



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

DAVE RICHARD • Deputy Secretary, NC Medicaid

MEMORANDUM

TO: Mandy Cohen, MD, MPH  
Secretary

FROM: Dave Richard <sup>DS</sup>  
*DR*  
Deputy Secretary for NC Medicaid

SUBJECT: State Plan Amendment  
Title XIX, Social Security Act  
Transmittal #2021-0010

DATE: June 8, 2021

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A.1, page 2; Attachment 3.1-E, pages. 2, 4, 6, 8.

Medicaid currently covers solid organ and stem cell transplants with prior approval. Prior authorization requests for these services are approved roughly 99% of the time due to consistent, evidence-based standards in the transplant community.

Based on this high approval rate, this State Plan Amendment change outlines that North Carolina Medicaid will remove the prior approval requirement from both solid organ and stem cell transplants. Coverage of these services will remain the same and be maintained in the clinical coverage policies. The anticipated impact is that this update will relieve some administrative burden.

This amendment is effective July 1, 2021.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-527-7093.

**NC MEDICAID**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS**

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

1. Inpatient General Hospital Services:

All medical services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

- A. Prior approval is required for cosmetic surgery. Prior approval is not required for bone marrow or surgical transplants. Prior approval is based on medical necessity and state medical policy.
- B. Medical necessity for on-going inpatient general hospital services will be determined initially by a hospital's Utilization Review Committee and may be subject to post-payment review by the State Agency. All claims will be subject to prepayment review for Medicaid coverage.
- C. The State Agency may grant a maximum of three Administrative days to arrange for discharge of a patient to a lower level-of-care. With prior approval by the State Medicaid agency, the hospital may be reimbursed for days in excess of the three administrative days at the statewide average rate for the particular level of care needed in the event a lower level-of-care bed in a Medicaid approved health care institution is not available. The hospital must, however, make every effort to place the recipient in an appropriate institution within the three-day administrative time allowance.
- D. The following are non-covered services: telephone, television, or other convenience items not routinely provided to other patients.

State/Territory: North Carolina

II. Solid Organ Transplants

- A. Medically necessary solid organ transplants and other related procedures are covered for adults and children, without prior approval. These include the following:
- Kidney transplant
  - Ventricular assist device (VAD)
  - Extracorporeal membrane oxygenation (ECMO), Extracorporeal life support (ECLS)
  - Implantable cardioverter defibrillator (ICD)
  - Biventricular Pacemaker for congestive heart failure (CHF)
  - Heart transplant
  - Heart/lung transplant
  - Lung transplant
  - Liver transplant
  - Pancreas transplant
  - Islet cell transplant
  - Small bowel, small bowel/liver and multi-visceral transplant

Revision: HCFA-PM-87-4 (BERC)  
March 1987

Attachment 3.1-E  
Page 4  
OMB No. 0938-0193

State/Territory: North Carolina

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TN No. 21-0010  
Supersedes  
TN No. 05-004

Approval Date

Eff. Date 07/01/2021

State/Territory: North Carolina

III. Stem Cell/Bone Marrow/Umbilical Cord Transplants

- A. Medically necessary Stem Cell/Bone Marrow/Umbilical Cord transplants and other related procedures are covered for adults and children, without prior approval. Current stem cell transplants and related procedures include:
- Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)
  - Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia (AML)
  - Hematopoietic Stem-Cell Transplantation for Chronic Myeloid Leukemia (CML)
  - Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias
  - Hematopoietic Stem-Cell Transplantation in the Treatment of Germ Cell Tumors
  - Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma
  - Hematopoietic Stem-Cell Transplantation for Multiple Myeloma, POEMS Syndrome and Primary Amyloidosis
  - Allogeneic Stem-Cell Transplantation for Myelodysplastic Syndromes & Myeloproliferative Neoplasms
  - Hematopoietic Stem-Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors & Ependymoma
  - Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas
  - Placental and Umbilical Cord Blood as a Source of Stem Cells
  - Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood
  - Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)

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