

Table of Contents

1.0 Description of the Procedure, Product, or Service..... 1
1.1 Definitions 1

2.0 Eligibility Requirements 2
2.1 Provisions..... 2
2.1.1 General..... 2
2.1.2 Specific 2
2.2 Special Provisions..... 2
2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age 2
2.2.2 EPSDT does not apply to NCHC beneficiaries 3
2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age 3

3.0 When the Procedure, Product, or Service Is Covered..... 4
3.1 General Criteria Covered 4
3.2 Specific Criteria Covered..... 4
3.2.1 Specific criteria covered by both Medicaid and NCHC 4
3.2.2 Medicaid Additional Criteria Covered..... 5
3.2.3 NCHC Additional Criteria Covered 5

4.0 When the Procedure, Product, or Service Is Not Covered..... 5
4.1 General Criteria Not Covered 5
4.2 Specific Criteria Not Covered..... 5
4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC..... 5
4.2.2 Medicaid Additional Criteria Not Covered..... 6
4.2.3 NCHC Additional Criteria Not Covered..... 6

5.0 Requirements for and Limitations on Coverage 6
5.1 Prior Approval 6
5.2 Prior Approval Requirements 6
5.2.1 General..... 6
5.2.2 Specific 6
5.3 Additional Limitations or Requirements 7

6.0 Providers Eligible to Bill for the Procedure, Product, or Service 7
6.1 Provider Qualifications and Occupational Licensing Entity Regulations..... 7
6.2 Provider Certifications 7

7.0 Additional Requirements 7
7.1 Compliance 7

8.0 Policy Implementation/Revision Information..... 8

Attachment A: Claims-Related Information 9
A. Claim Type 9

B.	International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS).....	9
C.	Code(s).....	17
D.	Modifiers.....	17
E.	Billing Units.....	17
F.	Place of Service	17
G.	Co-payments	17
H.	Reimbursement	17

Related Clinical Coverage Policies

Refer to <http://www.ncdhhs.gov/dma/mp/> for the related coverage policies listed below:
5A Durable Medical Equipment and Supplies (for non-invasive electrical osteogenesis stimulator).

1.0 Description of the Procedure, Product, or Service

Electrical bone growth stimulation is a medical technique to promote bone growth in difficult to heal fractures by applying a low electrical current to the fracture site.

Invasive devices require surgical implantation of a current generator in an intramuscular or subcutaneous space, while an electrode is implanted within the fragments of bone graft at the fusion site. The implantable device typically remains functional for 6 to 9 months after implantation, and, although the current generator is removed in a second surgical procedure when stimulation is completed, the electrode may or may not be removed

1.1 Definitions

Non-union is defined as when characteristic changes are observed radiographically and clinically which suggest that fracture healing has ceased and additional intervention is necessary as the standard for treatment. Nonunions can be identified by fibrocartilage which remains in the fracture gap, impeding vascularization and subsequent calcification, and can present on radiographs as sclerotic bone ends around a fracture gap with a visible fracture line.

Fracture nonunion is considered to exist only when serial radiographs have confirmed that fracture healing has ceased for three or more months prior to starting treatment with the electrical osteogenic stimulator. Serial radiographs must include a minimum of two sets of radiographs, each including multiple views of the fracture site, separated by a minimum of 90 days.

Delayed union is defined as a decelerating healing process as determined by serial x-rays, together with a lack of clinical and radiologic evidence of union, bony continuity or bone reaction at the fracture site.

Delayed healing delayed when healing has not advanced at the "average" rate for the location and type of fracture. Delayed union is often characterized by slow radiographic progress and continued mobility and pain at the fracture site. Delayed union differs from nonunion in that in the former, there are no indications that union will fail, while in the latter, there are no longer any visible signs that union will occur.

Skeletally mature defined as a system of fused skeletal bones, which occurs when bone growth ceases after puberty; for females, this generally occurs around age 16, and for males, around age 18.

Long bone is defined as a bone that has a shaft and two ends and is longer than it is wide. Long bones have a thick outside layer of compact bone and an inner medullary cavity containing bone marrow. Long bones are the clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpals, metatarsals, and phalanges.

Failed spinal fusion is defined as a spinal fusion which has not healed at a minimum of 6 months after the original surgery, as evidenced by serial X-rays over a course of 3 months.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term “General” found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

- a. **Medicaid**
None Apply.
- b. **NCHC**
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed

practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

Medicaid and NCHC shall cover invasive electrical bone growth stimulation for a beneficiary who is 18 years of age or older or demonstrated proof of skeletal maturity for **ONE** of the following:

- a. when used as an adjunct to surgical treatment of non-union as defined in **Subsection 1.1** of a long bone fracture documented radiographically;
- b. when medically necessary for spinal fusion surgery in a beneficiary at high risk for pseudoarthroses with one or more of the following risk factors for fusion failure:
 1. One or more previously failed spinal fusion(s);
 2. Grade III or worse spondylolisthesis;
 3. Fusion to be performed at more than one level;
 4. History of tobacco use or alcohol;
 5. Diabetes, renal disease, or other metabolic diseases where bone healing is likely to be compromised or growth is poor;
 6. Nutritional deficiency;
 7. Obese individuals with a Body Mass Index (BMI) greater than 30 or who are at greater than 50% over their ideal body weight (IBW)
(**Note:** See Definition section for calculation of IBW);
 8. Severe anemia; or
 9. Steroid therapy;
- c. When medically necessary as an adjunct to lumbar spinal fusion surgery in patients at high risk for fusion failure, when one of the following criteria is met: one or more previous failed spinal fusion(s); grade III or worse spondylolisthesis; fusion to be performed at more than one level; current tobacco use; diabetes; renal disease; alcoholism; steroid use;
OR
- d. As an adjunct to spinal fusion surgery for beneficiaries at high risk of pseudoarthrosis due to previously failed fusion surgery or for those undergoing fusion at more than one level.

3.2.2 Medicaid Additional Criteria Covered

None Apply.

3.2.3 NCHC Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

Medicaid and NCHC shall not cover invasive electrical bone growth stimulation for the following contraindications:

- a. Fracture gap greater than one centimeter or greater than half the diameter of the bone;
- b. Avascular or necrotic (dead) bone at the fracture site;
- c. Pathologic long bone fractures due to malignant tumors;
- d. Synovial pseudoarthrosis;
- e. Osteomyelitis or infection (for invasive devices);
- f. Interposition of soft tissue or sequestrum between fragments;
- g. Significant motion at the fracture site;
- h. Postreduction displacement greater than 50 percent or postreduction angulation or malalignment;
- i. Beneficiary not expected to comply with treatment regimen (immobilization, proper use of devices);
- j. Decelerated fracture healing process as identified by x-ray;
- k. Skeletal immaturity;
- l. Fresh fractures;
- m. Pregnancy;
- n. Presence of pacemaker or implantable defibrillator;

- o. Presence of magnetic metal fixation device(s) in the area of non-union; or
- p. Concurrent use of ultrasound stimulation.

Medicaid and NCHC shall not cover invasive electrical bone growth stimulation for any conditions or criteria other than those cited in **Subsection 3.2.1** above.

Medicaid and NCHC shall not cover Semi-electrical bone growth stimulation.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

4.2.3 NCHC Additional Criteria Not Covered

- a. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
 - 1. No services for long-term care.
 - 2. No nonemergency medical transportation.
 - 3. No EPSDT.
 - 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Medicaid and NCHC shall require prior approval for invasive electrical bone growth stimulation.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific

In addition to **Subsection 5.2.1** requirements, the provider shall submit the following medical documentation:

- a. The date of the injury or re-injury;
- b. The non-union of a long bone fracture must be documented by a minimum of two sets of radiographs, separated by a minimum three (3) months or more, each including multiple views of the fracture site with a written interpretation

- by a physician stating that there has been no evidence of fracture healing between the two sets of radiographs;
- c. Radiological documentation of a failed fusion of a joint other than in the spine where a minimum of nine (9) months has elapsed since the last surgery;
 - d. Medical evidence of congenital pseudarthrosis; and
 - e. There must be medical evidence that the beneficiary does not have any of the contraindications listed in **Subsection 4.2**.

5.3 Additional Limitations or Requirements

- a. Stimulators require monthly inspection by the orthopedic surgeon.
- b. The physician Evaluation and Management visit for the monthly inspection counts toward the annual visit limit for Medicaid.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

7.1 Compliance

- Provider(s) shall comply with the following in effect at the time the service is rendered:
- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
 - b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

The provider shall comply with the safety and effectiveness of invasive electrical bone growth stimulation devices have been established. The provider(s) shall use FDA- approved invasive electrical bone growth stimulation devices when used within the scope of the FDA indications for use.

8.0 Policy Implementation/Revision Information

Original Effective Date: April 1, 1982

Revision Information:

Date	Section Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.
12/1/06	Sections 2 through 5	A special provision related to EPSDT was added.
5/1/07	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for beneficiaries under 21 years of age
7/1/10	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
3/12/12	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
08/01/2015	All Sections and Attachments	Updated policy template language.
08/01/2015	All Sections and Attachments	Policy name changed from Electrical Osteogenic Stimulators to Invasive Electrical Bone Growth Stimulation
08/01/2015	Section 1.0	Rewrote section to more accurately describe the Procedure, Product, or Service
08/01/2015	Subsection 3.2	Expanded and clarified specific criteria covered by both Medicaid and NCHC
08/01/2015	Subsection 4.2	Expanded and clarified specific criteria not covered by Medicaid and NCHC
08/01/2015	Subsection 5.2	Reworded to clarify with no change in scope or coverage
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10 Code(s)				
M80.021K	S52.132N	S52.614N	S72.413M	S82.299N
M80.022K	S52.133K	S52.615K	S72.413N	S82.301K
M80.029K	S52.133M	S52.615M	S72.414K	S82.301M
M80.031K	S52.133N	S52.615N	S72.414M	S82.301N
M80.032K	S52.134K	S52.616K	S72.414N	S82.302K
M80.039K	S52.134M	S52.616M	S72.415K	S82.302M
M80.051K	S52.134N	S52.616N	S72.415M	S82.302N
M80.052K	S52.135K	S52.621K	S72.415N	S82.309K
M80.059K	S52.135M	S52.622K	S72.416K	S82.309M
M80.061K	S52.136K	S52.629K	S72.416M	S82.309N
M80.062K	S52.136M	S52.691K	S72.416N	S82.311K
M80.069K	S52.136N	S52.691M	S72.421K	S82.312K
M80.821K	S52.181K	S52.691N	S72.421M	S82.319K
M80.822K	S52.181M	S52.692K	S72.421N	S82.391K
M80.829K	S52.181N	S52.692M	S72.422K	S82.391M
M80.831K	S52.182K	S52.692N	S72.422M	S82.391N
M80.832K	S52.182M	S52.699K	S72.422N	S82.392K
M80.839K	S52.182N	S52.699M	S72.423K	S82.392M
M80.851K	S52.189K	S52.699N	S72.423M	S82.392N
M80.852K	S52.189M	S52.90xK	S72.423N	S82.399K
M80.859K	S52.189N	S52.90xM	S72.424K	S82.399M
M80.861K	S52.201K	S52.90xN	S72.424M	S82.399N
M80.862K	S52.201M	S52.91xK	S72.424N	S82.401K
M80.869K	S52.201N	S52.91xM	S72.425K	S82.401M
M84.321K	S52.202K	S52.91xN	S72.425M	S82.401N
M84.322K	S52.202M	S52.92xK	S72.425N	S82.402K
M84.329K	S52.202N	S52.92xM	S72.426K	S82.402M
M84.331K	S52.209K	S52.92xN	S72.426M	S82.402N
M84.332K	S52.209M	S59.001K	S72.426N	S82.409K
M84.333K	S52.209N	S59.002K	S72.431K	S82.409M

M84.334K	S52.211K	S59.009K	S72.431M	S82.409N
M84.339K	S52.212K	S59.011K	S72.431N	S82.421K
M84.351K	S52.219K	S59.012K	S72.432K	S82.421M
M84.352K	S52.221K	S59.019K	S72.432M	S82.421N
M84.353K	S52.221M	S59.021K	S72.432N	S82.422K
M84.359K	S52.221N	S59.022K	S72.433K	S82.422M
M84.361K	S52.222K	S59.029K	S72.433M	S82.422N
M84.362K	S52.222M	S59.031K	S72.433N	S82.423K
M84.363K	S52.222N	S59.032K	S72.434K	S82.423M
M84.364K	S52.223K	S59.039K	S72.434M	S82.423N
M84.369K	S52.223M	S59.041K	S72.434N	S82.424K
M84.421K	S52.223N	S59.042K	S72.435K	S82.424M
M84.422K	S52.224K	S59.049K	S72.435M	S82.424N
M84.429K	S52.224M	S59.091K	S72.435N	S82.425K
M84.431K	S52.224N	S59.092K	S72.436K	S82.425M
M84.432K	S52.225K	S59.099K	S72.436M	S82.425N
M84.433K	S52.225M	S59.101K	S72.436N	S82.426K
M84.434K	S52.225N	S59.102K	S72.441K	S82.426M
M84.439K	S52.226K	S59.109K	S72.441M	S82.426N
M84.451K	S52.226M	S59.111K	S72.441N	S82.431K
M84.452K	S52.226N	S59.112K	S72.442K	S82.431M
M84.453K	S52.231K	S59.119K	S72.442M	S82.431N
M84.454K	S52.231M	S59.121K	S72.442N	S82.432K
M84.459K	S52.231N	S59.122K	S72.443K	S82.432M
M84.461K	S52.232K	S59.129K	S72.443M	S82.432N
M84.462K	S52.232M	S59.131K	S72.443N	S82.433K
M84.463K	S52.232N	S59.132K	S72.444K	S82.433M
M84.464K	S52.233K	S59.139K	S72.444M	S82.433N
M84.469K	S52.233M	S59.141K	S72.444N	S82.434K
M84.521K	S52.233N	S59.142K	S72.445K	S82.434M
M84.522K	S52.234K	S59.149K	S72.445M	S82.434N
M84.529K	S52.234M	S59.191K	S72.445N	S82.435K
M84.531K	S52.234N	S59.192K	S72.446K	S82.435M
M84.532K	S52.235K	S59.199K	S72.446M	S82.435N
M84.533K	S52.235M	S59.201K	S72.446N	S82.436K
M84.534K	S52.235N	S59.202K	S72.451K	S82.436M
M84.539K	S52.236K	S59.209K	S72.451M	S82.436N
M84.551K	S52.236M	S59.211K	S72.451N	S82.441K
M84.552K	S52.236N	S59.212K	S72.452K	S82.441M
M84.553K	S52.241K	S59.219K	S72.452M	S82.441N
M84.559K	S52.241M	S59.221K	S72.452N	S82.442K
M84.561K	S52.241N	S59.222K	S72.453K	S82.442M
M84.562K	S52.242K	S59.229K	S72.453M	S82.442N
M84.563K	S52.242M	S59.231K	S72.453N	S82.443K
M84.564K	S52.242N	S59.232K	S72.454K	S82.443M
M84.569K	S52.243K	S59.239K	S72.454M	S82.443N
M84.621K	S52.243M	S59.241K	S72.454N	S82.444K
M84.622K	S52.243N	S59.242K	S72.455K	S82.444M
M84.629K	S52.244K	S59.249K	S72.455M	S82.444N
M84.631K	S52.244M	S59.291K	S72.455N	S82.445K

M84.632K	S52.244N	S59.292K	S72.456K	S82.445M
M84.633K	S52.245K	S59.299K	S72.456M	S82.445N
M84.634K	S52.245M	S72.001M	S72.456N	S82.446K
M84.639K	S52.245N	S72.001N	S72.461K	S82.446M
M84.651K	S52.246K	S72.002K	S72.461M	S82.446N
M84.652K	S52.246M	S72.002M	S72.461N	S82.451K
M84.653K	S52.246N	S72.002N	S72.462K	S82.451M
M84.661K	S52.251K	S72.009K	S72.462M	S82.451N
M84.662K	S52.251M	S72.009M	S72.462N	S82.452K
M84.663K	S52.251N	S72.009N	S72.463K	S82.452M
M84.664K	S52.252K	S72.011K	S72.463M	S82.452N
M84.669K	S52.252M	S72.011M	S72.463N	S82.453K
S42.201K	S52.252N	S72.011N	S72.464K	S82.453M
S42.202K	S52.253K	S72.012K	S72.464M	S82.453N
S42.209K	S52.253M	S72.012M	S72.464N	S82.454K
S42.211K	S52.253N	S72.012N	S72.465K	S82.454M
S42.212K	S52.254K	S72.019K	S72.465M	S82.454N
S42.213K	S52.254M	S72.019M	S72.465N	S82.455K
S42.214K	S52.254N	S72.019N	S72.466K	S82.455M
S42.215K	S52.255K	S72.021K	S72.466M	S82.455N
S42.216K	S52.255M	S72.021M	S72.466N	S82.456K
S42.221K	S52.255N	S72.021N	S72.471K	S82.456M
S42.222K	S52.256K	S72.022K	S72.472K	S82.456N
S42.223K	S52.256M	S72.022M	S72.479K	S82.461K
S42.224K	S52.256N	S72.022N	S72.491K	S82.461M
S42.225K	S52.261K	S72.023K	S72.491M	S82.461N
S42.226K	S52.261M	S72.023M	S72.491N	S82.462K
S42.231K	S52.261N	S72.023N	S72.492K	S82.462M
S42.232K	S52.262K	S72.024K	S72.492M	S82.462N
S42.239K	S52.262M	S72.024M	S72.492N	S82.463K
S42.241K	S52.262N	S72.024N	S72.499K	S82.463M
S42.242K	S52.263K	S72.025K	S72.499M	S82.463N
S42.249K	S52.263M	S72.025M	S72.499N	S82.464K
S42.251K	S52.263N	S72.025N	S72.8X1K	S82.464M
S42.252K	S52.264K	S72.026K	S72.8X1M	S82.464N
S42.253K	S52.264M	S72.026M	S72.8X1N	S82.465K
S42.254K	S52.264N	S72.026N	S72.8X2K	S82.465M
S42.255K	S52.265K	S72.031K	S72.8X2M	S82.465N
S42.256K	S52.265M	S72.031M	S72.8X2N	S82.466K
S42.261K	S52.265N	S72.031N	S72.8X9K	S82.466M
S42.262K	S52.266K	S72.032K	S72.8X9M	S82.466N
S42.263K	S52.266M	S72.032M	S72.8X9N	S82.491K
S42.264K	S52.266N	S72.032N	S72.90xK	S82.491M
S42.265K	S52.271K	S72.033K	S72.90xM	S82.491N
S42.266K	S52.271M	S72.033M	S72.90xN	S82.492K
S42.271K	S52.271N	S72.033N	S72.91xK	S82.492M
S42.272K	S52.272K	S72.034K	S72.91xM	S82.492N
S42.279K	S52.272M	S72.034M	S72.91xN	S82.499K
S42.291K	S52.272N	S72.034N	S72.92xK	S82.499M
S42.292K	S52.279K	S72.035K	S72.92xM	S82.499N

S42.293K	S52.279M	S72.035M	S72.92xN	S82.51xK
S42.294K	S52.279N	S72.035N	S79.001K	S82.51xM
S42.295K	S52.281K	S72.036K	S79.002K	S82.51xN
S42.296K	S52.281M	S72.036M	S79.009K	S82.52xK
S42.301K	S52.281N	S72.036N	S79.011K	S82.52xM
S42.302K	S52.282K	S72.041K	S79.012K	S82.52xN
S42.309K	S52.282M	S72.041M	S79.019K	S82.53xK
S42.311K	S52.282N	S72.041N	S79.091K	S82.53xM
S42.312K	S52.283K	S72.042K	S79.092K	S82.53xN
S42.319K	S52.283M	S72.042M	S79.099K	S82.54xK
S42.321K	S52.283N	S72.042N	S79.101K	S82.54xM
S42.322K	S52.291K	S72.043K	S79.102K	S82.54xN
S42.323K	S52.291M	S72.043M	S79.109K	S82.55xK
S42.324K	S52.291N	S72.043N	S79.111K	S82.55xM
S42.325K	S52.292K	S72.044K	S79.112K	S82.55xN
S42.326K	S52.292M	S72.044M	S79.119K	S82.56xK
S42.331K	S52.292N	S72.044N	S79.121K	S82.56xM
S42.332K	S52.301M	S72.045K	S79.122K	S82.56xN
S42.333K	S52.301N	S72.045M	S79.129K	S82.61xK
S42.334K	S52.302K	S72.045N	S79.131K	S82.61xM
S42.335K	S52.302M	S72.046K	S79.132K	S82.61xN
S42.336K	S52.302N	S72.046M	S79.139K	S82.62xK
S42.341K	S52.311K	S72.046N	S79.141K	S82.62xM
S42.342K	S52.311M	S72.051K	S79.142K	S82.62xN
S42.343K	S52.311N	S72.051M	S79.149K	S82.63xK
S42.344K	S52.321K	S72.051N	S79.191K	S82.63xM
S42.345K	S52.321M	S72.052K	S79.192K	S82.63xN
S42.346K	S52.321N	S72.052M	S79.199K	S82.64xK
S42.351K	S52.322K	S72.052N	S82.101K	S82.64xM
S42.352K	S52.322M	S72.059K	S82.101M	S82.64xN
S42.353K	S52.322N	S72.059M	S82.101N	S82.65xK
S42.354K	S52.323K	S72.059N	S82.102K	S82.65xM
S42.355K	S52.323M	S72.061K	S82.102M	S82.65xN
S42.356K	S52.323N	S72.061M	S82.102N	S82.66xK
S42.361K	S52.324K	S72.061N	S82.109K	S82.66xM
S42.362K	S52.324M	S72.062K	S82.109M	S82.66xN
S42.363K	S52.324N	S72.062M	S82.109N	S82.811K
S42.364K	S52.325K	S72.062N	S82.111K	S82.812K
S42.365K	S52.325M	S72.063K	S82.111M	S82.819K
S42.366K	S52.325N	S72.063M	S82.111N	S82.821K
S42.391K	S52.326K	S72.063N	S82.112K	S82.822K
S42.392K	S52.326M	S72.064K	S82.112M	S82.829K
S42.399K	S52.326N	S72.064M	S82.112N	S82.831K
S42.401K	S52.331K	S72.064N	S82.113K	S82.831M
S42.402K	S52.331M	S72.065K	S82.113M	S82.831N
S42.409K	S52.331N	S72.065M	S82.113N	S82.832K
S42.411K	S52.332K	S72.065N	S82.114K	S82.832M
S42.412K	S52.332M	S72.066K	S82.114M	S82.832N
S42.413K	S52.332N	S72.066M	S82.114N	S82.839K
S42.414K	S52.333K	S72.066N	S82.115K	S82.839M

S42.415K	S52.333M	S72.091K	S82.115M	S82.839N
S42.416K	S52.333N	S72.091M	S82.115N	S82.841K
S42.421K	S52.334K	S72.091N	S82.116K	S82.841M
S42.422K	S52.334M	S72.092K	S82.116M	S82.841N
S42.423K	S52.334N	S72.092M	S82.116N	S82.842K
S42.424K	S52.335K	S72.092N	S82.121K	S82.842M
S42.425K	S52.335M	S72.099K	S82.121M	S82.842N
S42.426K	S52.335N	S72.099M	S82.121N	S82.843K
S42.431K	S52.336K	S72.099N	S82.122K	S82.843M
S42.432K	S52.336M	S72.101K	S82.122M	S82.843N
S42.433K	S52.336N	S72.101M	S82.122N	S82.844K
S42.434K	S52.341K	S72.101N	S82.123K	S82.844M
S42.435K	S52.341M	S72.102K	S82.123M	S82.844N
S42.436K	S52.341N	S72.102M	S82.123N	S82.845K
S42.441K	S52.342K	S72.102N	S82.124K	S82.845M
S42.442K	S52.342M	S72.109K	S82.124M	S82.845N
S42.443K	S52.342N	S72.109M	S82.124N	S82.846K
S42.444K	S52.343K	S72.109N	S82.125K	S82.846M
S42.445K	S52.343M	S72.111K	S82.125M	S82.846N
S42.446K	S52.343N	S72.111M	S82.125N	S82.851K
S42.447K	S52.344K	S72.111N	S82.126K	S82.851M
S42.448K	S52.344M	S72.112K	S82.126M	S82.851N
S42.449K	S52.344N	S72.112M	S82.126N	S82.852K
S42.451K	S52.345K	S72.112N	S82.131K	S82.852M
S42.452K	S52.345M	S72.113K	S82.131M	S82.852N
S42.453K	S52.345N	S72.113M	S82.131N	S82.853K
S42.454K	S52.346K	S72.113N	S82.132K	S82.853M
S42.455K	S52.346M	S72.114K	S82.132M	S82.853N
S42.456K	S52.346N	S72.114M	S82.132N	S82.854K
S42.461K	S52.351K	S72.114N	S82.133K	S82.854M
S42.462K	S52.351M	S72.115K	S82.133M	S82.854N
S42.463K	S52.351N	S72.115M	S82.133N	S82.855K
S42.464K	S52.352K	S72.115N	S82.134K	S82.855M
S42.465K	S52.352M	S72.116K	S82.134M	S82.855N
S42.466K	S52.352N	S72.116M	S82.134N	S82.856K
S42.471K	S52.353K	S72.116N	S82.135K	S82.856M
S42.472K	S52.353M	S72.121K	S82.135M	S82.856N
S42.473K	S52.353N	S72.121M	S82.135N	S82.861K
S42.474K	S52.354K	S72.121N	S82.136K	S82.861M
S42.475K	S52.354M	S72.122K	S82.136M	S82.861N
S42.476K	S52.354N	S72.122M	S82.136N	S82.862K
S42.481K	S52.355K	S72.122N	S82.141K	S82.862M
S42.482K	S52.355M	S72.123K	S82.141M	S82.862N
S42.489K	S52.355N	S72.123M	S82.141N	S82.863K
S42.491K	S52.356K	S72.123N	S82.142K	S82.863M
S42.492K	S52.356M	S72.124K	S82.142M	S82.863N
S42.493K	S52.356N	S72.124M	S82.142N	S82.864K
S42.494K	S52.361K	S72.124N	S82.143K	S82.864M
S42.495K	S52.361M	S72.125K	S82.143M	S82.864N
S42.496K	S52.361N	S72.125M	S82.143N	S82.865K

S42.90xK	S52.362K	S72.125N	S82.144K	S82.865M
S42.91xK	S52.362M	S72.126K	S82.144M	S82.865N
S42.92xK	S52.362N	S72.126M	S82.144N	S82.866K
S49.001K	S52.363K	S72.126N	S82.145K	S82.866M
S49.002K	S52.363M	S72.131K	S82.145M	S82.866N
S49.009K	S52.363N	S72.131M	S82.145N	S82.871K
S49.011K	S52.364K	S72.131N	S82.146K	S82.871M
S49.012K	S52.364M	S72.132K	S82.146M	S82.871N
S49.019K	S52.364N	S72.132M	S82.146N	S82.872K
S49.021K	S52.365K	S72.132N	S82.151K	S82.872M
S49.022K	S52.365M	S72.133K	S82.151M	S82.872N
S49.029K	S52.365N	S72.133M	S82.151N	S82.873K
S49.031K	S52.366K	S72.133N	S82.152K	S82.873M
S49.032K	S52.366M	S72.123K	S82.152M	S82.873N
S49.039K	S52.366N	S72.123M	S82.152N	S82.874K
S49.041K	S52.371K	S72.123N	S82.153K	S82.874M
S49.042K	S52.371M	S72.124K	S82.153M	S82.874N
S49.049K	S52.371N	S72.124M	S82.153N	S82.875K
S49.091K	S52.372K	S72.124N	S82.154K	S82.875M
S49.092K	S52.372M	S72.125K	S82.154M	S82.875N
S49.099K	S52.372N	S72.125M	S82.154N	S82.876K
S49.101K	S52.379K	S72.125N	S82.155K	S82.876M
S49.102K	S52.379M	S72.126K	S82.155M	S82.876N
S49.109K	S52.379N	S72.126M	S82.155N	S82.891K
S49.111K	S52.381K	S72.126N	S82.156K	S82.891M
S49.112K	S52.381M	S72.134K	S82.156M	S82.891N
S49.119K	S52.381N	S72.134M	S82.156N	S82.892K
S49.121K	S52.382K	S72.134N	S82.161K	S82.892M
S49.122K	S52.382M	S72.135K	S82.162K	S82.892N
S49.129K	S52.382N	S72.135M	S82.169K	S82.899K
S49.131K	S52.389K	S72.135N	S82.191K	S82.899M
S49.132K	S52.389M	S72.136K	S82.191M	S82.899N
S49.139K	S52.389N	S72.136M	S82.191N	S82.90xK
S49.141K	S52.391K	S72.136N	S82.192K	S82.90xM
S49.142K	S52.391M	S72.141K	S82.192M	S82.90xN
S49.149K	S52.391N	S72.141M	S82.192N	S82.91xK
S49.191K	S52.392K	S72.141N	S82.199K	S82.91xM
S49.192K	S52.392M	S72.142K	S82.199M	S82.91xN
S49.199K	S52.392N	S72.142M	S82.199N	S82.92xK
S52.001K	S52.399K	S72.142N	S82.201K	S82.92xM
S52.001M	S52.399M	S72.143K	S82.201M	S82.92xN
S52.001N	S52.399N	S72.143M	S82.201N	S89.001K
S52.002K	S52.501K	S72.143N	S82.202K	S89.002K
S52.002M	S52.501M	S72.144K	S82.202M	S89.009K
S52.002N	S52.501N	S72.144M	S82.202N	S89.011K
S52.009K	S52.502K	S72.144N	S82.209K	S89.012K
S52.009M	S52.502M	S72.145K	S82.209M	S89.019K
S52.009N	S52.502N	S72.145M	S82.209N	S89.021K
S52.011K	S52.509K	S72.145N	S82.221K	S89.022K
S52.012K	S52.509M	S72.146K	S82.221M	S89.029K

S52.019K	S52.509N	S72.146M	S82.221N	S89.031K
S52.021K	S52.511K	S72.146N	S82.222K	S89.032K
S52.021M	S52.511M	S72.21xK	S82.222M	S89.039K
S52.021N	S52.511N	S72.21xM	S82.222N	S89.041K
S52.022K	S52.512K	S72.21xN	S82.223K	S89.042K
S52.022M	S52.512M	S72.22xK	S82.223M	S89.049K
S52.022N	S52.512N	S72.22xM	S82.223N	S89.091K
S52.023K	S52.513K	S72.22xN	S82.224K	S89.092K
S52.023M	S52.513M	S72.23xK	S82.224M	S89.099K
S52.023N	S52.513N	S72.23xM	S82.224N	S89.101K
S52.024K	S52.514K	S72.23xN	S82.225K	S89.102K
S52.024M	S52.514M	S72.24xK	S82.225M	S89.109K
S52.024N	S52.514N	S72.24xM	S82.225N	S89.111K
S52.025K	S52.515K	S72.24xN	S82.226K	S89.112K
S52.025M	S52.515M	S72.25xK	S82.226M	S89.119K
S52.025N	S52.515N	S72.25xM	S82.226N	S89.121K
S52.026K	S52.516K	S72.25xN	S82.231K	S89.122K
S52.026M	S52.516M	S72.26xK	S82.231M	S89.129K
S52.026N	S52.516N	S72.26xM	S82.231N	S89.131K
S52.031K	S52.521K	S72.26xN	S82.232K	S89.132K
S52.031M	S52.522K	S72.301K	S82.232M	S89.139K
S52.031N	S52.529K	S72.301M	S82.232N	S89.141K
S52.032K	S52.531K	S72.301N	S82.233K	S89.142K
S52.032M	S52.531M	S72.302K	S82.233M	S89.149K
S52.032N	S52.531N	S72.302M	S82.233N	S89.191K
S52.033K	S52.532K	S72.302N	S82.234K	S89.192K
S52.033M	S52.532M	S72.309K	S82.234M	S89.199K
S52.033N	S52.532N	S72.309M	S82.234N	S89.201K
S52.034K	S52.539K	S72.309N	S82.235K	S89.202K
S52.034M	S52.539M	S72.321K	S82.235M	S89.209K
S52.034N	S52.539N	S72.321M	S82.235N	S89.211K
S52.035K	S52.541K	S72.321N	S82.236K	S89.212K
S52.035M	S52.541M	S72.322K	S82.236M	S89.219K
S52.035N	S52.541N	S72.322M	S82.236N	S89.221K
S52.036K	S52.542K	S72.322N	S82.241K	S89.222K
S52.036M	S52.542M	S72.323K	S82.241M	S89.229K
S52.036N	S52.542N	S72.323M	S82.241N	S89.291K
S52.041K	S52.549K	S72.323N	S82.242K	S89.292K
S52.041M	S52.549M	S72.324K	S82.242M	S89.299K
S52.041N	S52.549N	S72.324M	S82.242N	S89.301K
S52.043K	S52.551K	S72.324N	S82.243K	S89.302K
S52.043M	S52.551M	S72.325K	S82.243M	S89.309K
S52.043N	S52.551N	S72.325M	S82.243N	S89.311K
S52.044K	S52.552K	S72.325N	S82.244K	S89.312K
S52.044M	S52.552M	S72.326K	S82.244M	S89.319K
S52.044N	S52.552N	S72.326M	S82.244N	S89.321K
S52.045K	S52.559K	S72.326N	S82.245K	S89.322K
S52.045M	S52.559M	S72.331K	S82.245M	S89.329K
S52.045N	S52.559N	S72.331M	S82.245N	S89.391K
S52.046K	S52.561K	S72.331N	S82.246K	S89.392K

S52.046M	S52.561M	S72.332K	S82.246M	S89.399K
S52.046N	S52.561N	S72.332M	S82.246N	
S52.091K	S52.562K	S72.332N	S82.251K	
S52.091M	S52.562M	S72.333K	S82.251M	
S52.091N	S52.562N	S72.333M	S82.251N	
S52.092K	S52.569K	S72.333N	S82.252K	
S52.092M	S52.569M	S72.365K	S82.252M	
S52.092N	S52.569N	S72.365M	S82.252N	
S52.099K	S52.571K	S72.365N	S82.253K	
S52.099M	S52.571M	S72.366K	S82.253M	
S52.099N	S52.571N	S72.366M	S82.253N	
S52.101K	S52.572K	S72.366N	S82.254K	
S52.101M	S52.572M	S72.391K	S82.254M	
S52.101N	S52.572N	S72.391M	S82.254N	
S52.102K	S52.579K	S72.391N	S82.255K	
S52.102M	S52.579M	S72.392K	S82.255M	
S52.102N	S52.579N	S72.392M	S82.255N	
S52.109K	S52.591K	S72.392N	S82.256K	
S52.109M	S52.591M	S72.399K	S82.256M	
S52.109N	S52.591N	S72.399M	S82.256N	
S52.111K	S52.592K	S72.399N	S82.261K	
S52.112K	S52.592M	S72.401K	S82.261M	
S52.119K	S52.592N	S72.401M	S82.261N	
S52.121K	S52.599K	S72.401N	S82.262K	
S52.121M	S52.599M	S72.402K	S82.262M	
S52.121N	S52.599N	S72.402M	S82.262N	
S52.122K	S52.601K	S72.402N	S82.263K	
S52.122M	S52.601M	S72.409K	S82.263M	
S52.122N	S52.601N	S72.409M	S82.263N	
S52.123K	S52.602K	S72.409N	S82.264K	
S52.123M	S52.602M	S72.411K	S82.264M	
S52.123N	S52.602N	S72.411M	S82.264N	
S52.124K	S52.609K	S72.411N	S82.265K	
S52.124M	S52.609M	S72.412K	S82.265M	
S52.124N	S52.609N	S72.412M	S82.265N	
S52.125K	S52.611K	S72.412N	S82.266K	
S52.125M	S52.611M	S72.413K	S82.266M	
S52.125N	S52.611N		S82.266N	
S52.126K	S52.612K		S82.291K	
S52.126M	S52.612M		S82.291M	
S52.126N	S52.612N		S82.291N	
S52.131K	S52.613K		S82.292K	
S52.131M	S52.613M		S82.292M	
S52.131N	S52.613N		S82.292N	
S52.132K	S52.614K		S82.299K	
S52.132M	S52.614M		S82.299M	

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code

CPT Code(s)
20975

Unlisted Procedure or Service CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

F. Place of Service

Inpatient, Outpatient, Office.

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

For NCHC refer to G.S. 108A-70.21(d), located at

http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html.

H. Reimbursement

Providers shall bill their usual and customary charges.

For a schedule of rates, see: <http://www.ncdhhs.gov/dma/fee/>