | C79.60 | D02.0 |
| C16.6 | C79.61 | D02.1 |
| C16.8 | C79.62 | D02.20 |
| C16.9 | C79.70 | D02.21 |
| C17.0 | C79.71 | D02.22 |
| C17.1 | C79.72 | D02.3 |
| C17.2 | C79.81 | D02.4 |
| C17.3 | C79.82 | D03.0 |
| C17.8 | C79.89 | D03.10 |
| C17.9 | C79.9 | D03.11 |
| C18.0 | C7A.00 | D03.12 |
| C18.1 | C7A.010 | D03.20 |
| C18.2 | C7A.011 | D03.21 |
| C18.3 | C7A.012 | D03.22 |
| C18.4 | C7A.019 | D03.30 |
| C18.5 | C7A.020 | D03.39 |
| C18.6 | C7A.021 | D03.4 |
| C18.7 | C7A.022 | D03.51 |
| C18.8 | C7A.023 | D03.52 |
| C18.9 | C7A.024 | D03.59 |
| C19 | C7A.025 | D03.60 |
| C20 | C7A.026 | D03.61 |
| C21.0 | C7A.029 | D03.62 |
| C21.1 | C7A.090 | D03.70 |
| C21.2 | C7A.091 | D03.71 |
| C21.8 | C7A.092 | D03.72 |
| C22.0 | C7A.093 | D03.8 |
| C22.1 | C7A.094 | D03.9 |
| C22.2 | C7A.095 | D04.0 |
| C22.3 | C7A.096 | D04.10 |
| C22.4 | C7A.098 | D04.11 |
| C22.7 | C7A.1 | D04.12 |
| C22.8 | C7A.8 | D04.20 |
| C22.9 | C7B.00 | D04.21 |
| C23 | C7B.01 | D04.22 |
| C24.0 | C7B.02 | D04.30 |

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| C24.1 | C7B.03 | D04.39 |
| C24.8 | C7B.04 | D04.4 |
| C24.9 | C7B.09 | D04.5 |
| C25.0 | C7B.1 | D04.60 |
| C25.1 | C7B.8 | D04.61 |
| C25.2 | C80.0 | D04.62 |
| C25.3 | C80.1 | D04.70 |
| C25.4 | C80.2 | D04.71 |
| C25.7 | C81.00 | D04.72 |
| C25.8 | C81.01 | D04.8 |
| C25.9 | C81.02 | D04.9 |
| C26.0 | C81.03 | D05.00 |
| C26.1 | C81.04 | D05.01 |
| C26.9 | C81.05 | D05.02 |
| C30.0 | C81.06 | D05.10 |
| C30.1 | C81.07 | D05.11 |
| C31.0 | C81.08 | D05.12 |
| C31.1 | C81.09 | D05.80 |
| C31.2 | C81.10 | D05.81 |
| C31.3 | C81.11 | D05.82 |
| C31.8 | C81.12 | D05.90 |
| C31.9 | C81.13 | D05.91 |
| C32.0 | C81.14 | D05.92 |
| C32.1 | C81.15 | D06.0 |
| C32.2 | C81.16 | D06.1 |
| C32.3 | C81.17 | D06.7 |
| C32.8 | C81.18 | D06.9 |
| C32.9 | C81.19 | D07.0 |
| C33 | C81.20 | D07.1 |
| C34.00 | C81.21 | D07.2 |
| C34.01 | C81.22 | D07.30 |
| C34.02 | C81.23 | D07.39 |
| C34.10 | C81.24 | D07.4 |
| C34.11 | C81.25 | D07.5 |
| C34.12 | C81.26 | D07.60 |
| C34.2 | C81.27 | D07.61 |
| C34.30 | C81.28 | D07.69 |
| C34.31 | C81.29 | D09.0 |
| C34.32 | C81.30 | D09.10 |
| C34.80 | C81.31 | D09.19 |
| C34.81 | C81.32 | D09.20 |
| C34.82 | C81.33 | D09.21 |
| C34.90 | C81.34 | D09.22 |
| C34.91 | C81.35 | D09.3 |
| C34.92 | C81.36 | D09.8 |
| C37 | C81.37 | D09.9 |
| C38.0 | C81.38 | D10.0 |
| C38.1 | C81.39 | D10.1 |
| C38.2 | C81.40 | D10.2 |
| C38.3 | C81.41 | D10.30 |

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| C38.4 | C81.42 | D10.39 |
| C38.8 | C81.43 | D10.4 |
| C39.0 | C81.44 | D10.5 |
| C39.9 | C81.45 | D10.6 |
| C40.00 | C81.46 | D10.7 |
| C40.01 | C81.47 | D10.9 |
| C40.02 | C81.48 | D11.0 |
| C40.10 | C81.49 | D11.7 |
| C40.11 | C81.70 | D11.9 |
| C40.12 | C81.71 | D12.0 |
| C40.20 | C81.72 | D12.1 |
| C40.21 | C81.73 | D12.2 |
| C40.22 | C81.74 | D12.3 |
| C40.30 | C81.75 | D12.4 |
| C40.31 | C81.76 | D12.5 |
| C40.32 | C81.77 | D12.6 |
| C40.80 | C81.78 | D12.7 |
| C40.81 | C81.79 | D12.8 |
| C40.82 | C81.90 | D12.9 |
| C40.90 | C81.91 | D13.0 |
| C40.91 | C81.92 | D13.1 |
| C40.92 | C81.93 | D13.2 |
| C41.0 | C81.94 | D13.30 |
| C41.1 | C81.95 | D13.39 |
| C41.2 | C81.96 | D13.4 |
| C41.3 | C81.97 | D13.5 |
| C41.4 | C81.98 | D13.6 |
| C41.9 | C81.99 | D13.7 |
| C43.0 | C82.00 | D13.9 |
| C43.10 | C82.01 | D14.0 |
| C43.11 | C82.02 | D14.1 |
| C43.12 | C82.03 | D14.2 |
| C43.20 | C82.04 | D14.30 |
| C43.21 | C82.05 | D14.31 |
| C43.22 | C82.06 | D14.32 |
| C43.30 | C82.07 | D14.4 |
| C43.31 | C82.08 | D15.0 |
| C43.39 | C82.09 | D15.1 |
| C43.4 | C82.10 | D15.2 |
| C43.51 | C82.11 | D15.7 |
| C43.52 | C82.12 | D15.9 |
| C43.59 | C82.13 | D16.00 |
| C43.60 | C82.14 | D16.01 |
| C43.61 | C82.15 | D16.02 |
| C43.62 | C82.16 | D16.10 |
| C43.70 | C82.17 | D16.11 |
| C43.71 | C82.18 | D16.12 |
| C43.72 | C82.19 | D16.20 |
| C43.8 | C82.20 | D16.21 |
| C43.9 | C82.21 | D16.22 |

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| C44.00 | C82.22 | D16.30 |
| C44.01 | C82.23 | D16.31 |
| C44.02 | C82.24 | D16.32 |
| C44.09 | C82.25 | D16.4 |
| C44.101 | C82.26 | D16.5 |
| C44.102 | C82.27 | D16.6 |
| C44.109 | C82.28 | D16.7 |
| C44.111 | C82.29 | D16.8 |
| C44.112 | C82.30 | D16.9 |
| C44.119 | C82.31 | D17.0 |
| C44.121 | C82.32 | D17.1 |
| C44.122 | C82.33 | D17.20 |
| C44.129 | C82.34 | D17.21 |
| C44.191 | C82.35 | D17.22 |
| C44.192 | C82.36 | D17.23 |
| C44.199 | C82.37 | D17.24 |
| C44.201 | C82.38 | D17.30 |
| C44.202 | C82.39 | D17.39 |
| C44.209 | C82.40 | D17.4 |
| C44.211 | C82.41 | D17.5 |
| C44.212 | C82.42 | D17.6 |
| C44.219 | C82.43 | D17.71 |
| C44.221 | C82.44 | D17.72 |
| C44.222 | C82.45 | D17.79 |
| C44.229 | C82.46 | D17.9 |
| C44.291 | C82.47 | D18.00 |
| C44.292 | C82.48 | D18.01 |
| C44.299 | C82.49 | D18.02 |
| C44.300 | C82.50 | D18.03 |
| C44.301 | C82.51 | D18.09 |
| C44.309 | C82.52 | D18.1 |
| C44.310 | C82.53 | D19.0 |
| C44.311 | C82.54 | D19.1 |
| C44.319 | C82.55 | D19.7 |
| C44.320 | C82.56 | D19.9 |
| C44.321 | C82.57 | D20.0 |
| C44.329 | C82.58 | D20.1 |
| C44.390 | C82.59 | D21.0 |
| C44.391 | C82.60 | D21.10 |
| C44.399 | C82.61 | D21.11 |
| C44.40 | C82.62 | D21.12 |
| C44.41 | C82.63 | D21.20 |
| C44.42 | C82.64 | D21.21 |
| C44.49 | C82.65 | D21.22 |
| C44.500 | C82.66 | D21.3 |
| C44.501 | C82.67 | D21.4 |
| C44.509 | C82.68 | D21.5 |
| C44.510 | C82.69 | D21.6 |
| C44.511 | C82.80 | D21.9 |
| C44.519 | C82.81 | D22.0 |

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| C44.520 | C82.82 | D22.10 |
| C44.521 | C82.83 | D22.11 |
| C44.529 | C82.84 | D22.12 |
| C44.590 | C82.85 | D22.20 |
| C44.591 | C82.86 | D22.21 |
| C44.599 | C82.87 | D22.22 |
| C44.601 | C82.88 | D22.30 |
| C44.602 | C82.89 | D22.39 |
| C44.609 | C82.90 | D22.4 |
| C44.611 | C82.91 | D22.5 |
| C44.612 | C82.92 | D22.60 |
| C44.619 | C82.93 | D22.61 |
| C44.621 | C82.94 | D22.62 |
| C44.622 | C82.95 | D22.70 |
| C44.629 | C82.96 | D22.71 |
| C44.691 | C82.97 | D22.72 |
| C44.692 | C82.98 | D22.9 |
| C44.699 | C82.99 | D23.0 |
| C44.701 | C83.00 | D23.10 |
| C44.702 | C83.01 | D23.11 |
| C44.709 | C83.02 | D23.12 |
| C44.711 | C83.03 | D23.20 |
| C44.712 | C83.04 | D23.21 |
| C44.719 | C83.05 | D23.22 |
| C44.721 | C83.06 | D23.30 |
| C44.722 | C83.07 | D23.39 |
| C44.729 | C83.08 | D23.4 |
| C44.791 | C83.09 | D23.5 |
| C44.792 | C83.10 | D23.60 |
| C44.799 | C83.11 | D23.61 |
| C44.80 | C83.12 | D23.62 |
| C44.81 | C83.13 | D23.70 |
| C44.82 | C83.14 | D23.71 |
| C44.89 | C83.15 | D23.72 |
| C44.90 | C83.16 | D23.9 |
| C44.91 | C83.17 | D24.1 |
| C44.92 | C83.18 | D24.2 |
| C44.99 | C83.19 | D24.9 |
| C45.0 | C83.30 | D25.0 |
| C45.1 | C83.31 | D25.1 |
| C45.2 | C83.32 | D25.2 |
| C45.7 | C83.33 | D25.9 |
| C45.9 | C83.34 | D26.0 |
| C46.0 | C83.35 | D26.1 |
| C46.1 | C83.36 | D26.7 |
| C46.2 | C83.37 | D26.9 |
| C46.3 | C83.38 | D27.0 |
| C46.4 | C83.39 | D27.1 |
| C46.50 | C83.50 | D27.9 |
| C46.51 | C83.51 | D28.0 |

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| C46.52 | C83.52 | D28.1 |
| C46.7 | C83.53 | D28.2 |
| C46.9 | C83.54 | D28.7 |
| C47.0 | C83.55 | D28.9 |
| C47.10 | C83.56 | D29.0 |
| C47.11 | C83.57 | D29.1 |
| C47.12 | C83.58 | D29.20 |
| C47.20 | C83.59 | D29.21 |
| C47.21 | C83.70 | D29.22 |
| C47.22 | C83.71 | D29.30 |
| C47.3 | C83.72 | D29.31 |
| C47.4 | C83.73 | D29.32 |
| C47.5 | C83.74 | D29.4 |
| C47.6 | C83.75 | D29.8 |
| C47.8 | C83.76 | D29.9 |
| C47.9 | C83.77 | D30.00 |
| C48.0 | C83.78 | D30.01 |
| C48.1 | C83.79 | D30.02 |
| C48.2 | C83.80 | D30.10 |
| C48.8 | C83.81 | D30.11 |
| C49.0 | C83.82 | D30.12 |
| C49.10 | C83.83 | D30.20 |
| C49.11 | C83.84 | D30.21 |
| C49.12 | C83.85 | D30.22 |
| C49.20 | C83.86 | D30.3 |
| C49.21 | C83.87 | D30.4 |
| C49.22 | C83.88 | D30.8 |
| C49.3 | C83.89 | D30.9 |
| C49.4 | C83.90 | D31.00 |
| C49.5 | C83.91 | D31.01 |
| C49.6 | C83.92 | D31.02 |
| C49.8 | C83.93 | D31.10 |
| C49.9 | C83.94 | D31.11 |
| C4A.0 | C83.95 | D31.12 |
| C4A.10 | C83.96 | D31.20 |
| C4A.11 | C83.97 | D31.21 |
| C4A.12 | C83.98 | D31.22 |
| C4A.20 | C83.99 | D31.30 |
| C4A.21 | C84.00 | D31.31 |
| C4A.22 | C84.01 | D31.32 |
| C4A.30 | C84.02 | D31.40 |
| C4A.31 | C84.03 | D31.41 |
| C4A.39 | C84.04 | D31.42 |
| C4A.4 | C84.05 | D31.50 |
| C4A.51 | C84.06 | D31.51 |
| C4A.52 | C84.07 | D31.52 |
| C4A.59 | C84.08 | D31.60 |
| C4A.60 | C84.09 | D31.61 |
| C4A.61 | C84.10 | D31.62 |
| C4A.62 | C84.11 | D31.90 |

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| C4A.70 | C84.12 | D31.91 |
| C4A.71 | C84.13 | D31.92 |
| C4A.72 | C84.14 | D32.0 |
| C4A.8 | C84.15 | D32.1 |
| C4A.9 | C84.16 | D32.9 |
| C50.011 | C84.17 | D33.0 |
| C50.012 | C84.18 | D33.1 |
| C50.019 | C84.19 | D33.2 |
| C50.021 | C84.40 | D33.3 |
| C50.022 | C84.41 | D33.4 |
| C50.029 | C84.42 | D33.7 |
| C50.111 | C84.43 | D33.9 |
| C50.112 | C84.44 | D34 |
| C50.119 | C84.45 | D35.00 |
| C50.121 | C84.46 | D35.01 |
| C50.122 | C84.47 | D35.02 |
| C50.129 | C84.48 | D35.1 |
| C50.211 | C84.49 | D35.2 |
| C50.212 | C84.60 | D35.3 |
| C50.219 | C84.61 | D35.4 |
| C50.221 | C84.62 | D35.5 |
| C50.222 | C84.63 | D35.6 |
| C50.229 | C84.64 | D35.7 |
| C50.311 | C84.65 | D35.9 |
| C50.312 | C84.66 | D36.0 |
| C50.319 | C84.67 | D36.10 |
| C50.321 | C84.68 | D36.11 |
| C50.322 | C84.69 | D36.12 |
| C50.329 | C84.70 | D36.13 |
| C50.411 | C84.71 | D36.14 |
| C50.412 | C84.72 | D36.15 |
| C50.419 | C84.73 | D36.16 |
| C50.421 | C84.74 | D36.17 |
| C50.422 | C84.75 | D36.7 |
| C50.429 | C84.76 | D36.9 |
| C50.511 | C84.77 | D37.01 |
| C50.512 | C84.78 | D37.02 |
| C50.519 | C84.79 | D37.030 |
| C50.521 | C84.90 | D37.031 |
| C50.522 | C84.91 | D37.032 |
| C50.529 | C84.92 | D37.039 |
| C50.611 | C84.93 | D37.04 |
| C50.612 | C84.94 | D37.05 |
| C50.619 | C84.95 | D37.09 |
| C50.621 | C84.96 | D37.1 |
| C50.622 | C84.97 | D37.2 |
| C50.629 | C84.98 | D37.3 |
| C50.811 | C84.99 | D37.4 |
| C50.812 | C84.A0 | D37.5 |
| C50.819 | C84.A1 | D37.6 |

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| C50.821 | C84.A2 | D37.8 |
| C50.822 | C84.A3 | D37.9 |
| C50.829 | C84.A4 | D38.0 |
| C50.911 | C84.A5 | D38.1 |
| C50.912 | C84.A6 | D38.2 |
| C50.919 | C84.A7 | D38.3 |
| C50.921 | C84.A8 | D38.4 |
| C50.922 | C84.A9 | D38.5 |
| C50.929 | C84.Z0 | D38.6 |
| C51.0 | C84.Z1 | D39.0 |
| C51.1 | C84.Z2 | D39.10 |
| C51.2 | C84.Z3 | D39.11 |
| C51.8 | C84.Z4 | D39.12 |
| C51.9 | C84.Z5 | D39.2 |
| C52 | C84.Z6 | D39.8 |
| C53.0 | C84.Z7 | D39.9 |
| C53.1 | C84.Z8 | D3A.00 |
| C53.8 | C84.Z9 | D3A.010 |
| C53.9 | C85.10 | D3A.011 |
| C54.0 | C85.11 | D3A.012 |
| C54.1 | C85.12 | D3A.019 |
| C54.2 | C85.13 | D3A.020 |
| C54.3 | C85.14 | D3A.021 |
| C54.8 | C85.15 | D3A.022 |
| C54.9 | C85.16 | D3A.023 |
| C55 | C85.17 | D3A.024 |
| C56.1 | C85.18 | D3A.025 |
| C56.2 | C85.19 | D3A.026 |
| C56.9 | C85.20 | D3A.029 |
| C57.00 | C85.21 | D3A.090 |
| C57.01 | C85.22 | D3A.091 |
| C57.02 | C85.23 | D3A.092 |
| C57.10 | C85.24 | D3A.093 |
| C57.11 | C85.25 | D3A.094 |
| C57.12 | C85.26 | D3A.095 |
| C57.20 | C85.27 | D3A.096 |
| C57.21 | C85.28 | D3A.098 |
| C57.22 | C85.29 | D3A.8 |
| C57.3 | C85.80 | D40.0 |
| C57.4 | C85.81 | D40.10 |
| C57.7 | C85.82 | D40.11 |
| C57.8 | C85.83 | D40.12 |
| C57.9 | C85.84 | D40.8 |
| C58 | C85.85 | D40.9 |
| C60.0 | C85.86 | D41.00 |
| C60.1 | C85.87 | D41.01 |
| C60.2 | C85.88 | D41.02 |
| C60.8 | C85.89 | D41.10 |
| C60.9 | C85.90 | D41.11 |
| C61 | C85.91 | D41.12 |

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| C62.00 | C85.92 | D41.20 |
| C62.01 | C85.93 | D41.21 |
| C62.02 | C85.94 | D41.22 |
| C62.10 | C85.95 | D41.3 |
| C62.11 | C85.96 | D41.4 |
| C62.12 | C85.97 | D41.8 |
| C62.90 | C85.98 | D41.9 |
| C62.91 | C85.99 | D42.0 |
| C62.92 | C86.0 | D42.1 |
| C63.00 | C86.1 | D42.9 |
| C63.01 | C86.2 | D43.0 |
| C63.02 | C86.3 | D43.1 |
| C63.10 | C86.4 | D43.2 |
| C63.11 | C86.5 | D43.3 |
| C63.12 | C86.6 | D43.4 |
| C63.2 | C88.0 | D43.8 |
| C63.7 | C88.2 | D43.9 |
| C63.8 | C88.3 | D44.0 |
| C63.9 | C88.4 | D44.10 |
| C64.1 | C88.8 | D44.11 |
| C64.2 | C88.9 | D44.12 |
| C64.9 | C90.00 | D44.2 |
| C65.1 | C90.01 | D44.3 |
| C65.2 | C90.02 | D44.4 |
| C65.9 | C90.10 | D44.5 |
| C66.1 | C90.11 | D44.6 |
| C66.2 | C90.12 | D44.7 |
| C66.9 | C90.20 | D44.9 |
| C67.0 | C90.21 | D45 |
| C67.1 | C90.22 | D46.0 |
| C67.2 | C90.30 | D46.1 |
| C67.3 | C90.31 | D46.20 |
| C67.4 | C90.32 | D46.21 |
| C67.5 | C91.00 | D46.22 |
| C67.6 | C91.01 | D46.A |
| C67.7 | C91.02 | D46.B |
| C67.8 | C91.10 | D46.C |
| C67.9 | C91.11 | D46.4 |
| C68.0 | C91.12 | D46.Z |
| C68.1 | C91.30 | D46.9 |
| C68.8 | C91.31 | D47.0 |
| C68.9 | C91.32 | D47.1 |
| C69.00 | C91.40 | D47.2 |
| C69.01 | C91.41 | D47.3 |
| C69.02 | C91.42 | D47.4 |
| C69.10 | C91.50 | D47.9 |
| C69.11 | C91.51 | D47.Z1 |
| C69.12 | C91.52 | D47.Z9 |
| C69.20 | C91.60 | D48.0 |
| C69.21 | C91.61 | D48.1 |

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|--------|--------|--------|
| C69.22 | C91.62 | D48.2 |
| C69.30 | C91.90 | D48.3 |
| C69.31 | C91.91 | D48.4 |
| C69.32 | C91.92 | D48.5 |
| C69.40 | C91.A0 | D48.60 |
| C69.41 | C91.A1 | D48.61 |
| C69.42 | C91.A2 | D48.62 |
| C69.50 | C91.Z0 | D48.7 |
| C69.51 | C91.Z1 | D48.9 |
| C69.52 | C91.Z2 | D49.0 |
| C69.60 | C92.00 | D49.1 |
| C69.61 | C92.01 | D49.2 |
| C69.62 | C92.02 | D49.3 |
| C69.81 | C92.10 | D49.4 |
| C69.82 | C92.11 | D49.5 |
| C69.90 | C92.12 | D49.7 |
| C69.91 | C92.20 | D49.81 |
| C69.92 | C92.21 | D49.89 |
| C70.0 | C92.22 | D49.9 |
| C70.1 | C92.30 | K31.7 |
| C70.9 | C92.31 | K63.5 |
| C71.0 | C92.32 | Q85.00 |
| C71.1 | C92.40 | Q85.01 |
| C71.2 | C92.41 | Q85.02 |
| C71.3 | C92.42 | Q85.03 |
| C71.4 | C92.50 | Q85.09 |
| C71.5 | C92.51 | |
| C71.6 | C92.52 | |
| C71.7 | C92.60 | |
| C71.8 | C92.61 | |
| C71.9 | C92.62 | |
| C72.0 | C92.90 | |
| C72.1 | | |

- ICD-10 codes for iron deficiency anemias of excessive uterine blood loss or pregnancy are:

| Primary Diagnosis | | |
|---------------------|--------|--------|
| D50.0 | D50.8 | O46.0 |
| D50.1 | D50.9 | |
| Secondary Diagnosis | | |
| N92.0 | Z34.00 | Z34.83 |
| N92.1 | Z34.01 | Z34.90 |
| N92.3 | Z34.02 | Z34.91 |
| N92.5 | Z34.03 | Z34.92 |
| N92.6 | Z34.80 | Z34.93 |
| N92.2 | Z34.81 | |
| N92.4 | Z34.82 | |
| N95.0 | | |

- ICD-10 codes for anemia in chronic kidney disease are:

| Primary Diagnosis | | |
|---------------------|-------|-------|
| D63.1 | | |
| Secondary Diagnosis | | |
| N18.1 | N18.4 | N18.6 |
| N18.2 | N18.5 | N18.9 |
| N18.3 | | |

- ICD-10 codes for iron repletion for autologous blood transfusions are:

| | | |
|---------|---------|---------|
| Z52.000 | Z52.010 | Z52.090 |
| Z52.008 | Z52.018 | Z52.098 |

- ICD-10 codes for gastrointestinal (GI) complications with iron deficiency are:

| Primary Diagnosis | | |
|---------------------|-------|--------|
| D50.0 | D50.8 | K92.2 |
| D50.1 | D50.9 | |
| Secondary Diagnosis | | |
| D62 | K90.0 | K94.21 |
| | K91.1 | K95.09 |
| | K91.2 | K95.89 |

- ICD-10 codes for iron deficiency with comorbid heart failure are:

| Primary Diagnosis | | |
|---------------------|--------|----------------|
| D50.0 | D50.1 | D50.8 D50.9 |
| Secondary Diagnosis | | |
| I42.0 | I42.8 | I50.31 |
| I42.1 | I42.9 | I50.32 |
| I42.2 | I50.1 | I50.33 |
| I42.3 | I50.20 | I50.40 |
| I42.4 | I50.21 | I50.41 |
| I42.5 | I50.22 | I50.42 |
| I42.6 | I50.23 | I50.43 |
| I42.7 | I50.30 | I50.9 |

- ICD-10 codes for iron deficiency due to achlorhydria or intravascular hemolysis

| | | |
|-------|-------|-------|
| D50.8 | D51.0 | D61.1 |
|-------|-------|-------|

- Providers must bill with HCPCS code J1756: Iron Sucrose, Injection.
- One Medicaid unit of coverage is 1 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$0.33.

- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs is/are: 00517231005, 00517232510, 00517234010, 00517234025, 00517234099, 49230053010, 49230053025, 49230053410 and 49230053425.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [*National Drug Code Implementation Update*](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [*PDP Clinical Coverage Policy No. 1B, Physicians Drug Program*](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [*registered with the Office of Pharmacy Affairs \(OPA\)*](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [*PDP web page*](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physicians and Physician Assistants

Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit) HCPCS code J2916: Billing Guidelines

Effective with the date of service of April 30, 2018, the North Carolina Medicaid and Health Choice (NCHC) programs will be terminating Clinical Policy 1B-3, *Intravenous Iron Therapy, within the Physician Drug Program (PDP)*. Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the IV Iron agents will remain unchanged.

See prescribing information for details.

Below is information regarding Ferrlecit.

Medicaid and NCHC cover sodium ferric gluconate complex in sucrose for beneficiaries aged 6 years and older for the following FDA approved indications:

- a. Iron deficiency anemia in beneficiaries undergoing chronic hemodialysis (HDD-CKD) who are receiving epoetin therapy

Medicaid and NCHC covers sodium ferric gluconate complex in sucrose for beneficiaries aged 6 years and older for the following off-label indications:

- a. Iron deficiency anemia in beneficiaries with chronic kidney disease who are on peritoneal dialysis (pdd-ckd)
- b. Iron deficiency anemia in beneficiaries who are non-dialysis dependent with chronic kidney disease (ndd-ckd)
- c. Iron deficiency anemia of excessive uterine blood loss or pregnancy
- d. Iron deficiency anemia in beneficiaries with cancer or who have chemotherapy- associated anemia
- e. Iron deficiency anemia with comorbid heart failure
- f. Iron repletion for autologous blood transfusion;
- g. Gastrointestinal (gi) blood loss with iron deficiency (such as gastric bypass surgery, celiac disease, inflammatory bowel disease)
- h. Disorders of iron metabolism
- i. Iron deficiency where oral treatment is ineffective or infeasible
- j. Iron deficiency due to intravascular hemolysis (such as paroxysmal nocturnal hemoglobinuria, valvular heart disease and malfunctioning prosthetic valves), and
- k. Iron deficiency due to achlorhydria (including pernicious anemia or medication induced).

For Medicaid and NCHC Billing

- ICD-10 codes for iron deficiency anemias where oral treatment is not suitable are:

| Primary Diagnosis | | |
|---------------------|--------------------|--------------------|
| D50.0 | D50.1 | D50.8 D50.9 |
| Secondary Diagnosis | | |
| K50.00 K50.011 | K51.012 K51.013 | K51.514 K51.518 |

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|---------|---------|---------|
| K50.012 | K51.014 | K51.519 |
| K50.013 | K51.018 | K51.80 |
| K50.014 | K51.019 | K51.811 |
| K50.018 | K51.20 | K51.812 |
| K50.019 | K51.211 | K51.813 |
| K50.10 | K51.212 | K51.814 |
| K50.111 | K51.213 | K51.818 |
| K50.112 | K51.214 | K51.819 |
| K50.113 | K51.218 | K51.90 |
| K50.114 | K51.219 | K51.911 |
| K50.118 | K51.30 | K51.912 |
| K50.119 | K51.311 | K51.913 |
| K50.80 | K51.312 | K51.914 |
| K50.811 | K51.313 | K51.918 |
| K50.812 | K51.314 | K51.919 |
| K50.813 | K51.318 | K90.0 |
| K50.814 | K51.319 | K90.1 |
| K50.818 | K51.40 | K90.2 |
| K50.819 | K51.411 | K90.3 |
| K50.90 | K51.412 | K90.4 |
| K50.911 | K51.413 | K90.89 |
| K50.912 | K51.414 | K90.9 |
| K50.913 | K51.418 | K91.2 |
| K50.914 | K51.419 | Z87.19 |
| K50.918 | K51.50 | |
| K50.919 | K51.511 | |
| K51.00 | K51.512 | |
| K51.011 | K51.513 | |

- ICD-10 codes for disorders of iron metabolism are:

| | | |
|---------|---------|---------|
| E83.10 | E83.111 | E83.119 |
| E83.110 | E83.118 | E83.19 |

- ICD-10 codes for anemia in neoplastic disease or antineoplastic chemotherapy induced anemia are:

| Primary Diagnosis | | |
|-------------------|--------|--|
| D63.0 | D64.81 | |

| Secondary Diagnosis | | |
|---------------------|--------|--------|
| C00.0 | C72.20 | C92.91 |
| C00.1 | C72.21 | C92.92 |
| C00.2 | C72.22 | C92.A0 |
| C00.3 | C72.30 | C92.A1 |
| C00.4 | C72.31 | C92.A2 |
| C00.5 | C72.32 | C92.Z0 |
| C00.6 | C72.40 | C92.Z1 |
| C00.8 | C72.41 | C92.Z2 |
| C00.9 | C72.42 | C93.00 |
| C01 | C72.50 | C93.01 |
| C02.0 | C72.59 | C93.02 |
| C02.1 | C72.9 | C93.10 |
| C02.2 | C73 | C93.11 |
| C02.3 | C74.00 | C93.12 |
| C02.4 | C74.01 | C93.30 |
| C02.8 | C74.02 | C93.31 |
| C02.9 | C74.10 | C93.32 |
| C03.0 | C74.11 | C93.90 |
| C03.1 | C74.12 | C93.91 |
| C03.9 | C74.90 | C93.92 |
| C04.0 | C74.91 | C93.Z0 |
| C04.1 | C74.92 | C93.Z1 |
| C04.8 | C75.0 | C93.Z2 |
| C04.9 | C75.1 | C94.00 |
| C05.0 | C75.2 | C94.01 |
| C05.1 | C75.3 | C94.02 |
| C05.2 | C75.4 | C94.20 |
| C05.8 | C75.5 | C94.21 |
| C05.9 | C75.8 | C94.22 |
| C06.0 | C75.9 | C94.30 |
| C06.1 | C76.0 | C94.31 |
| C06.2 | C76.1 | C94.32 |
| C06.80 | C76.2 | C94.4 |
| C06.89 | C76.3 | C94.41 |
| C06.9 | C76.40 | C94.42 |
| C07 | C76.41 | C94.80 |
| C08.0 | C76.42 | C94.81 |
| C08.1 | C76.50 | C94.82 |
| C08.9 | C76.51 | C95.00 |
| C09.0 | C76.52 | C95.01 |
| C09.1 | C76.8 | C95.02 |
| C09.8 | C77.0 | C95.10 |
| C09.9 | C77.1 | C95.11 |
| C10.0 | C77.2 | C95.12 |
| C10.1 | C77.3 | C95.90 |
| C10.2 | C77.4 | C95.91 |
| C10.3 | C77.5 | C95.92 |
| C10.4 | C77.8 | C96.0 |
| C10.8 | C77.9 | C96.2 |

| | | |
|-------|---------|--------|
| C10.9 | C78.00 | C96.4 |
| C11.0 | C78.01 | C96.5 |
| C11.1 | C78.02 | C96.6 |
| C11.2 | C78.1 | C96.A |
| C11.3 | C78.2 | C96.Z |
| C11.8 | C78.30 | C96.9 |
| C11.9 | C78.39 | D00.00 |
| C12 | C78.4 | D00.01 |
| C13.0 | C78.5 | D00.02 |
| C13.1 | C78.6 | D00.03 |
| C13.2 | C78.7 | D00.04 |
| C13.8 | C78.80 | D00.05 |
| C13.9 | C78.89 | D00.06 |
| C14.0 | C79.00 | D00.07 |
| C14.2 | C79.01 | D00.08 |
| C14.8 | C79.02 | D00.1 |
| C15.3 | C79.10 | D00.2 |
| C15.4 | C79.11 | D01.0 |
| C15.5 | C79.19 | D01.1 |
| C15.8 | C79.2 | D01.2 |
| C15.9 | C79.31 | D01.3 |
| C16.0 | C79.32 | D01.40 |
| C16.1 | C79.40 | D01.49 |
| C16.2 | C79.49 | D01.5 |
| C16.3 | C79.51 | D01.7 |
| C16.4 | C79.52 | D01.9 |
| C16.5 | C79.60 | D02.0 |
| C16.6 | C79.61 | D02.1 |
| C16.8 | C79.62 | D02.20 |
| C16.9 | C79.70 | D02.21 |
| C17.0 | C79.71 | D02.22 |
| C17.1 | C79.72 | D02.3 |
| C17.2 | C79.81 | D02.4 |
| C17.3 | C79.82 | D03.0 |
| C17.8 | C79.89 | D03.10 |
| C17.9 | C79.9 | D03.11 |
| C18.0 | C7A.00 | D03.12 |
| C18.1 | C7A.010 | D03.20 |
| C18.2 | C7A.011 | D03.21 |
| C18.3 | C7A.012 | D03.22 |
| C18.4 | C7A.019 | D03.30 |
| C18.5 | C7A.020 | D03.39 |
| C18.6 | C7A.021 | D03.4 |
| C18.7 | C7A.022 | D03.51 |
| C18.8 | C7A.023 | D03.52 |
| C18.9 | C7A.024 | D03.59 |
| C19 | C7A.025 | D03.60 |
| C20 | C7A.026 | D03.61 |
| C21.0 | C7A.029 | D03.62 |
| C21.1 | C7A.090 | D03.70 |

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|--------|---------|--------|
| C21.2 | C7A.091 | D03.71 |
| C21.8 | C7A.092 | D03.72 |
| C22.0 | C7A.093 | D03.8 |
| C22.1 | C7A.094 | D03.9 |
| C22.2 | C7A.095 | D04.0 |
| C22.3 | C7A.096 | D04.10 |
| C22.4 | C7A.098 | D04.11 |
| C22.7 | C7A.1 | D04.12 |
| C22.8 | C7A.8 | D04.20 |
| C22.9 | C7B.00 | D04.21 |
| C23 | C7B.01 | D04.22 |
| C24.0 | C7B.02 | D04.30 |
| C24.1 | C7B.03 | D04.39 |
| C24.8 | C7B.04 | D04.4 |
| C24.9 | C7B.09 | D04.5 |
| C25.0 | C7B.1 | D04.60 |
| C25.1 | C7B.8 | D04.61 |
| C25.2 | C80.0 | D04.62 |
| C25.3 | C80.1 | D04.70 |
| C25.4 | C80.2 | D04.71 |
| C25.7 | C81.00 | D04.72 |
| C25.8 | C81.01 | D04.8 |
| C25.9 | C81.02 | D04.9 |
| C26.0 | C81.03 | D05.00 |
| C26.1 | C81.04 | D05.01 |
| C26.9 | C81.05 | D05.02 |
| C30.0 | C81.06 | D05.10 |
| C30.1 | C81.07 | D05.11 |
| C31.0 | C81.08 | D05.12 |
| C31.1 | C81.09 | D05.80 |
| C31.2 | C81.10 | D05.81 |
| C31.3 | C81.11 | D05.82 |
| C31.8 | C81.12 | D05.90 |
| C31.9 | C81.13 | D05.91 |
| C32.0 | C81.14 | D05.92 |
| C32.1 | C81.15 | D06.0 |
| C32.2 | C81.16 | D06.1 |
| C32.3 | C81.17 | D06.7 |
| C32.8 | C81.18 | D06.9 |
| C32.9 | C81.19 | D07.0 |
| C33 | C81.20 | D07.1 |
| C34.00 | C81.21 | D07.2 |
| C34.01 | C81.22 | D07.30 |
| C34.02 | C81.23 | D07.39 |
| C34.10 | C81.24 | D07.4 |
| C34.11 | C81.25 | D07.5 |
| C34.12 | C81.26 | D07.60 |
| C34.2 | C81.27 | D07.61 |
| C34.30 | C81.28 | D07.69 |
| C34.31 | C81.29 | D09.0 |

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| C34.32 | C81.30 | D09.10 |
| C34.80 | C81.31 | D09.19 |
| C34.81 | C81.32 | D09.20 |
| C34.82 | C81.33 | D09.21 |
| C34.90 | C81.34 | D09.22 |
| C34.91 | C81.35 | D09.3 |
| C34.92 | C81.36 | D09.8 |
| C37 | C81.37 | D09.9 |
| C38.0 | C81.38 | D10.0 |
| C38.1 | C81.39 | D10.1 |
| C38.2 | C81.40 | D10.2 |
| C38.3 | C81.41 | D10.30 |
| C38.4 | C81.42 | D10.39 |
| C38.8 | C81.43 | D10.4 |
| C39.0 | C81.44 | D10.5 |
| C39.9 | C81.45 | D10.6 |
| C40.00 | C81.46 | D10.7 |
| C40.01 | C81.47 | D10.9 |
| C40.02 | C81.48 | D11.0 |
| C40.10 | C81.49 | D11.7 |
| C40.11 | C81.70 | D11.9 |
| C40.12 | C81.71 | D12.0 |
| C40.20 | C81.72 | D12.1 |
| C40.21 | C81.73 | D12.2 |
| C40.22 | C81.74 | D12.3 |
| C40.30 | C81.75 | D12.4 |
| C40.31 | C81.76 | D12.5 |
| C40.32 | C81.77 | D12.6 |
| C40.80 | C81.78 | D12.7 |
| C40.81 | C81.79 | D12.8 |
| C40.82 | C81.90 | D12.9 |
| C40.90 | C81.91 | D13.0 |
| C40.91 | C81.92 | D13.1 |
| C40.92 | C81.93 | D13.2 |
| C41.0 | C81.94 | D13.30 |
| C41.1 | C81.95 | D13.39 |
| C41.2 | C81.96 | D13.4 |
| C41.3 | C81.97 | D13.5 |
| C41.4 | C81.98 | D13.6 |
| C41.9 | C81.99 | D13.7 |
| C43.0 | C82.00 | D13.9 |
| C43.10 | C82.01 | D14.0 |
| C43.11 | C82.02 | D14.1 |
| C43.12 | C82.03 | D14.2 |
| C43.20 | C82.04 | D14.30 |
| C43.21 | C82.05 | D14.31 |
| C43.22 | C82.06 | D14.32 |
| C43.30 | C82.07 | D14.4 |
| C43.31 | C82.08 | D15.0 |
| C43.39 | C82.09 | D15.1 |

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| C43.4 | C82.10 | D15.2 |
| C43.51 | C82.11 | D15.7 |
| C43.52 | C82.12 | D15.9 |
| C43.59 | C82.13 | D16.00 |
| C43.60 | C82.14 | D16.01 |
| C43.61 | C82.15 | D16.02 |
| C43.62 | C82.16 | D16.10 |
| C43.70 | C82.17 | D16.11 |
| C43.71 | C82.18 | D16.12 |
| C43.72 | C82.19 | D16.20 |
| C43.8 | C82.20 | D16.21 |
| C43.9 | C82.21 | D16.22 |
| C44.00 | C82.22 | D16.30 |
| C44.01 | C82.23 | D16.31 |
| C44.02 | C82.24 | D16.32 |
| C44.09 | C82.25 | D16.4 |
| C44.101 | C82.26 | D16.5 |
| C44.102 | C82.27 | D16.6 |
| C44.109 | C82.28 | D16.7 |
| C44.111 | C82.29 | D16.8 |
| C44.112 | C82.30 | D16.9 |
| C44.119 | C82.31 | D17.0 |
| C44.121 | C82.32 | D17.1 |
| C44.122 | C82.33 | D17.20 |
| C44.129 | C82.34 | D17.21 |
| C44.191 | C82.35 | D17.22 |
| C44.192 | C82.36 | D17.23 |
| C44.199 | C82.37 | D17.24 |
| C44.201 | C82.38 | D17.30 |
| C44.202 | C82.39 | D17.39 |
| C44.209 | C82.40 | D17.4 |
| C44.211 | C82.41 | D17.5 |
| C44.212 | C82.42 | D17.6 |
| C44.219 | C82.43 | D17.71 |
| C44.221 | C82.44 | D17.72 |
| C44.222 | C82.45 | D17.79 |
| C44.229 | C82.46 | D17.9 |
| C44.291 | C82.47 | D18.00 |
| C44.292 | C82.48 | D18.01 |
| C44.299 | C82.49 | D18.02 |
| C44.300 | C82.50 | D18.03 |
| C44.301 | C82.51 | D18.09 |
| C44.309 | C82.52 | D18.1 |
| C44.310 | C82.53 | D19.0 |
| C44.311 | C82.54 | D19.1 |
| C44.319 | C82.55 | D19.7 |
| C44.320 | C82.56 | D19.9 |
| C44.321 | C82.57 | D20.0 |
| C44.329 | C82.58 | D20.1 |
| C44.390 | C82.59 | D21.0 |

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| C44.391 | C82.60 | D21.10 |
| C44.399 | C82.61 | D21.11 |
| C44.40 | C82.62 | D21.12 |
| C44.41 | C82.63 | D21.20 |
| C44.42 | C82.64 | D21.21 |
| C44.49 | C82.65 | D21.22 |
| C44.500 | C82.66 | D21.3 |
| C44.501 | C82.67 | D21.4 |
| C44.509 | C82.68 | D21.5 |
| C44.510 | C82.69 | D21.6 |
| C44.511 | C82.80 | D21.9 |
| C44.519 | C82.81 | D22.0 |
| C44.520 | C82.82 | D22.10 |
| C44.521 | C82.83 | D22.11 |
| C44.529 | C82.84 | D22.12 |
| C44.590 | C82.85 | D22.20 |
| C44.591 | C82.86 | D22.21 |
| C44.599 | C82.87 | D22.22 |
| C44.601 | C82.88 | D22.30 |
| C44.602 | C82.89 | D22.39 |
| C44.609 | C82.90 | D22.4 |
| C44.611 | C82.91 | D22.5 |
| C44.612 | C82.92 | D22.60 |
| C44.619 | C82.93 | D22.61 |
| C44.621 | C82.94 | D22.62 |
| C44.622 | C82.95 | D22.70 |
| C44.629 | C82.96 | D22.71 |
| C44.691 | C82.97 | D22.72 |
| C44.692 | C82.98 | D22.9 |
| C44.699 | C82.99 | D23.0 |
| C44.701 | C83.00 | D23.10 |
| C44.702 | C83.01 | D23.11 |
| C44.709 | C83.02 | D23.12 |
| C44.711 | C83.03 | D23.20 |
| C44.712 | C83.04 | D23.21 |
| C44.719 | C83.05 | D23.22 |
| C44.721 | C83.06 | D23.30 |
| C44.722 | C83.07 | D23.39 |
| C44.729 | C83.08 | D23.4 |
| C44.791 | C83.09 | D23.5 |
| C44.792 | C83.10 | D23.60 |
| C44.799 | C83.11 | D23.61 |
| C44.80 | C83.12 | D23.62 |
| C44.81 | C83.13 | D23.70 |
| C44.82 | C83.14 | D23.71 |
| C44.89 | C83.15 | D23.72 |
| C44.90 | C83.16 | D23.9 |
| C44.91 | C83.17 | D24.1 |
| C44.92 | C83.18 | D24.2 |
| C44.99 | C83.19 | D24.9 |

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| C45.0 | C83.30 | D25.0 |
| C45.1 | C83.31 | D25.1 |
| C45.2 | C83.32 | D25.2 |
| C45.7 | C83.33 | D25.9 |
| C45.9 | C83.34 | D26.0 |
| C46.0 | C83.35 | D26.1 |
| C46.1 | C83.36 | D26.7 |
| C46.2 | C83.37 | D26.9 |
| C46.3 | C83.38 | D27.0 |
| C46.4 | C83.39 | D27.1 |
| C46.50 | C83.50 | D27.9 |
| C46.51 | C83.51 | D28.0 |
| C46.52 | C83.52 | D28.1 |
| C46.7 | C83.53 | D28.2 |
| C46.9 | C83.54 | D28.7 |
| C47.0 | C83.55 | D28.9 |
| C47.10 | C83.56 | D29.0 |
| C47.11 | C83.57 | D29.1 |
| C47.12 | C83.58 | D29.20 |
| C47.20 | C83.59 | D29.21 |
| C47.21 | C83.70 | D29.22 |
| C47.22 | C83.71 | D29.30 |
| C47.3 | C83.72 | D29.31 |
| C47.4 | C83.73 | D29.32 |
| C47.5 | C83.74 | D29.4 |
| C47.6 | C83.75 | D29.8 |
| C47.8 | C83.76 | D29.9 |
| C47.9 | C83.77 | D30.00 |
| C48.0 | C83.78 | D30.01 |
| C48.1 | C83.79 | D30.02 |
| C48.2 | C83.80 | D30.10 |
| C48.8 | C83.81 | D30.11 |
| C49.0 | C83.82 | D30.12 |
| C49.10 | C83.83 | D30.20 |
| C49.11 | C83.84 | D30.21 |
| C49.12 | C83.85 | D30.22 |
| C49.20 | C83.86 | D30.3 |
| C49.21 | C83.87 | D30.4 |
| C49.22 | C83.88 | D30.8 |
| C49.3 | C83.89 | D30.9 |
| C49.4 | C83.90 | D31.00 |
| C49.5 | C83.91 | D31.01 |
| C49.6 | C83.92 | D31.02 |
| C49.8 | C83.93 | D31.10 |
| C49.9 | C83.94 | D31.11 |
| C4A.0 | C83.95 | D31.12 |
| C4A.10 | C83.96 | D31.20 |
| C4A.11 | C83.97 | D31.21 |
| C4A.12 | C83.98 | D31.22 |
| C4A.20 | C83.99 | D31.30 |

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| C4A.21 | C84.00 | D31.31 |
| C4A.22 | C84.01 | D31.32 |
| C4A.30 | C84.02 | D31.40 |
| C4A.31 | C84.03 | D31.41 |
| C4A.39 | C84.04 | D31.42 |
| C4A.4 | C84.05 | D31.50 |
| C4A.51 | C84.06 | D31.51 |
| C4A.52 | C84.07 | D31.52 |
| C4A.59 | C84.08 | D31.60 |
| C4A.60 | C84.09 | D31.61 |
| C4A.61 | C84.10 | D31.62 |
| C4A.62 | C84.11 | D31.90 |
| C4A.70 | C84.12 | D31.91 |
| C4A.71 | C84.13 | D31.92 |
| C4A.72 | C84.14 | D32.0 |
| C4A.8 | C84.15 | D32.1 |
| C4A.9 | C84.16 | D32.9 |
| C50.011 | C84.17 | D33.0 |
| C50.012 | C84.18 | D33.1 |
| C50.019 | C84.19 | D33.2 |
| C50.021 | C84.40 | D33.3 |
| C50.022 | C84.41 | D33.4 |
| C50.029 | C84.42 | D33.7 |
| C50.111 | C84.43 | D33.9 |
| C50.112 | C84.44 | D34 |
| C50.119 | C84.45 | D35.00 |
| C50.121 | C84.46 | D35.01 |
| C50.122 | C84.47 | D35.02 |
| C50.129 | C84.48 | D35.1 |
| C50.211 | C84.49 | D35.2 |
| C50.212 | C84.60 | D35.3 |
| C50.219 | C84.61 | D35.4 |
| C50.221 | C84.62 | D35.5 |
| C50.222 | C84.63 | D35.6 |
| C50.229 | C84.64 | D35.7 |
| C50.311 | C84.65 | D35.9 |
| C50.312 | C84.66 | D36.0 |
| C50.319 | C84.67 | D36.10 |
| C50.321 | C84.68 | D36.11 |
| C50.322 | C84.69 | D36.12 |
| C50.329 | C84.70 | D36.13 |
| C50.411 | C84.71 | D36.14 |
| C50.412 | C84.72 | D36.15 |
| C50.419 | C84.73 | D36.16 |
| C50.421 | C84.74 | D36.17 |
| C50.422 | C84.75 | D36.7 |
| C50.429 | C84.76 | D36.9 |
| C50.511 | C84.77 | D37.01 |
| C50.512 | C84.78 | D37.02 |
| C50.519 | C84.79 | D37.030 |

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| C50.521 | C84.90 | D37.031 |
| C50.522 | C84.91 | D37.032 |
| C50.529 | C84.92 | D37.039 |
| C50.611 | C84.93 | D37.04 |
| C50.612 | C84.94 | D37.05 |
| C50.619 | C84.95 | D37.09 |
| C50.621 | C84.96 | D37.1 |
| C50.622 | C84.97 | D37.2 |
| C50.629 | C84.98 | D37.3 |
| C50.811 | C84.99 | D37.4 |
| C50.812 | C84.A0 | D37.5 |
| C50.819 | C84.A1 | D37.6 |
| C50.821 | C84.A2 | D37.8 |
| C50.822 | C84.A3 | D37.9 |
| C50.829 | C84.A4 | D38.0 |
| C50.911 | C84.A5 | D38.1 |
| C50.912 | C84.A6 | D38.2 |
| C50.919 | C84.A7 | D38.3 |
| C50.921 | C84.A8 | D38.4 |
| C50.922 | C84.A9 | D38.5 |
| C50.929 | C84.Z0 | D38.6 |
| C51.0 | C84.Z1 | D39.0 |
| C51.1 | C84.Z2 | D39.10 |
| C51.2 | C84.Z3 | D39.11 |
| C51.8 | C84.Z4 | D39.12 |
| C51.9 | C84.Z5 | D39.2 |
| C52 | C84.Z6 | D39.8 |
| C53.0 | C84.Z7 | D39.9 |
| C53.1 | C84.Z8 | D3A.00 |
| C53.8 | C84.Z9 | D3A.010 |
| C53.9 | C85.10 | D3A.011 |
| C54.0 | C85.11 | D3A.012 |
| C54.1 | C85.12 | D3A.019 |
| C54.2 | C85.13 | D3A.020 |
| C54.3 | C85.14 | D3A.021 |
| C54.8 | C85.15 | D3A.022 |
| C54.9 | C85.16 | D3A.023 |
| C55 | C85.17 | D3A.024 |
| C56.1 | C85.18 | D3A.025 |
| C56.2 | C85.19 | D3A.026 |
| C56.9 | C85.20 | D3A.029 |
| C57.00 | C85.21 | D3A.090 |
| C57.01 | C85.22 | D3A.091 |
| C57.02 | C85.23 | D3A.092 |
| C57.10 | C85.24 | D3A.093 |
| C57.11 | C85.25 | D3A.094 |
| C57.12 | C85.26 | D3A.095 |
| C57.20 | C85.27 | D3A.096 |
| C57.21 | C85.28 | D3A.098 |
| C57.22 | C85.29 | D3A.8 |

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| C57.3 | C85.80 | D40.0 |
| C57.4 | C85.81 | D40.10 |
| C57.7 | C85.82 | D40.11 |
| C57.8 | C85.83 | D40.12 |
| C57.9 | C85.84 | D40.8 |
| C58 | C85.85 | D40.9 |
| C60.0 | C85.86 | D41.00 |
| C60.1 | C85.87 | D41.01 |
| C60.2 | C85.88 | D41.02 |
| C60.8 | C85.89 | D41.10 |
| C60.9 | C85.90 | D41.11 |
| C61 | C85.91 | D41.12 |
| C62.00 | C85.92 | D41.20 |
| C62.01 | C85.93 | D41.21 |
| C62.02 | C85.94 | D41.22 |
| C62.10 | C85.95 | D41.3 |
| C62.11 | C85.96 | D41.4 |
| C62.12 | C85.97 | D41.8 |
| C62.90 | C85.98 | D41.9 |
| C62.91 | C85.99 | D42.0 |
| C62.92 | C86.0 | D42.1 |
| C63.00 | C86.1 | D42.9 |
| C63.01 | C86.2 | D43.0 |
| C63.02 | C86.3 | D43.1 |
| C63.10 | C86.4 | D43.2 |
| C63.11 | C86.5 | D43.3 |
| C63.12 | C86.6 | D43.4 |
| C63.2 | C88.0 | D43.8 |
| C63.7 | C88.2 | D43.9 |
| C63.8 | C88.3 | D44.0 |
| C63.9 | C88.4 | D44.10 |
| C64.1 | C88.8 | D44.11 |
| C64.2 | C88.9 | D44.12 |
| C64.9 | C90.00 | D44.2 |
| C65.1 | C90.01 | D44.3 |
| C65.2 | C90.02 | D44.4 |
| C65.9 | C90.10 | D44.5 |
| C66.1 | C90.11 | D44.6 |
| C66.2 | C90.12 | D44.7 |
| C66.9 | C90.20 | D44.9 |
| C67.0 | C90.21 | D45 |
| C67.1 | C90.22 | D46.0 |
| C67.2 | C90.30 | D46.1 |
| C67.3 | C90.31 | D46.20 |
| C67.4 | C90.32 | D46.21 |
| C67.5 | C91.00 | D46.22 |
| C67.6 | C91.01 | D46.A |
| C67.7 | C91.02 | D46.B |
| C67.8 | C91.10 | D46.C |
| C67.9 | C91.11 | D46.4 |

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| C68.0 | C91.12 | D46.Z |
| C68.1 | C91.30 | D46.9 |
| C68.8 | C91.31 | D47.0 |
| C68.9 | C91.32 | D47.1 |
| C69.00 | C91.40 | D47.2 |
| C69.01 | C91.41 | D47.3 |
| C69.02 | C91.42 | D47.4 |
| C69.10 | C91.50 | D47.9 |
| C69.11 | C91.51 | D47.Z1 |
| C69.12 | C91.52 | D47.Z9 |
| C69.20 | C91.60 | D48.0 |
| C69.21 | C91.61 | D48.1 |
| C69.22 | C91.62 | D48.2 |
| C69.30 | C91.90 | D48.3 |
| C69.31 | C91.91 | D48.4 |
| C69.32 | C91.92 | D48.5 |
| C69.40 | C91.A0 | D48.60 |
| C69.41 | C91.A1 | D48.61 |
| C69.42 | C91.A2 | D48.62 |
| C69.50 | C91.Z0 | D48.7 |
| C69.51 | C91.Z1 | D48.9 |
| C69.52 | C91.Z2 | D49.0 |
| C69.60 | C92.00 | D49.1 |
| C69.61 | C92.01 | D49.2 |
| C69.62 | C92.02 | D49.3 |
| C69.81 | C92.10 | D49.4 |
| C69.82 | C92.11 | D49.5 |
| C69.90 | C92.12 | D49.7 |
| C69.91 | C92.20 | D49.81 |
| C69.92 | C92.21 | D49.89 |
| C70.0 | C92.22 | D49.9 |
| C70.1 | C92.30 | K31.7 |
| C70.9 | C92.31 | K63.5 |
| C71.0 | C92.32 | Q85.00 |
| C71.1 | C92.40 | Q85.01 |
| C71.2 | C92.41 | Q85.02 |
| C71.3 | C92.42 | Q85.03 |
| C71.4 | C92.50 | Q85.09 |
| C71.5 | C92.51 | |
| C71.6 | C92.52 | |
| C71.7 | C92.60 | |
| C71.8 | C92.61 | |
| C71.9 | C92.62 | |
| C72.0 | C92.90 | |
| C72.1 | | |

- ICD-10 codes for iron deficiency anemias of excessive uterine blood loss or pregnancy are:

| Primary Diagnosis | | |
|---------------------|--------|--------|
| D50.0 | D50.8 | O46.0 |
| D50.1 | D50.9 | |
| Secondary Diagnosis | | |
| N92.0 | Z34.00 | Z34.83 |
| N92.1 | Z34.01 | Z34.90 |
| N92.3 | Z34.02 | Z34.91 |
| N92.5 | Z34.03 | Z34.92 |
| N92.6 | Z34.80 | Z34.93 |
| N92.2 | Z34.81 | |
| N92.4 | Z34.82 | |
| N95.0 | | |

- ICD-10 codes for anemia in chronic kidney disease are:

| Primary Diagnosis | | |
|---------------------|-------|-------|
| D63.1 | | |
| Secondary Diagnosis | | |
| N18.1 | N18.4 | N18.6 |
| N18.2 | N18.5 | N18.9 |
| N18.3 | | |

- ICD-10 codes for iron repletion for autologous blood transfusions are:

| | | |
|---------|---------|---------|
| Z52.000 | Z52.010 | Z52.090 |
| Z52.008 | Z52.018 | Z52.098 |

- ICD-10 codes for gastrointestinal (GI) complications with iron deficiency are:

| Primary Diagnosis | | |
|---------------------|-------|--------|
| D50.0 | D50.8 | K92.2 |
| D50.1 | D50.9 | |
| Secondary Diagnosis | | |
| D62 | K90.0 | K94.21 |
| | K91.1 | K95.09 |
| | K91.2 | K95.89 |

- ICD-10 codes for iron deficiency with comorbid heart failure are:

| Primary Diagnosis | | |
|---------------------|-------|--------|
| D50.0 | D50.1 | D50.8 |
| | | D50.9 |
| Secondary Diagnosis | | |
| I42.0 | I42.8 | I50.31 |
| I42.1 | I42.9 | I50.32 |
| I42.2 | I50.1 | I50.33 |

| | | |
|-------|--------|--------|
| I42.3 | I50.20 | I50.40 |
| I42.4 | I50.21 | I50.41 |
| I42.5 | I50.22 | I50.42 |
| I42.6 | I50.23 | I50.43 |
| I42.7 | I50.30 | I50.9 |

- ICD-10 codes for iron deficiency due to achlorhydria or intravascular hemolysis are:

| | | |
|-------|-------|-------|
| D50.8 | D51.0 | D61.1 |
|-------|-------|-------|

- Providers must bill with HCPCS code J2916: Sodium Ferric Gluconate Complex in Sucrose injection, 12.5 mg, injection.
- One Medicaid unit is 12.5 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$4.56.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs is/are: 00024279210, 00024279410, 00143957001, 00143957010, 00591014926 and 00591014987.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [PDP Clinical Coverage Policy No. 1B, Physicians Drug Program](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Ferumoxytol, for treatment of iron deficiency anemia, injection (Feraheme) **HCPCS code Q0138: Billing Guidelines**

Effective with the date of service of April 30, 2081, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-3, *Intravenous Iron Therapy*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the IV Iron agents will remain unchanged.

See prescribing information for details.

Below is information regarding ferumoxytol.

Medicaid and NCHC shall cover ferumoxytol only for the following FDA-Approved Indications:

- Iron deficiency anemia in adult beneficiaries who are hemodialysis dependent with chronic kidney disease (HDD-CKD)
- Iron deficiency anemia in adult beneficiaries who are non-dialysis dependent with chronic kidney disease (NDD-CKD), and
- Iron deficiency anemia in adult beneficiaries who are peritoneal dialysis dependent with chronic kidney disease (PDD-CKD).

For Medicaid and NCHC Billing

- ICD-10 codes for anemia in chronic kidney disease are:

| Primary Diagnosis | | |
|---------------------|-------|-------|
| D63.1 | | |
| Secondary Diagnosis | | |
| N18.1 | N18.4 | N18.6 |
| N18.2 | N18.5 | N18.9 |
| N18.3 | | |

- Providers must bill with HCPCS code Q0138: Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis), injection (Feraheme).
- One Medicaid unit of coverage is 1 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$0.79.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs is/are: 59338077501 and 59338077510.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [PDP Clinical Coverage Policy No. 1B, Physicians Drug Program](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340B drugs shall bill

the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.

- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Nurse Practitioners, Physician Assistants and Physicians

Ferric Carboxymaltose (Injectafer) HCPCS code J1439: Billing Guidelines

Effective with the date of service of April 30, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will be terminating Clinical Policy 1B-3, *Intravenous Iron Therapy*, within the Physician Drug Program (PDP). Requirements, indications, and all other information of the policy are indicated below. From the perspective of the providers, all things associated with the process of submitting claims regarding the IV Iron agents will remain unchanged.

See prescribing information for details.

Below is information regarding Injectafer.

Medicaid and NCHC shall cover ferric carboxymaltose only for the following FDA-Approved Indications:

- Iron deficiency anemia in adults with intolerance to oral iron or unsatisfactory response to oral iron, and
- Iron deficiency anemia in adults with non-dialysis dependent chronic kidney disease (ndd-ckd).

For Medicaid and NCHC Billing

- ICD-10 codes for iron deficiency anemias where oral treatment is not suitable are:

| Primary Diagnosis | | |
|---------------------|---------|----------------|
| D50.0 | D50.1 | D50.8 D50.9 |
| Secondary Diagnosis | | |
| K50.00 | K51.012 | K51.514 |
| K50.011 | K51.013 | K51.518 |
| K50.012 | K51.014 | K51.519 |
| K50.013 | K51.018 | K51.80 |
| K50.014 | K51.019 | K51.811 |
| K50.018 | K51.20 | K51.812 |
| K50.019 | K51.211 | K51.813 |
| K50.10 | K51.212 | K51.814 |
| K50.111 | K51.213 | K51.818 |
| K50.112 | K51.214 | K51.819 |
| K50.113 | K51.218 | K51.90 |
| K50.114 | K51.219 | K51.911 |
| K50.118 | K51.30 | K51.912 |
| K50.119 | K51.311 | K51.913 |
| K50.80 | K51.312 | K51.914 |
| K50.811 | K51.313 | K51.918 |
| K50.812 | K51.314 | K51.919 |
| K50.813 | K51.318 | K90.0 |
| K50.814 | K51.319 | K90.1 |
| K50.818 | K51.40 | K90.2 |
| K50.819 | K51.411 | K90.3 |
| K50.90 | K51.412 | K90.4 |
| K50.911 | K51.413 | K90.89 |

| | | |
|---------|---------|--------|
| K50.912 | K51.414 | K90.9 |
| K50.913 | K51.418 | K91.2 |
| K50.914 | K51.419 | Z87.19 |
| K50.918 | K51.50 | |
| K50.919 | K51.511 | |
| K51.00 | K51.512 | |
| K51.011 | K51.513 | |

- ICD-10 codes for anemia in chronic kidney disease are:

| Primary Diagnosis | | |
|---------------------|-------|-------|
| D63.1 | | |
| Secondary Diagnosis | | |
| N18.1 | N18.4 | N18.6 |
| N18.2 | N18.5 | N18.9 |
| N18.3 | | |

- Providers must bill with HCPCS code J1439: Ferric carboxymaltose (Injectafer).
- One Medicaid unit of coverage is 1 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$1.11,
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are: 00517065001 and 00517065002.
- The NDC units should be reported as “UN1.”
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#).
- For additional information regarding NDC claim requirements related to the PDP, refer to the [PDP Clinical Coverage Policy No. 1B, Physicians Drug Program](#), Attachment A, H.7 on Medicaid’s website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have [registered with the Office of Pharmacy Affairs \(OPA\)](#). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the “UD” modifier on the drug detail.
- The fee schedule for the PDP is available on the North Carolina Medicaid [PDP web page](#).

CSRA 1-800-688-6696

Attention: Orthotics and Prosthetics Providers

Updates to Clinical Coverage Policy 5B Orthotics & Prosthetics: Compliance with Federal Regulation, 42 CFR, Part 455.410, and Final Rule 42 CFR, Part 440.70

The following updates are in effect for the Orthotics & Prosthetics (O&P) policy to comply with the Centers for Medicare and Medicaid Services (CMS) Attending, Rendering, Ordering, Prescribing or Referring Providers Federal Regulation, [42 CFR, Part 455.410](#), and to clarify compliance with the CMS Home Health Final Rule, [42 CFR, Part 440.70](#).

1. **Section 1.0 Description of the Procedure, Product, or Service**, the last paragraph is replaced with the following three new paragraphs:

Refer to Attachment B for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Orthotics and Prosthetics.

For the rates associated with the list of HCPCS codes found in Attachment B, refer to the Orthotics and Prosthetics fee schedule at <https://dma.ncdhhs.gov/>.

In compliance with the CMS Home Health Final Rule Title 42, §440.70, items not listed in Attachment B or in the Orthotics and Prosthetics fee schedule will be considered for coverage if requested by a provider, or a beneficiary through a provider, and submitted for prior authorization (PA) review of medical necessity. For beneficiaries under age 21, please request an “EPSDT review” using NCTracks. Refer to section 2.2 Special Provisions for more information about EPSDT. For beneficiaries aged 21 and older, please submit the request directly to Division of Medical Assistance (DMA) per the procedure detailed in Attachment E.

2. **Section 3.2.1 Specific criteria covered by both Medicaid and NCHC**, the second paragraph d. now reads:

Medical doctors (MDs), doctors of osteopathic medicine (DOs), physician assistants (PAs) and nurse practitioners (NPs) may provide certain orthotic and prosthetic devices when the devices are part of the beneficiary’s current care and treatment. These professionals may provide devices as indicated in the Required Provider Certification column of Attachment B.

3. **Section 4.2.1 Specific criteria covered by both Medicaid and NCHC**, contact information is updated to read:

Providers who have questions about this policy or the fee schedule located at: <https://dma.ncdhhs.gov/> may contact the Durable Medical Equipment, Orthotic and Prosthetic Section of the Division of Medical Assistance (DMA) at 919-855-4310. Beneficiaries who have questions should call the Customer Service Center for Medicaid and NC Health Choice at 1-888-245-0179.

4. **Sections 5.4, 5.5, 5.6, 5.7, 5.8 and all subsections**, are renumbered to correct error.

5. **Section 5.4 (now 5.3) Documenting Medical Necessity**, the first paragraph now reads:

Medical necessity must be documented by the prescriber (physician, physician assistant, or nurse practitioner), for every item provided/billed regardless of any requirements for approval. A letter of

medical necessity written and signed by the physician, physician assistant, or nurse practitioner, or other licensed professional permitted to perform those tasks and responsibilities by their NC state licensing board, may be submitted along with the CMN/PA.

6. **All subsections of 5.4 (now 5.3)**, the first paragraph in each subsection referencing the specific section of Attachment B, are updated with this statement:

Refer to Attachment B for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, see sections 1.0, 2.2 and Attachment E for instructions.

7. **Section 5.5 (now 5.4) Amount of Service**, now reads:

The amount of service is limited to that which is medically necessary as determined by DMA's clinical coverage policies. Refer to Attachment B for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, see sections 1.0, 2.2 and Attachment E for instructions.

8. **Section 5.6 (now 5.5) Orthotic and Prosthetic Limitations**, now reads:

Medicaid and NCHC may place appropriate limits, based on medical necessity criteria, on Orthotics and Prosthetics. When the prescribing physician, physician assistant, or nurse practitioner, orders equipment or supplies beyond these limits, the provider shall seek authorization for payment for these items through NCTracks.

The medical equipment provider shall submit an override request which contains the following information:

- a. A statement requesting an override of the quantity or life expectancy limitation and an explanation of why an override is needed.
- b. The item (including HCPCS code) an override is needed for.
- c. A prescription for the additional quantity or item the override is needed for.
- d. A letter of medical necessity stating the medical need for the additional quantity requested, written by the physician, physician's assistant, nurse practitioner, or therapist.
- e. A copy of the remittance and status advice statement showing a denial by Medicaid or NCHC.

The override request is reviewed for appropriateness and medical necessity and a written decision, either an override letter or a denial letter, is returned to the medical equipment provider. Beneficiaries are notified in writing if the override request is denied.

Refer to Attachment B for a listing of the established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, see sections 1.0, 2.2 and Attachment E for instructions.

9. **Section 5.7 (now 5.6) Delivery of Service**, deleted the second paragraph.
10. **Section 5.8 (now 5.7) Servicing and Repairing Orthotic and Prosthetic Devices**, the instructions are updated to read:

Refer to Attachment B for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Orthotics and Prosthetics. To request a medical necessity review for an item not listed, see sections 1.0, 2.2 and Attachment E for instructions.

11. **Subsection 5.8.2 (now 5.7.2) Repairs not Under Warranty**, the third sentence now reads:

If there is no warranty, providers may request prior approval to perform the needed service and repairs by submitting a completed CMN/PA form with a repair estimate to NCTracks.

12. **Subsection 5.8.3 Emergency Repairs**, is outdated and deleted.

13. **Subsection 5.8.4 (now 5.7.3) Replacing Orthotic and Prosthetic Devices**, the second sentence of the first paragraph now reads:

The anticipated life expectancies for some of the major categories of orthotic and prosthetic devices are listed below in Attachment B.

Also, instructions a. – k. and the Note are deleted.

14. **Section 6.1 Provider Qualifications and Occupational Licensing Entity Regulations**, paragraph c. now reads:

MDs, DOs, PAs and NPs who are enrolled with Medicaid. These professionals may provide devices as indicated in the Required Provider Certification column of Attachment B.

15. **Section 6.2 Provider Qualifications**, the first paragraph now reads:

In addition to the provisions in Section 6.0, provider(s) other than MDs, DOs, PAs and NPs shall fulfill all of the following conditions to qualify for participation with Medicaid and NCHC as orthotics and prosthetics supplier(s).

16. **Section 6.6, Attachment C: How a Beneficiary Obtains Orthotic and Prosthetic Devices and Attachment E: Frequently Asked Questions**, are outdated and deleted. Remaining attachments are re-lettered.

17. **Attachment A: Claims-Related Information, Section C Procedure Code(s)**, paragraph three now reads:

Refer to the Orthotic and Prosthetic Devices Fee Schedule for the rates associated with the orthotic and prosthetic devices and related supplies listed in Attachment B below. The fee schedules are available on DMA's Web site at <https://dma.ncdhhs.gov>. To request a medical necessity review for an item not listed, see sections 1.0, 2.2 and Attachment E for instructions.

18. **Attachment B: Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices**, physician assistant (PA) and nurse practitioner (NP) credentials are added to all the codes that can be dispensed by physicians.

19. **Attachment B**, HCPCS codes L0641, L0642, L0643, L0648 & L0651 currently present in the fee schedule were added to Attachment B due to being inadvertently left out during a previous update.

20. **Attachment E**, the procedure for Requesting Unlisted Orthotics and Prosthetics for Adults replaces the previous Attachment E, Frequently Asked Questions.

Additional Resources

Additional information is available at the North Carolina Medicaid [Medical Equipment policies web page](#), the CMS Home Health Final Rule at [42 CFR Part 440](#) and the CMS Attending, Rendering, Ordering, Prescribing or Referring Providers Federal Regulation at [42 CFR, Part 455.410](#).

Clinical Policy and Programs, DMAPOS Section
DMA, 919-855-4310

Attention: Pharmacists and Prescribers

Updates to Pharmacy Prior Approval Submissions

On Jan. 28, 2018, the NC Department of Health and Human Services (DHHS) implemented updates to NCTracks pharmacy prior approval (PA) requests for North Carolina Medicaid and NC Health Choice beneficiaries. New electronic PA submissions are available for the following drugs and the temporary fax forms were removed:

- Immunomodulators (fax requests will no longer be accepted after January 27)
- PCSK9 Inhibitors (fax requests will no longer be accepted after January 27)
- Daklinza (added to the Hep C web submission. Fax requests will no longer be accepted after January 27)
- Nucala (fax requests will no longer be accepted after January 27)
- Entresto (fax requests will no longer be accepted after January 27)
- Orkambi (added to the Cystic Fibrosis web submission and [fax form](#))
- Xolair for Chronic Idiopathic Urticaria (Web submission and [fax form](#) available)

Although submission requirements are updated, the PA criteria will remain the same. With the new electronic PA request submissions for these drugs, the previous temporary fax forms are no longer accepted.

For additional information, refer to the Drug Request Forms and Prior Approval Drugs and Criteria web pages under [Pharmacy Services](#) on the public NCTracks Provider Portal. A Job Aid for the Sterilization Consent Form also can be found on the [NCTracks User Guides and Training web page](#).

Instructions for submitting a pharmacy PA on the secure NCTracks Provider Portal can be found in section 3 of the *PA 341_Prior Approval Medical Participant User Guide* in SkillPort. Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort. The Provider Training page also includes a quick reference regarding downloading Java, which is required for the use of SkillPort.

CSRA, 1-800-688-6696

Attention: Private Duty Nursing Providers

Verification of School Nursing Form and Instructions Added

The Verification of School Nursing Form – Attachment I (DMA-3171), and Instruction Sheet (DMA-3171-I) are now on the NC Medicaid [PDN forms web page](#). The form is used to document Private Duty Nursing (PDN) school hours in accordance with Section 3.4.1, *PDN and Schools*, of Clinical Coverage Policy 3G-2, [Private Duty Nursing for Beneficiaries Under 21 Years of Age](#).

Home Care Services/Community Based Services
DMA, 919-855-4380

Attention: Private Duty Nursing Providers

Accreditation Due Date Reminder

By Feb. 28, 2018, non-accredited nursing service providers previously providing services under the Community Alternatives Program for Children (CAP-C) waiver must obtain accreditation and meet all required occupational licensing entity regulations.

In addition, per occupational licensing entity regulations, Private Duty Nursing (PDN) service providers must hold a current license from the NC Division of Health Service Regulation (DSHR), as applicable. PDN service provider entities must be Medicare Certified Home Health Agencies. The home care agency must be an enrolled North Carolina Medicaid provider approved by North Carolina Medicaid to provide PDN services.

Home Care Services/Community Based Services
DMA, 919-855-4380

Proposed Clinical Coverage Policies

Per NCGS Section 108A-54.2, proposed new or amended Medicaid clinical coverage policies are available for review and comment on the NC Division of Medical Assistance's website. To submit a comment related to a policy, refer to the instructions on the [Proposed Clinical Coverage Policies web page](#). Providers without internet access can submit written comments to:

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 substantively revised because of the initial comment period. If the adoption of a new or amended medical coverage policy is necessitated by an act of the NC General Assembly or a change in federal law, then the 45- and 15-day periods will instead be 30- and 10-day periods.

No policies are currently open for public comment.

Checkwrite Schedule

| Month | Checkwrite Cycle Cutoff Date* | Checkwrite Date | EFT Effective Date |
|------------------|-------------------------------------|--------------------|-----------------------|
| February 2018 | 02/01/18 | 02/06/18 | 02/07/18 |
| | 02/08/18 | 02/13/18 | 02/14/18 |
| | 02/15/18 | 02/21/18 | 02/22/18 |
| | 02/22/18 | 02/27/18 | 02/28/18 |
| March 2018 | 03/01/18 | 03/06/18 | 03/07/18 |
| | 03/08/18 | 03/13/18 | 03/14/18 |
| | 03/15/18 | 03/20/18 | 03/21/18 |
| | 03/22/18 | 03/27/18 | 03/28/18 |

* Batch cutoff date is previous day

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