

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

- A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Social Security Act:

Service	Type Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Co-Pay	
Podiatrists			X	\$3.90 per visit, based on the State's average payment of \$82.91 per visit
Outpatient			X	\$3.90 per outpatient visit, based on the State's average payment of \$280.92 per outpatient visit
Physicians			X	\$3.90 per visit, based on the State's average payment of \$54.04 per visit
Drugs			X	\$3.90 per prescription for Brand Name and Generic drugs, based on the State's average payment of \$81.12 per prescription
Dental			X	\$3.90 per visit, based on the State's average payment of \$173.65 per visit
Chiropractic			X	\$2.60 per visit, based on the State's average payment of \$33.73 per visit
Optical Supplies and Services			X	\$2.60 per visit, based on the State's average payment of \$24.58 per visit
Optometrists			X	\$3.90 per visit, based on the State's average payment of \$70.62 per visit
Non-Emergency Visit in Hospital ER			X	\$3.90 per visit, based on the State's average payment of \$274.30 per visit
Behavioral Health Rehabilitative Services			X	\$3.90 per visit, based on the State's average payment of \$263.25 per visit

TN No.: 13-044
Supersedes
TN No.: 05-016

Approval Date: _____

Effective Date: 11/01/13

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- B. The procedures for implementing and enforcing the exclusions from cost sharing contained in 1916(a)(2) and (j) and 42 CFR 447.53(b) are described below:

Providers must bill total charges on the claim form. The claims processing system deducts the appropriate amount of co-payment. Services excluded from co-payment are:

ICF, SNF, ICF-MR	Non-hospital Dialysis
Home Health	State-owned mental hospitals
Rural Health	Services to children under age 21
Hearing Aid	Services related to pregnancy
Ambulance	Hospital inpatient and emergency room
EPSDT	HMO and Prepaid Plan
Family Planning	
Home Community-Based Alternative Program services	
Services covered by both Medicare and Medicaid	
Diagnostic Radiology services	
Outpatient Laboratory Services	
Indian Health Service and Tribal 638 Facilities	
Services rendered to Native Americans and American Eskimos	
FQHC	

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

- F. Co-payments shall be adjusted annually each November 1st to the maximum amount allowable in effect as of June 30 of each subsequent year.

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