

## Recipient Notices, October 2009

### NOTICE TO MEDICAID RECIPIENTS

Session Law 2009-451 made certain budget restrictions and program changes to the NC Medicaid program. In order to meet the requirements, changes are being made to services covered by Medicaid. **This notice is being sent to all Medicaid recipients so that everyone knows about the changes. You may not be receiving any of these services.** The beginning dates for changes are different. Please note the dates for each change.

**Special Information about Services for Children under Age 21:** Federal law requires Medicaid to provide all medically necessary health care services listed at 1905(a) of the Social Security Act to Medicaid-eligible children under 21 years of age and, accordingly, the limits discussed below may not apply to children under 21 years of age. Please see information on EPSDT/Health Check on the back of this notice.

**Community Support Team (CST) Adults:** As announced in September, Medicaid is making changes to Community Support Team (CST) for Adults as directed by the North Carolina Legislature. If you need this service, you may be approved for up to 18 hours a week if you qualify for that many hours.

**Cough and Cold Medications:** Beginning **December 1, 2009**, Medicaid will stop covering prescription medications used to treat the symptoms of cough and colds. The cough and cold medications included are those that have a cough suppressant and a cough expectorant.

**Dental Services—Child and Adult:** The changes to dental services are effective **November 1, 2009**. Medicaid will no longer pay for the following services for recipients under age 21:

- 1) Panoramic x-rays taken on children under age 6
- 2) Sealants on premolars
- 3) Sealants on primary (baby teeth) molars for recipients 8 years of age and older
- 4) Sealants on permanent molars for recipients 16 years of age and older

In addition, the following changes apply to periodontal scaling and root planing (deep cleaning) services for recipients of all ages:

- 1) Your dentist must submit additional clinical information for prior approval of the service.
- 2) Your dentist will be limited to providing treatment on no more than half of the mouth on a single day unless the services are provided in an inpatient hospital, outpatient hospital, or ambulatory surgical center setting.

You may discuss these changes with your dentist to determine how they affect dental treatment for either you or your family.

**Diabetic Supplies:** Prodigy Diabetes Care Company is our designated preferred supplier for glucose meters, testing supplies, and syringes. Diabetic supplies from other companies will not be covered by Medicaid. Supplies will be available at all retail pharmacies and durable medical equipment companies. This change is effective **November 15, 2009**.

This change does not apply if your diabetic testing supplies are paid for by Medicare or private insurance in addition to Medicaid.

**Outpatient Radiology:** Medicaid will require prior approval for certain radiology procedures. These procedures include CT scans, MR scans (MRI and MRA), PET scans and ultrasounds. Your medical provider is responsible for obtaining prior approval.

This change is effective **November 1, 2009** for CT, MR and PET scans.

This change is effective **January 1, 2010** for ultrasounds.

**Outpatient Specialized Services:** Outpatient Specialized Services include physical therapy, occupational therapy, speech therapy, and audiology services for all ages, and respiratory services for children under age 21. Prior approval is now required before any treatment visits are covered. Your provider is responsible for obtaining prior approval. This applies to services provided in all outpatient settings.

This change is effective **December 1, 2009**, for recipients under 21 years of age.

This change is effective **January 1, 2010**, for recipients age 21 and over.

**Children's Right to Medically Necessary Health Care – EPSDT/Health Check:** Federal law requires Medicaid to provide all medically necessary health care services listed at 1905(a) of the Social Security Act to Medicaid-eligible children under 21 years of age. This is called Early Periodic Screening, Diagnostic and Treatment (EPSDT) or Health Check. Under EPSDT, the service limitations stated in this notice may be exceeded or may not apply to recipients under 21 years of age if the provider documents that (1) the requested service is medically necessary to correct or make better a defect, physical or mental illness, or health problem and (2) all other EPSDT criteria are met. EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is unsafe, ineffective, experimental, or investigational; that is not medical in nature; or that is not generally recognized as an accepted method of medical practice or treatment.

Services must be ordered by the child's doctor or another licensed clinician. Prior approval from the Division of Medical Assistance may be required to verify medical necessity for some services. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does not eliminate the requirement for prior approval.

Recipients and parents or legal guardians should review any information in this notice that contains limitations in the context of EPSDT and apply that information to services requested for recipients under 21 years of age. For important additional information about EPSDT, please visit the following websites:

- A Medicaid Consumer's Guide to North Carolina Medicaid Health Insurance for Families and Children on line at <http://www.dhhs.state.nc.us/dma/consinfo.htm>, and
- DMA's EPSDT Policy Instructions on line at <http://www.ncdhhs.gov/dma/provider/epsdthealthcheck.htm>.

**Right to Appeal Medicaid Decisions:** If Medicaid makes a decision to deny, reduce, or terminate a recipient's request for a service, the recipient and provider will be notified in writing. The notice will explain why the request was denied, the appeal process and how to appeal the decision.

**Who to Contact With Questions About This Information:** Your provider should be able to answer your questions about these changes. You may also call the **CARE-LINE** at 1-800-662-7030 (English/Spanish) or 1-877-452-2514 (This is a TTY number and only those with TTY equipment can talk to a person when this number is dialed). The CARE-LINE is open from 7:00 a.m. until 11:00 p.m., 7 days a week.