



NC Medicaid New Coverage/Service Request

Date:	
Provider's Name:	
NPI #:	
Address:	
City, State & Zip Code:	
Is Request Disaster Related (Yes/No)	

The North Carolina Medicaid Program provides payment for a variety of procedures, products and services for categorically needy and medically needy residents of the State. The requestor is requesting clinical policy consideration for **INSERT TITLE OF COVERAGE REQUEST HERE**.

All procedures, products and services must be medically necessary and may not be considered solely cosmetic, experimental or part of a clinical trial.

Please provide the following information to expedite review of the request for flexible coverage. Indicate N/A if an item does not apply.

1. *Name of procedure, product or service (provide a brief description) for which coverage is being requested or where change or flexibility is being requested.*

Enter response here

2. *Does this request replace an existing coverage, change or add flexibility (PA waiver, telehealth, etc.) to an existing coverage? Explain in detail what replacement or flexibilities are being requested.*

Enter response here

3. *Has the request been mandated through federal or state legislation?*

Enter response here

4. *Does this request appear to have a potential cost savings to the Medicaid program? If yes, explain.*

Enter response here

5. *Please provide details around the types of providers and beneficiaries whose quality of care will be enhanced due to this request.*

Enter response here

6. *Indications, limitations and restrictions for use.*

- *Diagnostic indication(s) [ICD-10 CM code(s)].*
- *Proposed advantages of the new product, procedures or service.*
- *Duration and frequency of use.*
- *Gender restrictions.*
- *Age restrictions.*

Enter response here

7. *Procedure (CPT or HCPCS) or revenue codes to be used or impacted by the request*

Enter response here

8. *Recommended place of service.*

Enter response here

9. *FDA approval status (attach copy of approval letter/documents to the email).*

10. *Supporting data from research studies, peer review journals etc. (attach copy of approval letter/documents to the email)*

11. *Extent to which the requested coverage/flexibility request is currently in use in North Carolina.*

Enter response here

13. *Is coverage/flexibility supported by other state Medicaid programs (List states or entity, if known, and a contact person with telephone number or email address.)*

Enter response here

14. *Does Medicare and/or other insurance company cover this request? (Attach policy, if available).*

Enter response here

Please submit the information requested above within this document to the following inbox in PDF
Format:

Medicaid.Coverage.Request@dhhs.nc.gov