



## May 2019 NC Medicaid Bulletin Digest

### **SPECIAL BULLETIN: Posting "Notice of Your Rights Under Hawkins v. Cohen"**

#### **MONDAY, MAY 6, 2019**

Please post an English and Spanish version of the "Notice Of Your Rights Under Hawkins v. Cohen" in a prominent location for at least 180 calendar days. This notice contains important information regarding beneficiary rights as they pertain to improper termination of Medicaid benefits, resulting from a federal lawsuit filed in 2017 on behalf of Medicaid beneficiaries in North Carolina.

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### **SPECIAL BULLETIN: Dental Reimbursement Rate Increase**

#### **THURSDAY, MAY 2, 2019**

The Division of Health Benefits (NC Medicaid) has received approval from the Centers for Medicare & Medicaid Services (CMS) to increase rates for dental services.

[More](#)

### **Caplacizumab-yhdp for injection, for intravenous or subcutaneous use (Cablivi®) HCPCS code J3590: Billing Guidelines**

#### **WEDNESDAY, MAY 1, 2019**

Effective Feb. 25, 2019, the North Carolina Medicaid and NC Health Choice programs cover caplacizumab-yhdp for injection, for intravenous or subcutaneous use (Cablivi) for use in the Physician Administered Drug Program when billed with HCPCS code J3590 - Unclassified biologics.

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### **Credit Balance Audits**

#### **WEDNESDAY, MAY 1, 2019**

North Carolina's Department of Health and Human Services, Division of Health Benefits (DHB) has contracted with Health Management Systems (HMS) to conduct Overpayment Recovery Reviews for Medicaid/Health Choice recipients.

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### **Dexamethasone intraocular suspension 9%, for intraocular administration (Dexycu™) HCPCS code J1095 - injection, dexamethasone 9%, intraocular, 1 microgram: Billing Guidelines**

#### **WEDNESDAY, MAY 1, 2019**

Effective March 1, 2019, the North Carolina Medicaid and NC Health Choice programs cover dexamethasone intraocular suspension 9%, for intraocular administration (Dexycu) for use in the Physician Administered Drug Program when billed with HCPCS code J1095 - Injection, dexamethasone 9%, intraocular, 1 microgram.

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### [Coverage for Psychiatric Collaborative Care Management Reminder](#)

**WEDNESDAY, MAY 1, 2019**

Psychiatric collaborative care management services must be rendered under the direction of a treating physician or non-physician practitioner, typically in a primary care setting. These services are rendered when a beneficiary has a diagnosed psychiatric disorder and requires assessment, care planning and provision of brief interventions.

[More](#)

### [Mifepristone tablets, for oral use \(Mifeprex®\) HCPCS code S0190 and Misoprostol tablets, for oral use \(Cytotec®\) HCPCS code S0191: Billing Guidelines](#)

**WEDNESDAY, MAY 1, 2019**

The Food and Drug Administration (FDA) previously approved a Risk Evaluation and Mitigation Strategies (REMS) for Mifeprex (mifepristone) to mitigate the risk of serious adverse events. After reviewing the supplemental application, the FDA determined that a REMS is necessary to ensure the safe use of Mifeprex.

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### [Clinical Coverage Policy 1K-2, Bone Mass Measurement](#)

**WEDNESDAY, MAY 1, 2019**

Bone Mass Measurement policy has been updated to reflect the addition of anorexia nervosa as an approved diagnosis for beneficiaries with other conditions or currently receiving medical therapies known to cause low bone mass.

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### [Billing Code Update for Nurse Practitioners and Physician Assistants](#)

**WEDNESDAY, MAY 1, 2019**

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

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### [Clinical Coverage Policy Update](#)

**WEDNESDAY, MAY 1, 2019**

New or amended clinical coverage policies are available on Telemedicine and Telepsychiatry, Outpatient Specialized Therapies and Bone Mass Measurement

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### [Medicare Advantage Plan Pricing Rules](#)



**WEDNESDAY, MAY 1, 2019**

This communication serves as an advisory notice for all Providers. The intent is to increase awareness of the Medicare Advantage Plan. The statement below should be used to gain further clarification regarding claims denied for Medicare Part C coverage.

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**CPT Transition Code Information**

**WEDNESDAY, MAY 1, 2019**

NC Medicaid has adopted the American Medical Association's new Current Procedural Terminology® (CPT) Category I codes for Research Based Behavioral Health Treatment, effective for dates of service on or after Jan. 1, 2019.

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**Updates to the NC Medicaid Electronic Health Record (EHR) Incentive Program**

**WEDNESDAY, MAY 1, 2019**

The NC Medicaid EHR Incentive Program is no longer accepting Program Year 2018 attestations. Program Year 2018 attestations are being processed in the order they were received. Attestations received in April may take up to eight weeks to be processed from the date the signed attestation was received.

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**Recovery Audit Contractor**

**WEDNESDAY, MAY 1, 2019**

Health Management System is under contract with North Carolina Medicaid as NC Medicaid's Recovery Audit II Contractor, pursuant to Section 6411 of the Patient Protection and Affordable Care Act of 2010.

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