

NC Medicaid is the first health plan in NC to recognize pharmacists as providers and began paying pharmacists for clinical services beginning January 8th , 2024. In order to medically bill for services, pharmacists must be enrolled with NC Medicaid as an Ordering, Prescribing, and Referring (OPR) Lite Provider.

For step-by-step instructions in navigating pharmacist provider enrollment see [NC Medicaid Guidance Document for Pharmacist Provider Enrollment](#).

HOW TO BILL NC MEDICAID PLANS

|                                            |                                                                |                                                                                                                         |                                                                                                                                                     |                 |                           |          |                                             |                                                        |                     |      |
|--------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|----------|---------------------------------------------|--------------------------------------------------------|---------------------|------|
| PORTAL ACCESS NEEDED FOR MEDICAL BILLING   | NCTRACKS                                                       | Availity Essentials<br>Electronic Data Interchange (EDI) Clearinghouse for multi-payor Medicaid billing by pharmacists. |                                                                                                                                                     |                 |                           |          | UHC Portal                                  | Alliance Claims System                                 | TBD                 | TBD  |
| NC MEDICAID PLAN                           | MEDICAID DIRECT                                                | HEALTHY BLUE                                                                                                            | CAROLINA COMPLETE HEALTH                                                                                                                            | PARTNERS HEALTH | TRILLIUM HEALTH RESOURCES | WELLCARE | UNITED HEALTHCARE                           | ALLIANCE HEALTH                                        | AMERIHEALTH CARITAS | VAYA |
| PAYOR ID                                   |                                                                | 602                                                                                                                     | 68069                                                                                                                                               |                 |                           | 14163    |                                             | 23071                                                  | 81671               |      |
| HOW TO SET UP YOUR BILLING PORTAL ACCOUNTS | All pharmacists should have a NCID account to access NCTracks. | AVAILITY ESSENTIALS REGISTRATION CHEAT SHEET                                                                            |                                                                                                                                                     |                 |                           |          | UHC NEW USER REGISTRATION PAGE              | ALLIANCE CLAIMS SYSTEM PORTAL ACCESS REQUEST FORM      | TBD                 | TBD  |
| BILLING INSTRUCTIONS                       | How to file a Professional Claim in NCTracks                   | HEALTHY BLUE AVAILITY GUIDE PROFESSIONAL CLAIM SUBMISSION                                                               | Use Healthy Blue Availity Guide as a reference for billing all Availity plans. When prompted, select the appropriate payor from the drop-down menu. |                 |                           |          | UHC PHARMACIST MEDICAL CLAIMS BILLING GUIDE | ALLIANCE HEALTH PHARMACIST MEDICAL CLAIMS BLLING GUIDE | TBD                 | TBD  |

WHAT CAN I BILL FOR?

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <u>Nicotine Replacement Therapy.</u>                                                                                                                                                                                                                                                                           | <u>Hormonal Contraceptives</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CPT Codes: <ul style="list-style-type: none"><li>99202: Office/Outpatient NEW</li><li>99212: Office/Outpatient visit established</li></ul> Diagnosis Codes <ul style="list-style-type: none"><li>Z72.0: Tobacco Use</li><li>099.330: Smoking (tobacco) complicating pregnancy, unspecified trimester</li></ul> | CPT Codes: <ul style="list-style-type: none"><li>99202: Office/Outpatient NEW</li><li>99212: Office/Outpatient visit established</li></ul> Diagnosis Codes: <ul style="list-style-type: none"><li>Z30.011: Encounter for initial prescription of contraceptive pills</li><li>Z30.016: Encounter for initial prescription of transdermal patch hormonal contraceptive device</li><li>Z30.41: Encounter for surveillance of contraceptive therapy pills</li><li>Z30.45: Encounter for surveillance of transdermal patch hormonal contraceptive therapy</li><li>Z30.09: Allowed when beneficiary completes questionnaire, pharmacist performs assessment, but no dispensing occurs</li></ul> Modifier: <ul style="list-style-type: none"><li>Contraceptive Protocol: FP</li></ul> |

For comprehensive information related to Medicaid billing see [North Carolina Association of Pharmacists \(NCAP\) NC Medicaid Enrollment and Billing webpage](#).

# NC MEDICAID LONG ACTING-INJECTABLE ADMINISTRATION BILLING

## QUICK REFERENCE GUIDE

As of November 1st, 2021 North Carolina Medicaid Direct and Medicaid Managed Care plans provide reimbursement of an administration fee for Long-Acting Injectables. See below for guidance associated with billing for the various plans

For more information on developing services that align with statewide protocols for administering long-acting injectables (LAIs) and successfully billing for administration of LAIs in your practice, visit the [North Carolina Association of Pharmacists \(NCAP\) Long-Acting Injectable Toolkit](#)

| POS PROCESSING CODES                     | NCTRACKS                                   | STANDARD PLANS                            |                                    |                                           |                                          |                                           | TAILORED PLANS                                                       |                                            |                                          |                                        |
|------------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------|-------------------------------------------|------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|------------------------------------------|----------------------------------------|
| NC MEDICAID PLAN                         | MEDICAID DIRECT                            | AMERIHEALTH CARITAS                       | CAROLINA COMPLETE HEALTH           | HEALTHY BLUE                              | UNITED HEALTHCARE                        | WELLCARE                                  | ALLIANCE HEALTH                                                      | PARTNERS HEALTH                            | TRILLIUM HEALTH                          | VAYA                                   |
| <u>BIN</u><br><u>PCN</u><br><u>GROUP</u> | BIN:610242<br>PCN: 781640064<br>Group: *NA | BIN:019595<br>PCN: PRX00801<br>Group: *NA | BIN:003858<br>PCN:MA<br>Group:2ERA | BIN:020107<br>PCN: NC<br>Group: 8473      | BIN: 610494<br>PCN: 4949<br>Group: ACUNC | BIN:003858<br>PCN:MA<br>Group:2ESA        | BIN:6106022<br>PCN:MCD<br>Group:<br>• Medicaid: TPMC<br>• NCHC: TPHC | BIN:025052<br>PCN:MCAIDADV<br>Group:RX22AC | BIN:019595<br>PCN:PRX10811<br>Group: *NA | BIN:610602<br>PCN:MCD<br>Group: VAYARX |
| REASON FOR SERVICE CODE (439-E4)         | --                                         | PP                                        |                                    | PP                                        | --                                       | PP                                        | --                                                                   |                                            | PP                                       | --                                     |
| RESULT OF SERVICE CODE (441-E6)          | --                                         | 00                                        |                                    | 00                                        | --                                       | 00                                        | --                                                                   |                                            | --                                       | --                                     |
| DUR/PPS SEGMENT (440-E5)                 | --                                         | MA                                        |                                    | MA                                        | MA                                       | MA                                        | MA                                                                   |                                            | MA                                       | MA                                     |
| PRICING SEGMENT (438-E3)                 | \$17.36                                    | \$17.36                                   |                                    | \$17.36                                   | \$17.36                                  | \$17.36                                   | \$17.36                                                              |                                            | \$17.36                                  | \$17.36                                |
| USUAL & CUSTOMARY CHARGE (426-DQ)        | --                                         | Submit U&C drug cost + administration fee |                                    | Submit U&C drug cost + administration fee | --                                       | Submit U&C drug cost + administration fee | --                                                                   |                                            | --                                       | --                                     |
| LEVEL OF SERVICE                         | 05                                         | --                                        |                                    | --                                        | --                                       | --                                        | 05                                                                   |                                            | 00                                       | 05                                     |

\*NA=Not Applicable