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1.0 Description of the Procedure, Product, or Service

1.1 Definition

Covered services included in the core plan of the NC Health Choice Program are the same as those that were covered under the NC State Employee's Indemnity Health Plan effective until 07/01/2008, with the addition of routine dental, vision, and hearing-related services. Children who are enrolled in the NCHC Program and who are identified as having special needs may be eligible for additional coverage under the special needs plan. Covered services in the special needs plan are similar to those covered under the NC Health Check Program (Medicaid for children), except for long term care and respite care. (Only emergency respite care is eligible for coverage under the NCHC Program special needs plan; other respite care and long term care are not covered.). This medical policy for children with special needs only pertains to physical health services (e.g., medical nutrition therapy, enteral formulas for tube feedings, durable medical equipment, medical supplies and skilled rehabilitative therapies). Information regarding eligibility and coverage for emergency respite services may be obtained by calling the Children with Special Health Care Needs Help Line at 1-800-737-3028.

Children with special needs are children that have been diagnosed as having one or more of the following conditions which in the opinion of the diagnosing physician is likely to continue indefinitely (at least for one year), interferes with daily routine, and requires extensive medical intervention and extensive family management:

- a. Birth defect, including genetic, or congenital
- b. Developmental disability as defined under N.C.G.S.122C-3(12a)
- c. Mental or behavioral disorder
- d. Chronic and complex illnesses
- e. Acquired disorders

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

There is no entitlement for any person to benefits through the NC Health Choice special needs plan. The Department of Health and Human Services in the NC Health Choice legislation "shall, from federal funds received and state funds appropriated for the Program, pay for services for children with special health care needs authorized under this section."

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. To be eligible for coverage for services under the special needs plan, a child must be enrolled in the NCHC Program on the date of service and must meet the above definition of children with special needs (refer to **Section 1.0**) as certified by the child's diagnosing medical doctor.
- b. In order for a service to be covered through the special needs plan, it shall ordinarily not be covered under core benefits of the NC Health Choice Program; it shall be a routinely reimbursed service under the NC Health Check Program (Medicaid for children); and Medicaid medical necessity criteria for the service shall be met.

Note: For a partial list of physical health services that are not ordinarily covered under core benefits of the NC Health Choice Program, but that may be covered for eligible children when medically necessary under the special needs plan, please see the Partial List of Potential Special Needs Services (refer to **Attachment B**)

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. Benefits are not available for services under the NC Health Choice special needs plan if any of the criteria outlined under **Subsection 3.2** are not met.

- b. Non-emergency respite care and long term care are not covered (Only emergency respite care is eligible for coverage under the NCHC Program special needs plan.)

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. All services under the special needs plan require prior approval.
- b. A current certification by the child's diagnosing physician that the child meets the above definition of children with special needs in **Section 1.0** must be on file with DMA's vendor. To be considered current, the certification must have been completed and dated within the 12 months prior to the requested date(s) for the service. Physician certification forms are available on request by calling the Children with Special Health Care Needs Help Line at 1-800-737-3028.
- c. All services for which prior approval is requested are first reviewed by DMA's vendor for eligibility for coverage under core benefits of the NCHC Program.
 - 1. If the service is determined to be eligible for coverage under core benefits, then coverage is authorized under core benefits of the NCHC Program.
 - 2. If the service is determined to not be eligible for coverage under core benefits of the NCHC Program, but it is determined by DMA's vendor that the services may be eligible for coverage under the special needs plan, then DMA vendor's reviewer shall send a Physician Certification form to the child's diagnosing physician for completion (unless a current completed and signed certification form for the child is already on file).
 - 3. If the physician certifies via the returned form that the child meets the above definition for children with special needs in **Section 1.0**, DMA's vendor will forward the submitted request for prior approval with all other submitted supporting documentation (including the physician certification form and any submitted letters of medical necessity and medical records) to the Department of Health and Human Services, Division of Public Health, Children and Youth Branch staff (hereafter referred to as DPH staff) to disseminate to the appropriate clinical consultant (hereafter referred to as DPH clinical consultant or consultant staff) for review and determination of coverage.
 - (a) A child health speech and language consultant shall be involved in the review and determination of coverage for services related to speech and language.
 - (b) A child health audiology consultant shall be involved in the review and determination of coverage for services related to hearing.
 - (c) A physical therapy consultant shall be involved in the review and determination of coverage for services related to physical and occupational therapy and some durable medical equipment, orthotics, prosthetics, and supplies.

- (d) The pediatric medical consultant shall be involved in the review of any of the above items and for other requested medical services as needed (e.g., formula, medications, medical nutrition therapy, some durable medical equipment, medical supplies).
 - (e) The DPH clinical consultant shall determine whether the requested service is eligible for coverage under the special needs plan based on the clinical documentation provided for review and will either approve or deny the request, or else pend the request for additional needed information/ documentation. If additional information/documentation is received for further review, the request will first be re-reviewed for coverage under core benefits by DMA's vendor, and if still not eligible for coverage under core benefits, will then be re-reviewed for coverage under the special needs plan by DPH consultant staff.
4. If the child's physician certifies that the child does not meet the above definition of children with special needs, or if the physician does not return the form within ten (10) business days, then the request shall not be referred for review under the special needs plan, and the provider and recipient shall be notified that coverage has been denied for services under core benefits of the NCHC Program.
- d. The following documentation must be provided with all requests for prior approval:
 1. Recipient demographics, name, address, ID.
 2. Recipient's diagnosis
 3. Specific service(s) to be provided including Health Services Code(s)
 4. Dates of service
 5. Physician certification form completed no more than 12 months prior to the requested dates of service (refer to **Subsection 5.1.c**).
 6. Physician letter of medical necessity or medical records documenting medical necessity
 7. Other required documentation that addresses the type of services being provided (if applicable).
 - e. To ensure the provider and the recipient know whether the item or service will be covered either under core benefits or the special needs plan of the NCHC Program, DMA's vendor will respond to the request either by a fax to the provider if approved or by a letter to both the provider and the recipient if denied.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

Procedure codes require prior approval to be covered under the special needs benefit. Refer to **Sections 3.0** and **5.0** and **Attachment B**.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Office, Inpatient Hospital, Outpatient Hospital, ASC, Home, Pharmacy, and Skilled Nursing Facility

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.

Attachment B: Potential List of Special Needs Services

POTENTIAL LIST OF SPECIAL NEEDS SERVICES THAT MAY BE COVERED FOR ELIGIBLE CHILDREN WHEN MEDICALLY NECESSARY (please note that this list is not all inclusive)

A. Physical Therapy:

May provide services which would be considered to be clinically appropriate as determined by goals and measurable objectives outlined in treatment plan.

B. Speech Therapy:

1. Covered for communication disabilities associated with behavioral, learning and/or psychological disorders.
2. Group therapy up to four children in a group is covered.

C. Hearing:

Hearing aids which fit in the ear canal are limited to children 12 years of age or older.

D. Nutrition Therapy:

1. Services include assessment/evaluation and treatment in a variety of places of service.
2. Provider qualifications/credentials:
 - a. Licensed Dietitian/Nutritionist, licensed by the North Carolina Board of Dietetics/Nutrition; or
 - b. Registered Dietitian, registered with Commission on Dietetic Registration

E. Formula:

Medically necessary enteral and oral nutrition products (including formula).

F. Durable Medical Equipment/Assistive Technology:

1. Pediatric specialty bath chairs systems and accessories
2. E0240 Bath/Shower Chair, with or without wheels, any size
3. E0247 Transfer bench for tub or toilet with or without commode opening
4. W4016 Bath chair, pediatric
5. Pediatric specialty toilet systems
6. Pediatric specialty floor mobility devices
7. Pediatric specialty stander accessories
8. Pediatric specialty positioning systems and accessories
9. Pediatric specialty beds, cribs and accessories
10. E1231-E1238 manual wheelchair frames as a back-up for a power wheelchair
11. Wheelchair accessories not covered under the core plan
12. Pediatric specialty positioning chairs and positioning accessories
13. Thermoregulation items

G. Augmentative and Alternative Communication Devices

Some devices and/or accessories may be covered when not covered under Core plan

H. Cochlear Implant Replacement Parts and Repairs

Some parts and repairs may be covered when not covered under Core plan.

Several additional DME items may be covered that are listed on the Medicaid DME fee schedule at:
<http://www.ncdhhs.gov/dma/fee/index.htm>

Several additional home health supplies may be covered if child has already been enrolled in an ongoing basis with a home health company. The home health supply fee schedule can be found at:
<http://www.ncdhhs.gov/dma/fee/index.htm>

Selected over-the-counter (OTC) medications may be covered when prescribed by a physician for certain diagnoses; all such requests are reviewed on an individual consideration basis. A list of OTC medications that may possibly be covered can be found at: <http://www.ncdhhs.gov/dma/mp/>