Use of HCPCS Code T1999 *NEW SERVICE LIMITATIONS*

Below is an excerpt from Special Medicaid Bulletin June 2013:

MISCELLANEOUS CODE T1999

· A maximum of $250 per beneficiary per state fiscal year may be billed without prior approval required.

· Any amount over $250 per beneficiary per state fiscal year, whether for a single item or a cumulative total, requires prior approval.

· A maximum of $1,500 per beneficiary per state fiscal year may be billed.

NOTE: For any service or supply which requires prior approval, providers must complete a General Request for Prior Approval form 372-118 (located at www.ncdhhs.gov/dma/forms/prior.pdf) and return it to DMA.

You can view the full Special Bulletin
at: https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/0713bulletin.pdf

NOTE: If you would like to view all the supplies, within your agency, that has been assigned the HCPCS T1999, please do the following:

a. Go to **Barnestorm Office**

b. Select **Reports** tab

c. Select **Supplies**

d. Select **52.08 Supplies with HCPCS Codes**. You can leave ZZ in there to skip inactive supplies or remove it. Enter T1999 in the HCPCS field.

e. Hit **Print Report**

NOTE: If you would like to track what has been billed for HCPCS code T1999, per patient, you can utilize report option **02.13 Supplies Used Detail**.

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a. Go to **Reports>Billing>02.13 Supplies Used Detail**

b. At **HCPCS Code**, enter T1999

c. Fill in the other fields as appropriate

d. **Print** the report

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50972.aspx