REQUEST FOR HCPCS CODE ADDITION

MEDICAID HOME HEALTH FEE SCHEDULE

North Carolina Department of Health and Human Services - Division of Medical Assistance

This request can be submitted by the provider or the beneficiary via the provider.

PROVIDER NAME/ADDRESS:	**Contact Person**	**Phone Number**
	Provider Number	**Date Submitted**
	Name of item or supply	**Manufacturer**

Provide a brief description
Procedure (CPT or HCPCS) code. (Indicate if there is no HCPCS code for the item)
Can an existing HCPCS code from the fee schedule cover this item? ☐ ☐
Explain
Did this item replace another supply previously used for the medical condition? ☐ ☐
If yes, explain reason for change (examples: Is it less expensive to use the packaged item? Is there potential to alleviate an exacerbation of the patient's condition? etc.)
Diagnostic indication(s).
Duration and frequency of use.
Proposed advantages of the new care, service, or supply.
Estimates of charges for the requested coverage (charge billed to Medicaid by your agency)
Actual cost and source
Does Medicare and/or another insurance company cover this? ☐ ☐ **(Attach verification, if available)**
Extent to which the requested coverage is currently in use in North Carolina (if known)
Attach any supporting data from research studies, peer-reviewed journals, etc.

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Submit completed form with attachments to Home Health Program Consultant, DMA Clinical Policy and Programs, 2501 Mail Service Center, Raleigh, NC 27699-2501