

## Title 23: Division of Medicaid, Provider Billing Manual, Change Log

Revision Date	Section		Page	Summary
9/3/19	Section 1.12	Timely Filing	1	Language added directing providers to submit claims within twelve (12) months from the date of service.
9/3/19	Section 3.0	UB-04 Claim Instructions	16	Figure 3-7 (Field 42) Nursing Facilities and ICF/IID: revenue code “0101” typo in the Code column has been corrected to read “1001”.
9/3/19	Section 1.8	Benefits and Limitations	3	Prescription drug limit changed from five (5) prescription drugs to six (6) prescription drugs per month in the reference chart to be consistent with the 7/1/19 changes.
9/3/19	Section 1.8	Benefits and Limitations	2	Home Health Visits changed from twenty-five (25) visits per state fiscal year to thirty-six (36) visits per state fiscal year in the reference chart to be consistent with the 7/1/19 changes.
9/3/19	Section 1.8	Benefits and Limitations	3	Combined physician office and outpatient hospital visit limit changed from twelve (12) to sixteen (16) per state fiscal year for both psychiatric and non-psychiatric services to be consistent with the 6/1/19 changes.