



January 2019 NC Medicaid Bulletin Digest

[Clarification on Billing for Long Acting Reversible Contraceptives \(LARCs\)](#)

THURSDAY, JANUARY 24, 2019

For clarification purposes of information communicated in [October 2018 Medicaid Bulletin](#), please note that effective Oct.

[More](#)

[Centralized Credentialing Vendor Selected for NC Medicaid](#)

THURSDAY, JANUARY 10, 2019

A contract has been awarded to Wipro Infocrossing to serve as the Provider Data Contractor (PDC), as NC Medicaid transitions to Managed Care.

[More](#)

[Allergy Immunotherapy 1N-2](#)

WEDNESDAY, JANUARY 9, 2019

Clinical Coverage Policy 1N-2, Allergy Immunotherapy has been revised effective Jan. 1, 2019, to reflect changes in unit dosing.

[More](#)

[Risperidone for extended-release injectable suspension, for subcutaneous use \(Perseris™\) HCPCS code J3490: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Nov. 19, 2018, the NC Medicaid and Health Choice programs cover risperidone for extended-release injectable suspension, for subcutaneous use (Perseris™) for use in the Physician Administered Drug Program when billed with HCPCS code J3490 - Unclassified drugs.

[More](#)

[CPT Code Update 2019](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Jan. 1, 2019, the American Medical Association has added new CPT codes, deleted others and changed descriptions of some existing codes. For complete information regarding all CPT codes and descriptions, refer to the 2019 edition of Current Procedural Terminology, published by the AMA.

[More](#)



[Clinical Coverage Policies](#)

WEDNESDAY, JANUARY 9, 2019

The following new or amended clinical coverage policies are available on NC Medicaid's clinical coverage policies web page:

[More](#)

[Elapegamase-lvlr injection, for intramuscular use \(Revcovi™\) HCPCS code J3590: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Nov. 28, 2018, the NC Medicaid and Health Choice programs cover elapegamase-lvlr injection, for intramuscular use (Revcovi™) for use in the Physician Administered Drug Program when billed with HCPCS code J3590 - Unclassified biologics.

[More](#)

[Crotalidae Immune f\(ab'\)2 \(equine\), lyophilized powder for solution for injection for intravenous use \(Anavip®\) HCPCS code J3590: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Nov. 2, 2018, the NC Medicaid and Health Choice programs cover crotalidae immune f(ab')2 (equine), lyophilized powder for solution for injection for intravenous use (Anavip®) for use in the Physician Administered Drug Program when billed with HCPCS code J3590 - Unclassified biologics.

[More](#)

[Prior Approval Reminders](#)

WEDNESDAY, JANUARY 9, 2019

As a reminder, providers are to request and obtain proper prior authorization before services are scheduled or rendered. Contractually, GDIT has five business days (excluding holidays and weekends) to process a medical PA request once all required information is obtained. Pharmacy PAs are processed within 24 hours. Medical necessity cannot be determined with a partial or incomplete clinical picture.

[More](#)

[Elapegamase-lvlr injection, for intramuscular use \(Revcovi™\) HCPCS code J3590: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Oct. 22, 2018, the NC Medicaid and Health Choice programs cover eravacycline for injection, for intravenous use (Xerava) for use in the Physician Administered Drug Program when billed with HCPCS code J3490 - Unclassified Drugs. Xerava is available as a 50 mg single-dose vial.

[More](#)



[Moxetumomab Pasudotox-tdfk for Injection, for intravenous use \(Lumoxiti™\) HCPCS code J9999: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Oct. 22, 2018, the NC Medicaid and Health Choice programs cover moxetumomab pasudotox-tdfk for injection, for intravenous use (Lumoxiti™) for use in the Physician Administered Drug Program when billed with HCPCS code J9999 - Not Otherwise Classified, antineoplastic drugs.

[More](#)

[Updates to the NC Medicaid Electronic Health Record \(EHR\) Incentive Program](#)

WEDNESDAY, JANUARY 9, 2019

There are only four months left to submit an attestation for Program Year 2018. Attestations submitted after Feb. 28, 2019 are not guaranteed to be reviewed by program staff prior to close of Program Year 2018. Providers have until April 30, 2019 to submit a complete and accurate attestation for Program Year 2018. After that no changes can be made.

[More](#)

[Update to Clinical Policy 1E-7, Family Planning Services](#)

WEDNESDAY, JANUARY 9, 2019

Clinical Policy 1E-7, *Family Planning Services*, has been revised effective Jan. 1, 2019.

[More](#)

[Filgrastim-aafi injection, for subcutaneous or intravenous use \(Nivestym™\) HCPCS code Q5110: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Oct 3, 2018, the NC Medicaid and Health Choice programs cover filgrastim-aafi injection, for subcutaneous or intravenous use (Nivestym) for use in the Physician Administered Drug Program when billed with HCPCS code Q5110 - Injection, Filgrastim-aafi, Biosimilar, (Nivestym), 1 microgram. Nivestym is available in a single-dose prefilled syringe containing either 300 mcg/0.5 mL or 480 mcg/0.8 mL.

[More](#)

[NCTracks Provider Training Available in January 2019](#)

WEDNESDAY, JANUARY 9, 2019

Registration is open for the January 2019 instructor-led provider training courses listed below. Slots are limited. WebEx courses can be attended remotely from any location with a telephone, computer and internet connection. Please note that the WebEx information has changed.

[More](#)



[Immune globulin intravenous, human - ifas \(Panzyga®\) HCPCS code J1599: Billing Guidelines](#)

WEDNESDAY, JANUARY 9, 2019

Effective with date of service Oct. 16, 2018, the NC Medicaid and Health Choice programs cover immune globulin intravenous, human - ifas (Panzyga®) for use in the Physician Administered Drug Program when billed with HCPCS code J1599 - Injection, Immune Globulin, Intravenous, Non-lyophilized (e.g. liquid), Not Otherwise Specified, 500 mg.

[More](#)