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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 21-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 11, 2021

Mandy K. Cohen, MD, MPH
Secretary
North Carolina Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2000

Re: North Carolina State Plan Amendment 21-0010

Dear Dr. Cohen:

We reviewed your proposed Medicaid State Plan Amendment, NC 21-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 21, 2021. This amendment proposes to remove the prior authorization requirement from both solid organ and stem cell transplants.

CMS approved NC 21-0010 on August 10, 2021, with an effective date of July 1, 2021.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 21-0010	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

42 CFR §482.74

7. FEDERAL BUDGET IMPACT:

a. FFY 2021 \$0.00
b. FFY 2022 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A.1, page 2
Attachment 3.1-E, pgs. 2, 4, 6, 8

Attachment 3.1-A.1, page 2
Attachment 3.1-E, pgs. 2, 4, 6, 8

10. SUBJECT OF AMENDMENT:

Solid Organ and Stem Cell/Bone Marrow Transplant

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

13. TYPED NAME:

Mandy Cohen, MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED: June 21, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 21, 2021

18. DATE APPROVED: August 10, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: James G. Scott

22. TITLE: DPO Division Director

23. REMARKS:

1. Inpatient General Hospital Services:

All medical services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

- A. Prior approval is required for cosmetic surgery. Prior approval is not required for bone marrow or surgical transplants. Prior approval is based on medical necessity and state medical policy.
- B. Medical necessity for on-going inpatient general hospital services will be determined initially by a hospital's Utilization Review Committee and may be subject to post-payment review by the State Agency. All claims will be subject to prepayment review for Medicaid coverage.
- C. The State Agency may grant a maximum of three Administrative days to arrange for discharge of a patient to a lower level-of-care. With prior approval by the State Medicaid agency, the hospital may be reimbursed for days in excess of the three administrative days at the statewide average rate for the particular level of care needed in the event a lower level-of-care bed in a Medicaid approved health care institution is not available. The hospital must, however, make every effort to place the recipient in an appropriate institution within the three-day administrative time allowance.
- D. The following are non-covered services: telephone, television, or other convenience items not routinely provided to other patients.

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II. Solid Organ Transplants

- A. Medically necessary solid organ transplants and other related procedures are covered for adults and children, without prior approval. These include the following:
- Kidney transplant
 - Ventricular assist device (VAD)
 - Extracorporeal membrane oxygenation (ECMO), Extracorporeal life support (ECLS)
 - Implantable cardioverter defibrillator (ICD)
 - Biventricular Pacemaker for congestive heart failure (CHF)
 - Heart transplant
 - Heart/lung transplant
 - Lung transplant
 - Liver transplant
 - Pancreas transplant
 - Islet cell transplant
 - Small bowel, small bowel/liver and multi-visceral transplant

Revision: HCFA-PM-87-4 (BERC)
March 1987

Attachment 3.1-E
Page 4
OMB No. 0938-0193

State/Territory: North Carolina

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TN No. 21-0010
Supersedes
TN No. 05-004

Approval Date: 08/10/2021

Eff. Date: 07/01/2021

State/Territory: North Carolina

III. Stem Cell/Bone Marrow/Umbilical Cord Transplants

- A. Medically necessary Stem Cell/Bone Marrow/Umbilical Cord transplants and other related procedures are covered for adults and children, without prior approval. Current stem cell transplants and related procedures include:
- Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia (ALL)
 - Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia (AML)
 - Hematopoietic Stem-Cell Transplantation for Chronic Myeloid Leukemia (CML)
 - Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias
 - Hematopoietic Stem-Cell Transplantation in the Treatment of Germ Cell Tumors
 - Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma
 - Hematopoietic Stem-Cell Transplantation for Multiple Myeloma, POEMS Syndrome and Primary Amyloidosis
 - Allogeneic Stem-Cell Transplantation for Myelodysplastic Syndromes & Myeloproliferative Neoplasms
 - Hematopoietic Stem-Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors & Ependymoma
 - Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas
 - Placental and Umbilical Cord Blood as a Source of Stem Cells
 - Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood
 - Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)

Revision: HCFA-PM-87-4 (BERC)
March 1987

Attachment 3.1-E
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