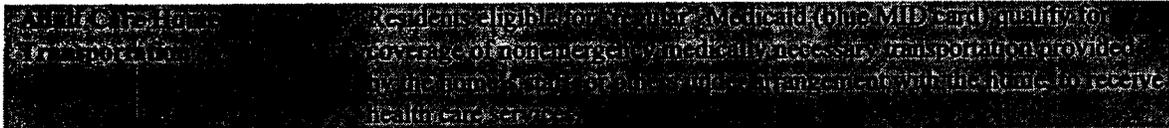


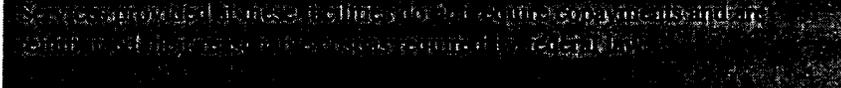
# Appendix C

## Medicaid Services and Programs

The following gives brief descriptions of services and programs that are covered by North Carolina Medicaid. This information is intended as an overview only. Detailed information regarding program coverage, and restriction and limitations on services can be found in the appropriate provider manuals.



- Ambulance Transportation**      Ambulance services must be medically necessary and are subject to limitations. Such transportation is not considered medically necessary when other means of transportation can be safely used.
- Ambulatory Surgical Center**      A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
- At-Risk Case Management**      Case management services for adults and children who are at risk of abuse, neglect, or exploitation.
- Audiology**      Testing and evaluation of hearing with services including auditory training, speech reading, instruction on the care and maintenance of hearing aids, assistive listening devices, and other recommendations for overcoming or adjusting to hearing impairment.
- Baby Love**      A preventive program for Medicaid-eligible pregnant women and infants designed to reduce infant mortality. Pregnant women can receive comprehensive care from the beginning of pregnancy through the end of the month in which the 60th postpartum day occurs. Maternity Care Coordinators (located in all 100 county health departments) provides case management services.
- Birthing Center**      A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care, as well as immediate care of newborn infants.
- Carolina ACCESS (CA)**      Medicaid's primary case management program, CA contracts with primary care providers (PCPs) who act as gatekeepers in providing and coordinating recipient health care.
- Chiropractor**      Services are limited to manual manipulation of the spine to correct a subluxation. The subluxation must be supported by x ray and diagnosis.

<b>Community Alternatives Programs</b>	North Carolina operates four programs to provide home and community care as a cost-effective alternative to institutionalization. These are known as waiver programs because standard program requirements are waived to allow the programs to operate. The waiver programs provide some services that are not otherwise covered under Medicaid.
<b>Community Alternatives Program for Persons with AIDS (CAP/AIDS)</b>	An alternative to nursing facility care for persons with AIDS and children who are HIV-positive and meet other criteria.
<b>Community Alternatives Program for Children (CAP-C)</b>	Cost-effective home care for medically fragile children (through age 18) who would otherwise require long term hospital care or nursing facility care.
<b>Community Alternatives Program for Disabled Adults (CAP-DA)</b>	Services that allow adults (age 18 and above) who require care in a nursing facility to remain in the community.
<b>Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities (CAP-MR/DD)</b>	Services to individuals of any age who normally would require care in an intermediate care facility for the mentally retarded.
<b>Dental Services</b>	Most general dental services are covered, such as exams, cleanings, fillings, x-rays, and dentures. Additional services are covered for children eligible under the Health Check Program.
<b>Dialysis Center</b>	Facilities that care for recipients with end-stage renal disease requiring ongoing dialysis. The reimbursement includes treatment, lab, and supplies.
<b>Durable Medical Equipment</b>	Equipment and related supplies considered medically necessary and appropriate for use in a recipient's home.
<b>Family Planning</b>	Services cover family planning consultation, examination, and treatment by a physician. Sterilizations, abortions, and hysterectomies are permitted under limited circumstances but require documentation and approval.
<b>Federally Qualified Health Centers and Rural Health Centers</b>	
<b>Health-Related Services Provided in Public Schools and Head Start Programs</b>	Medicaid reimburses local education agencies or local Head Start programs for providing physical therapy, occupational therapy, psychological services, audiological services, and speech/language services in public schools.
<b>Health Check (EPSDT)</b>	Provides preventive health care to children and teens from birth up to age 21. Pays for child health examinations and for the diagnosis, treatment, and referrals necessary to correct any identified health problems.

**Hearing Aid Service**

Hearing aids, necessary accessories, and supplies are covered for recipients under age 21.

**Home Health Services**

Services to recipients who are certified as "home bound" by an attending physician. Services are medically necessary including skilled nursing, home health aide services, physical therapy, occupational therapy, speech-language pathology, and medical supplies. Services are rendered by a Medicare-certified home health agency to help restore, rehabilitate, or maintain a recipient at home.

**Hospice**

Medical and support services for recipients with a medical prognosis of six months or less to live. Hospice care may be provided in a private residence, a Hospice residential care facility, an adult care home, or a Hospice inpatient unit. If a hospital or nursing facility has a contractual agreement with the Hospice agency, these facilities also qualify.

**Hospital—Inpatient**

A facility, other than psychiatric, that provides primarily diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by or under the supervision of physicians to patients admitted for a variety of medical conditions.

**Hospital—Outpatient**

A portion of a hospital that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

**Intermediate Care Facility/Mentally Retarded**

Physical therapy, occupational therapy, respiration therapy, speech and language therapy, and audiological services to children birth through 20 years old.

For recipients who are mentally retarded or have a similar condition. These recipients require nursing services but not the constant availability of the medical services of an acute care hospital. Nursing services must be provided under physician's orders at least eight hours a day.

**Laboratory and X Ray**

These services are covered when ordered by a physician. The services are covered in a variety of settings.

**Local Health Departments**

Medicaid reimburses a variety of health care services such as Health Check and family planning services.

**Mental Health Services** Area mental health programs offer an array of outpatient services in their catchment areas. Visits to independent psychiatrists and physicians for mental health services are also covered if the prior approval process has been followed. Inpatient services in state and private mental health hospital and psychiatric units of general hospitals are covered for recipients under 21 and over 64. Inpatient services for 22 through 64 age group are reimbursed by Medicaid in psychiatric units of general hospitals only.

**Certified Nurse Midwives** A registered professional nurse providing services to essentially healthy pregnant women and newborns throughout the maternity cycle that includes labor, birth and the postpartum period. Nurse midwives practicing in accordance with state law are reimbursed at the same rates as physicians for those services they are authorized to perform.

**Nurse Practitioners** Registered nurse who is qualified and specially trained to provide primary care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, and other health care institutions. North Carolina Medicaid covers the services of a nurse practitioner who practices in collaboration with a supervising licensed physician.

**Nursing Facilities** North Carolina Medicaid provides facility services for recipients who meet the eligibility and medical requirements for long term care services. Prior approval for the appropriate level of care is required.

**Occupational Therapy** Services that include testing and/or clinical observation to determine motor development, neuromuscular and musculoskeletal status, feeding/oral motor function, and assessment of adaptive equipment needs.

**Optical Supplies** Eyeglasses and certain other visual aids furnished or dispensed by an ophthalmologist, optometrist, or optician. Restrictions apply.

**Personal Care Services (PCS)**

**Pharmacy** Prescription drugs and insulin provided in ambulatory and adult care facilities with a monthly limit of six prescriptions. Certain recipients are exempt from this monthly limit.

**Physical Therapy** Services provided on an inpatient or hospital outpatient basis or through a home health agency. Services through an independent practitioner are covered for recipients through age 20, if ordered by a physician.

**Physicians**

Professional services are covered when medically necessary, subject to an annual 2.5% cap and exceptions. Services may be provided in an office, inpatient hospital, ambulatory surgical center, home nursing facility, or other facility. (Excludes services to individuals with a surgery date consultation)

**Planned Parenthood**

Certified Planned Parenthood Centers are reimbursed for family planning services, which consist of counseling services and patient education, examination, and treatment by medical professionals in accordance with applicable state requirements, laboratory examinations and tests, medically approved methods, procedures, pharmaceutical supplies, and devices to prevent conception.

**Podiatrists**

Procedures performed in the surgical, medical, or mechanical treatment of the foot by a legally authorized podiatric physician. Routine foot care is not covered unless the recipient has a systemic disease and requires a podiatrist for routine foot care.

**Private Duty Nursing (PDN)**

PDN is medically necessary continuous, substantial, and complex nursing services by a licensed nurse for recipients who live at home and need care in that home.

**Respiratory Therapy**

The IPP service may include testing and/or clinical observation, as appropriate for evaluation of pulmonary status and appropriate treatment including bronchodilator and aerosol therapy, oxygen therapy, suctioning techniques, chest physiotherapy, postural drainage, breathing techniques, ventilator care, and monitoring of respiratory status.

**Rural Health Clinic Services**

Medicaid pays physician and physician-directed services at rural health clinics, whether provided by a physician, physician assistant, nurse practitioner, or certified nurse midwife. These services are covered if provided in a clinic setting, a skilled nursing facility, other medical facility, or recipient's residence.

**Speech Pathology**

Testing with resulting treatment that may include articulation therapy, language therapy, voice therapy, and instructions on helping to improve the identified speech-language disability.

Professional services are covered when medically necessary, subject to an annual 2.5% cap and exceptions. Services may be provided in an office, inpatient hospital, ambulatory surgical center, home nursing facility, or other facility. (Excludes services to individuals with a surgery date consultation)