



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: - -

Benefits Description	ABP5
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."



Alternative Benefit Plan

■ 1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See information box below	None	
Scope Limit:		
See information box below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A, 5.a., Physicians' Services		

Benefit Provided:	Source:	Remove
Pediatric & family nurse practitioner services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 23, Certified pediatric or family nurse practitioner's services		

Benefit Provided:	Source:	Remove
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 9, Clinic Services		



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Office visits limited per recipient per State fiscal year (does not apply to adults 21 and over receiving mental health services subject to independent utilization review). Maximum of 4 units per day for sexually transmitted disease treatment and tuberculosis control and treatment as described in NC Clinical Policy Guide 1D-2. STD testing not covered for job requirements or insurance; or routine health screening as described in NC Clinical Policy Guide 1D-2. Medicaid and NCHC shall not cover TB skin testing for job or college as described in NC Clinical Policy Guide 1D-3.

Benefit Provided:

Dietary Evaluation, Counseling, Medical Lactation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, page 8(c)-8(d) and Attachment 3.1-B, pages 7(b)-7(c)

Limits on initial assessment and intervention to four units of service per date of service and four units per 270 calendar days. Limits on re-assessment and intervention to four units of service per date of service and 20 units per 365 calendar days. Medical Lactation services limited to six units per day and 36 lifetime units as described in NC Clinical Policy Guide 1-I. Covered for Medicaid beneficiaries under 21 years of age and pregnant and postpartum women as described in NC Clinical Policy Guide 1-I.

Benefit Provided:

Federally qualified health center (FQHC) services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

22 visits per recipient per fiscal year (1D-4)

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 2.c., Federally qualified health center (FQHC) services

Benefit Provided:

Home health services

Source:

State Plan 1905(a)

Remove



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Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

none

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 7, Home Health services
Provided to individuals entitled to nursing facility services. Medicaid shall not cover select home health services as described in Clinical Policy Guide 3A. Prior approval for home health services.

Benefit Provided:

Home infusion therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

See below

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 7.c, Medical supplies, equipment, and appliances suitable for use in the home

HIT services are limited to what is medically reasonable and necessary to treat the beneficiary's disease, injury, illness, or condition and what is ordered by the physician as described in NC Clinical Policy Guide 3H-1. HIT services are not covered when the eligibility criteria identified in Section 2.0 and the criteria for coverage specified in Section 3.0 are not met. HIT drug therapy is not allowed for Medicaid beneficiaries receiving private duty nursing. Nursing services for parenteral nutrition therapies are not covered as described in NC Clinical Policy Guide 3H-1. Prior approval for home infusion therapy services is required for Beneficiaries with Medicaid for Pregnant Women (MPW) coverage as described in NC Clinical Policy Guide 3H-1.

Benefit Provided:

Hospice services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

none

Duration Limit:

none



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Scope Limit:

Hospice services limited to terminally ill beneficiaries as described in Clinical Policy 3D.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 18, Hospice care
Prior Approval is required for hospice services.

Benefit Provided:

Non-emergent transportation to medical care

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

A medical transportation assessment must be completed every twelve months or when there is a change of circumstances to determine the eligibility and need for NEMT services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 23.a., Transportation
Prior approval is required for non-emergency transportation for recipients to receive out of state services or to return to North Carolina or nearest appropriate facility.

Prior approval is required when the recipient choose a provider at a significant greater distance.

Benefit Provided:

Ophthalmological Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 12, Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

General ophthalmological services are covered for new or established beneficiaries when the level of service includes several routine optometric/ophthalmologic examination techniques that are integrated with the diagnostic evaluation. General ophthalmological services are not covered when the criteria in



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subsection 3.2.1 of this policy are not met and for any one of the following as described in NC Clinical Policy Guide 1T-1):

- a. screening, preventative or refractive error services (routine eye exams);
- b. prescription of lenses;
- c. monitoring contact lenses for refractive error correction; or
- b. follow-up of a condition that does not require diagnosis or treatment

Restrictions on special ophthalmological services identified in NC Clinical Coverage Policy 1T-2, Special Ophthalmological Services.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

none

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 2.a., Outpatient hospital services

Visit limit is 22 per recipient per State fiscal year. This limitation does not apply to adults 21 and over receiving mental health services subject to independent utilization review as described in NC Clinical Policy Guide 8A. Prior approval shall be required for each psychiatric outpatient visit after the eighth visit for recipients 21 years and over. The visit limitation per year does not apply to recipients 21 years and over receiving mental health services subject to utilization review.

Prior approval shall be required for each psychiatric hospital outpatient visit after the 16th visit for recipients under age 21 as described in NC Clinical Policy Guide 8A.

Elective outpatient out of state services requires prior approval as per policy 2A-3, unless the beneficiary is a Medicaid foster child.

Benefit Provided:

Personal care

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below



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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 24.f., Personal care services

Service limitations up to 130 hours per month for adults and up to 60 hours per month for children. Hours above the 60 hours may be provided to children through the EPSDT allowance as described in NC Clinical Policy Guide 3L. Provided to persons with disabilities and chronic conditions. Eligibility criteria identified in NC State Plan and NC Clinical Coverage Policy 3L, State Plan Personal Care Services (PCS). The amount of prior approved service is based on an assessment conducted by an independent entity to determine the beneficiary's ability to perform Activities of Daily Living (ADLs) as described in NC Clinical Policy Guide 3A.

Benefit Provided:

Podiatry services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Routine foot care and curettement or shaving of lesions is not covered except if medically necessary (as described in NC Clinical Policy Guide 1C-2, Medically Necessary Routine Foot Care).

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 6.a. Podiatrists' Services

Prior approval necessary for recipients have MPW coverage, to document medical necessity for services related to pregnancy, or due to complications of pregnancy as described in NC Clinical Policy Guide 1C-1, 1C-2.

1C-1 states Medicaid and CHIP shall not require prior approval for podiatry services 6/15/22 Removed PA requirement for MPW beneficiaries based on NC Senate Bill 105 Session Law 2021-180 Section 9D.13 and the American Rescue Plan Act of 2021, 1C-2 states: Prior approval for medically necessary routine foot care is not required, except for recipients with Medicaid for Pregnant Women coverage, to document medical necessity for services related to pregnancy or due to complications of pregnancy. Prior approval is obtained using the Medicaid Request for Prior Approval Form 372-118.

Benefit Provided:

Private duty nursing services (PDN)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none



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Scope Limit:

none

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 8, Private duty nursing services
Not to exceed 112 hours per week or 16 hours per day for PDN services as described in NC Clinical Policy Guide 3G-1, 3G-2.

Benefit Provided:

Rural health clinic services (RHC)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 2.b., Rural health clinic services

Core service encounters with more than one health professional, and multiple encounters with the same health professional, that take place on the same date of service and at a single location, constitute a single visit and are limited to one encounter per day; exceptions apply and if these conditions are met, service is limited to a maximum of three encounters per day as described in NC Clinical Policy Guide 1D-4.

Does not cover delivery, family planning services, diagnostic laboratory services, services provided to hospital patients, durable medical equipment, dental services, other ambulatory physician services, on-site radiology services, physician fluoride varnish program as described in NC Clinical Policy Guide 1D-4.

Medicaid and NCHC service limits are subject to prior approval requirements, service requirements, and limitations stated in applicable policies as described in NC Clinical Policy Guide 1D-4.

Add



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2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Ambulance Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 23.a, Transportation

Not covered if beneficiary is not taken to nearest appropriate facility, if beneficiary is pronounced dead preceding arrival of ambulance, air medical ambulance for non-acute care, maternity transport, nursing facility non-ambulance transportation, and other non-ambulance services. Prior approval required for non-emergency ambulance services for a Medicaid beneficiary by ground or air from North Carolina to another state, from one state to another, or from another state back to North Carolina as described in NC Clinical Policy Guide 15.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 1, Inpatient hospital services

Benefit Provided:

Transplant and related services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-E, Pages 1-9, Coverage of Transplant Services

Add



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4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Extended services for Pregnant Women

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 20. Extended services for Pregnant Women

Add



Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All



The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided: Inpatient Psychiatric Hospitalization	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Shall not cover services in a freestanding psychiatric hospital for beneficiaries over 21 or less than 65 years of age (8B Inpatient Psychiatric Hospitalization).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A, 16, Inpatient psychiatric facility services for individuals under 21 years of age		
Benefit Provided: Behavioral Health Rehabilitative Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A.1, 13.d. Rehabilitative services (Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan)		
Add		



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6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

North Carolina's ABP prescription drug benefit plan is the same as the approved Medicaid state plan for prescribed drugs.

Preferred combination products of buprenorphine and naloxone do not require a prior approval



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7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Nursing facility services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 4.a., Nursing facility services		

Benefit Provided:	Source:	Remove
Chiropractic services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
see below	none	
Scope Limit:		
see below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A.1, 6.c., Chiropractors' Services A treatment plan with required information must be documented. If no improvement is documented within the initial two (2) calendar weeks of chiropractic care, the treatment plan must be modified and documented in the beneficiary's health record. If no improvement is documented after thirty (30) calendar days of modified chiropractic care treatment, no additional treatment is allowed. Once the maximum therapeutic benefit has been achieved, further chiropractic care is not allowed. One set of X-rays taken within six (6) calendar months of the date of service is allowed as part of the documentation associated with the definition of the musculoskeletal condition for which manual manipulation of the spine is appropriate. Chiropractic care is not covered for beneficiaries under 12 years of age. Diagnostic procedures and tests, as documented in NC Clinical Policy 1F, are not covered when furnished or ordered by a chiropractor. Maintenance programs, active corrective care or supportive care, preventive care or wellness care are not covered services. The following is not covered when performed by a chiropractor: physical therapy, occupational therapy, traction, injections, acupuncture, nutritional supplements, and mechanical or electrical equipment		



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used for manipulations or other treatment modalities as documented in NC Clinical Policy 1F.

Benefit Provided:

Durable medical equipment (DME)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 7.c, Medical supplies, equipment, and appliances suitable for use in the home

A wide variety of durable medical equipment and related supplies are covered when medically necessary and ordered by an appropriate prescriber. Prior authorization review and medical necessity criteria are employed as utilization management tools. Quantity limits are applied to consumable medical supplies and lifetime expectancies are applied to durable medical equipment. These limits can be overridden when medical necessity is shown for an amount beyond the policy limit, or to replace durable medical equipment earlier than the lifetime expectancy. Items not listed for coverage may be requested and covered when reviewed for prior authorization under EPSDT guidelines for children (under 21yoa), and under the federal regulation at 42CFR, §440.70 for adults (21yoa and older). For more detail, please see DME policies 5A-1, 5A-2, and 5A-3 here: <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.

Benefit Provided:

Speech, hearing and language disorder services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Attachment 3.1-A, 11.c., Services for individuals with speech, hearing, and language disorders

Outpatient specialized therapies are not covered when therapy services are only for maintenance as described in NC Clinical Policy Guide 10A, 10B. Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy and speech/language therapy), as described in NC Clinical Policy Guide 10A.

Speech-Language and Audiology therapy services are limited to the number of medically necessary visits



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within an authorization period. An authorization period cannot exceed a time-frame of six calendar months.

Speech-Language and Audiology therapy services are limited to the need for services based upon the severity of the deficit as described in NC Clinical Policy Guide 10A, 10B:

1. Mild Impairment range of visits: 6–26
2. Moderate Impairment range of visits: Up to 46
3. Severe Impairment range of visits: Up to 52

Audiology: 30- to 60-minute sessions, one to three times a week, in increments of six calendar months (10A, 10B).

Benefit Provided:

Occupational therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 11.b., Occupational therapy

Outpatient specialized therapies are not covered when therapy services are only for maintenance as described in NC Clinical Policy Guide 10A, 10B.

Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy and speech/language therapy), as described in NC Clinical Policy Guide 10A.

Occupational therapy services are limited to the number of medically necessary visits within an authorization period. An authorization period cannot exceed a time-frame of six calendar months.

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below



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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A, 11.a., Physical therapy

Outpatient specialized therapies are not covered when therapy services are only for maintenance as described in NC Clinical Policy Guide 10A, 10B.

Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy and speech/language therapy), as described in NC Clinical Policy Guide 10A.

Physical therapy services are limited to the number of medically necessary visits within an authorization period. An authorization period cannot exceed a time-frame of six calendar months.

Add



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8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory and X-ray services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Coverage is limited to no more than two HIV-1 drug-resistant tissue tests in a 12-month period as described in NC Clinical Policy Guide 1S-1. Will cover a maximum of 1 unit (HIV Tropism Assay test) per 12-month period as described in NC Clinical Policy Guide 1S-2. Drug testing for the treatment of substance use disorders or chronic pain is covered up to the annual testing limits of up to twenty-four (24) presumptive tests and twenty-four (24) definitive tests per fiscal year when criteria are met as described in NC Clinical Policy Guide 1S-8.

Screening Mammograms

1. For female Medicaid beneficiaries ages 40 and older, screening mammograms are limited to one mammogram per year.
2. For female Medicaid beneficiaries ages 20 through 39 with a high-risk diagnosis, screening mammograms are limited to one mammogram per year.
3. For female Medicaid beneficiaries ages 35 through 39, screening mammograms are limited to one mammogram within a five-year period to establish a baseline (1K-1).

Genotype and phenotype testing for HIV drug resistance is not covered if the viral load is less than 1,000 copies/ml or the combined genotype and phenotype testing for HIV drug resistance is considered Investigational as described in NC Clinical Policy Guide 1S-1.

HIV tropism assay not covered when using other HIV co-receptor (genotypic) assay techniques or to predict disease progression as described in NC Clinical Policy Guide 1S-2.

Laboratory Services not covered if VDRL screening performed in conjunction with a premarital screening; Paternity testing; Handling or conveyance of specimens; The procedure is performed for treatment and testing for infertility; Services for which the performing provider does not have appropriate CLIA certifications; Fungal cultures and KOH (potassium (K), oxygen (O), and hydrogen (H)) preparation for routine foot care as described in NC Clinical Policy Guide 1S-3. Genetic testing not covered when there is no symptomatic evidence; the beneficiary does not meet the criteria listed in Subsection 3.2; the purpose is to identify a carrier for a genetic disorder; the screening is for the general population and ethnic groups; the test is being repeated after a negative test result; and a test is repeated when limited to once in a lifetime testing as described in NC Clinical Policy Guide 1S-4. Medicaid shall not cover screening mammography for male beneficiaries as described in NC Clinical Policy Guide 1K-1.

Prior approval not required for Genetic Testing except as outlined in 3.2.1 (d), 3 and 4. Prior approval is required when exceeding the limitations found in Attachment A, Section C as described in NC Clinical Policy Guide 1S-4. Pharmacy Prior Authorization required for use of buprenorphine or buprenorphine-naloxone combination medication and for use of opioids for chronic pain as described in NC Clinical



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Policy Guide 1S-8. Prior approval is required for Medicaid beneficiaries for Breast Ultrasound and Breast Magnetic Resonance Imaging (MRI) as described in NC Clinical Policy Guide 1K-1.

Add



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9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	Remove
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
<input type="text"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Add



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10. Essential Health Benefit: Pediatric services including oral and vision care Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Up to age 21.

Add



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11. Other Covered Benefits from Base Benchmark

Collapse All



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12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Visit to Treat an Injury or Illness"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialist visit"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Other Practitioner Office Visit"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Surgery Physician/Surgical Services"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Outpatient Hospital Services and as Clinic Services under EHB 1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice Services"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Outpatient Hospice Services under EHB 1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Private-Duty Nursing"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Private Duty Nursing Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Clinic Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Home Health Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Outpatient Hospital Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Ambulance Services under EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services (e.g., Hospital Stay)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Bariatric Surgery	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Skilled Nursing Facility	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Nursing Facility Services under EHB 3: Hospitalization.		
Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Maternal Support Services under EHB 4: Maternity and Newborn Care.		
Base Benchmark Benefit that was Substituted: Delivery and Inpatient Services for Maternity Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Obstetrics under EHB 4: Maternity and Newborn Care.		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Outpatient Behavioral Health Services under EHB 5: Mental Health and Substance Use Disorder Services.		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Inpatient Services	Source: Base Benchmark	Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Inpatient Psychiatric Services under EHB 5: Mental Health and Substance Use Disorder Services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Outpatient Behavioral Health Services under EHB 5: Mental Health and Substance Use Disorder Services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Inpatient Psychiatric Services and Residential Behavioral Health Services under EHB 5: Mental Health and Substance Use Disorder Services.

Base Benchmark Benefit that was Substituted:

Generic Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Pharmacy and Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Pharmacy and Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Specialty Drugs	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Pharmacy and Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Occupational Therapy and Physical Therapy under EHB 7: Rehabilitative and Habilitative Services.		
Base Benchmark Benefit that was Substituted: Habilitation Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Occupational Therapy and Physical Therapy under EHB 7: Rehabilitative and Habilitative Services.		
Base Benchmark Benefit that was Substituted: Chiropractic Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Chiropractic Services under EHB 7: Rehabilitative and Habilitative Services.		
Base Benchmark Benefit that was Substituted: Durable Medical Equipment	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the North Carolina Medicaid State Plan as Durable Medical Equipment under EHB 7: Rehabilitative and Habilitative Services.		
Base Benchmark Benefit that was Substituted: Hearing Aids	Source: Base Benchmark	Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Hearing Aids under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Laboratory and X-ray services under EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services and as Pharmacy

Base Benchmark Benefit that was Substituted:

Routine Eye Exam for Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Optometry Services and Vision Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Optometry Services and Vision Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan.

Current dental coverage for children includes routine oral evaluations (exams) limited to once every 6 calendar months, radiographs with time limits depending on the type of radiographic image, topical fluoride



Alternative Benefit Plan

application limited to once every 6 calendar months, prophylaxis (cleaning) limited to once every 6 calendar months and sealants.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A

Base Benchmark Benefit that was Substituted:

Rehabilitative Speech Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Speech, hearing and Language Disorder Services under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Physical Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Occupational Therapy and Physical Therapy under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

Well Baby Visits & Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Maternal Support Services under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Laboratory and X-ray services under EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Laboratory and X-ray services under EHB 8: Laboratory Services.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Child

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan.

Children can receive fillings, prefabricated crowns, pulpal therapy on primary teeth, non-surgical periodontal services (require prior approval), and simple extractions.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.

Base Benchmark Benefit that was Substituted:

Orthodontia - Child

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan.

Children can receive comprehensive orthodontic services (requires prior approval) for functionally impairing malocclusions.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Orthodontics Services Clinical Coverage Policy No. 4B.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan.

Children can receive root canals on all permanent teeth (except wisdom teeth), surgical periodontal services (require prior approval), dentures and partials dentures as well as relines (all of which require prior approval), surgical extractions, oral and maxillofacial surgery services (some of which require prior approval), and intravenous moderate conscious sedation and deep sedation/general anesthesia services.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.

Base Benchmark Benefit that was Substituted:

Transplant

Source:

Base Benchmark

Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the North Carolina Medicaid State Plan as Transplant and Related Services under EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Accidental Dental

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Children and adults are allowed to receive covered services found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.

Additional non-covered services that have been deemed medically necessary are available for children under the North Carolina Medicaid State Plan as EPSDT Services.

Base Benchmark Benefit that was Substituted:

Infertility Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

N/A - Infertility services are not covered by NC Medicaid.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Remove

Other 1937 Benefit Provided:

Optometrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below

Duration Limit:

None

Scope Limit:

See other information box below

Other:

See Attachment 3.1-A, 6.b, Optometrist Services

Routine eye exam with refraction and visual aids are limited to once a year for those under 21 and once every two years for those over 21 as described in NC Clinical Policy Guide 6A, 6B. Prior approval necessary for early routine eye exam or refraction only within the one-year time limitation period for those under 21 and two-year time limitation for those over 21; Prior approval required for all visual aids except frame warranty replacements as described in NC Clinical Policy Guide 6A. Beneficiaries enrolled in Carolina ACCESS (Community Care of North Carolina) are eligible to receive optical services with prior approval as described in NC Clinical Policy Guide 6A, 6B.

Remove

Other 1937 Benefit Provided:

Adult dental services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below

Duration Limit:

See other information box below

Scope Limit:

See other information box below

Other:

See Attachment 3.1-A, 10, Dental services

Current dental coverage for adults includes routine oral evaluations (exams) limited to once every 6 calendar months, problem-focused exams for urgent/emergent care (no policy limits), prophylaxis (cleaning) limited to once every 6 calendar months and radiographs with time limits depending on the type of radiographic image. Adults can receive fillings, root canals on anterior teeth, surgical and non-surgical periodontal services (require prior approval), dentures and partials dentures as well as relines (all of which require prior approval), extractions and other oral and maxillofacial surgery services (some of which require prior approval) and intravenous moderate conscious sedation and deep sedation/general anesthesia services (no PA required). More detailed information regarding scope of covered services (including PA requirements and limits) for adults can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.



Alternative Benefit Plan

Other 1937 Benefit Provided: Anesthesia	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Does not cover patient-controlled anesthesia and intravenous sedation and moderate conscious sedation as described in NC Clinical Policy Guide 1L-1.		
Other: See Attachment 3.1-A, Appendix 8 Responsibility of surgeon to obtain prior approval when surgical procedure requires prior approval as described in NC Clinical Policy Guide 1L-1; Prior approval not needed for moderate sedation as described in NC Clinical Policy Guide 1L-2.		
Other 1937 Benefit Provided: ICF-IID services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: See Attachment 3.1-A, pages 16-17 Prior approval (PA) for ICF/IID level of care shall be obtained in specific circumstances as described in NC Clinical Policy Guide 8E.		
Other 1937 Benefit Provided: Family planning services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See information box below	Duration Limit: None	



Alternative Benefit Plan

Scope Limit:

See information box below

Other:

Attachment 3.1-A, 4.c., Family planning services

Other 1937 Benefit Provided:

Freestanding birth center services (when licensed)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, 28.i., Freestanding birth center services

Other 1937 Benefit Provided:

M.A.T. for Opioid Use Disorder (OUD)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Nope

Scope Limit:

None

Other:

MAT is provided as defined in the approved state plan Supplement 1 to Attachment 3.1-A. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025

Other 1937 Benefit Provided:

Prosthetics, orthotics and supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

Other:

Attachment 3.1-A, 12.c., Orthotic and Prosthetic devices

A wide variety of orthotic and prosthetic devices and related supplies are covered when medically necessary and ordered by an appropriate prescriber. Prior authorization review and medical necessity criteria are employed as utilization management tools. Quantity limits are applied to consumable supplies and lifetime expectancies are applied to orthotic and prosthetic devices. These limits can be overridden when medical necessity is shown for an amount beyond the policy limit, or to replace orthotic and prosthetic devices earlier than the lifetime expectancy. Items not listed for coverage may be requested and covered when reviewed for prior authorization under EPSDT guidelines for children (under 21 yoa), and under the federal regulation at 42CFR, §440.70 for adults (21 yoa and older). For more detail, please see orthotics and prosthetics policy 5B here: <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.

Other 1937 Benefit Provided:

Respiratory Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

Other:

See Attachment 3.1-A, 22, Respiratory care services

Medicaid beneficiaries under 21 years of age are eligible for Respiratory Therapy Services by an IPP (Independent Practitioner Provider). Beneficiaries diagnosed with asthma or unspecified disease of respiratory system, respiratory disease (chronic) not otherwise specified, a maximum of 15 respiratory therapy visits during a six (6) consecutive month time frame can be requested for prior authorization as described in NC Clinical Policy Guide 10D. Medicaid shall cover treatment services provided to a beneficiary on an individualized basis. Only time spent in direct face-to-face treatment of an individual beneficiary is covered. The respiratory therapist shall ensure that all respiratory therapy device(s) specified on the Plan of Care and the AP are received by the beneficiary within the first three (3) respiratory therapy visits. Respiratory Therapy treatment visits by the IPP must occur in the beneficiary's primary private residence or via telehealth in accordance with CCP 10D. The IPP may provide two (2) respiratory therapy treatment visits of the allowed 15 treatment visits in either the school or other location (day care) during a six (6) consecutive month time frame to provide staff training.

Other 1937 Benefit Provided:

HIV case management services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

None

Scope Limit:

Other:

Attachment 3.1-A, 19.a., Case management services

The number of units of HIV CM services provided to a beneficiary cannot exceed 16 units per calendar month as described in NC Clinical Policy Guide 12B.

Does not cover HIV case management services while a beneficiary is institutionalized in ONE of the following facilities as described in NC Clinical Policy Guide 12B:

- a. A general hospital, psychiatric hospital, or nursing facility or inpatient detoxification;
- b. An intermediate care facility for the Intellectually and Developmentally Disabled (ICF-IDDD);
- c. Any form of incarceration; or
- d. A halfway house that provides case management

Other 1937 Benefit Provided:

Tobacco cessation counseling for pregnant women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Attachment 3.1-A, 4.d., Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

1E-5 states: Tobacco use screening should be provided to all pregnant beneficiaries and an appropriate referral made for those willing to quit and a brief motivational intervention for those not ready to quit.

Add



Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808