October 2019 (2) NC Medicaid Bulletin Digest

Clinical Coverage Policies

TUESDAY, OCTOBER 29, 2019

A new or amended clinical coverage policy regarding facility-based crisis management for children and adolescents is available on NC Medicaid’s website.

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Updated ICD Diagnosis Code List

TUESDAY, OCTOBER 29, 2019

NC Medicaid has updated its ICD-10 diagnosis code list. Diagnosis code K35.891 (other acute appendicitis without perforation, with gangrene) has been added as an acceptable ICD-10 diagnosis code effective Oct. 1, 2018.

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NC Medicaid Deductibles and Private Duty Nursing

TUESDAY, OCTOBER 22, 2019

Unpaid medical bills and current medical expenses count toward NC Medicaid applicants’ deductibles. Private Duty Nursing (PDN) services qualify as a medical expense and may be used toward meeting this deductible.

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Protocol for Changing Advanced Medical Home Tier Status

TUESDAY, OCTOBER 15, 2019

As NC Medicaid’s managed care launch date approaches, Advanced Medical Home (AMH) providers who believe they are not ready to meet program requirements to perform at the tier level to which they attested may now submit a request to change their AMH Tier status from Tier 3 to Tier 2. The AMH Tier 3 providers may not downgrade lower than AMH Tier 2.

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HCPCS CODE A4252: Blood Ketone Test or Reagent Strip

TUESDAY, OCTOBER 15, 2019

Per Clinical Coverage Policy 5A-3, Nursing Equipment and Supplies on the NC Medicaid website, HCPCS code A4252 (blood ketone test or reagent strip, each) has a quantity limitation of 100 test strips per month. Considering the national description of A4252 refers to each test strip, DME providers are reminded to submit their claims with the number of test strips supplied to the beneficiary, not the number of boxes of test strips.

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SPECIAL BULLETIN: Carolina Complete Health Awarded Additional Region in Medicaid Managed Care

TUESDAY, OCTOBER 8, 2019

The North Carolina Department of Health and Human Services (DHHS) has expanded the regions awarded to Carolina Complete Health, Inc. (CCH) to serve as a health plan under the state’s transition to Medicaid Managed Care. In addition to serving regions 3 and 5 in the state, the provider-led health plan will also serve region 4.

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