

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

3. Other laboratory and X-ray services

Laboratory and X-ray services shall be covered to the extent permitted in federal Medicaid regulations and subject to the following conditions:

- (1) The service is not performed in connection with a routine physical examination.
- (2) It is provided in an office or similar facility other than a hospital outpatient department or a clinic.
- (3) Clinical laboratory services are rendered by medical care entities who are issued a certificate of waiver, registration certificate, or certificate of accreditation under the Clinical Laboratories Improvement Amendments of 1988.
- (4) Portable X-ray services are medically necessary and ordered in writing by the attending physician. Services may be provided only by providers who are Medicare certified and inspected by the N.C. Division of Facility Services and are limited to provision in the patient's place of residence. The ordering physician must:
 - (a) State the patient's diagnosis, and
 - (b) Indicate the condition suspected, and
 - (c) Reason why "portable" service is needed.
- (5) Portable ultrasound services are medically necessary and ordered in writing by the attending physician. Providers must be Medicare certified as physiological labs, assure its personnel are licensed or registered in accordance with applicable State laws, and comply with manufacturer's guidelines for use of and routine inspection of equipment. The ordering physician must:
 - (a) State the patient's diagnosis, and
 - (b) Indicate the condition suspected, and
 - (c) Reason why "portable" service is needed

4.a. Nursing Facility Services

- (1) Prior approval is required. This approval is based on reporting form for each patient to be admitted to a nursing facility signed by the attending physician which indicates anticipated restoration potential, treatments orders, and type of care recommended.

- (2) Where cases warrant expeditious action, telephone approvals can be obtained; these must be followed up with the completed reporting form indicated in (1) above.
- (3) Private accommodations are authorized only when directed by a physician as medically necessary or when all semi-private accommodations are occupied.
- (4) The items and services furnished in NFs and ICF-MRs that are payable by the Medicaid Program when medically necessary and for which recipients may not be charged are listed below. Unless stated otherwise these services are payable only to long term care facilities.
 - (a) Semi-private room, ward accommodations or private room if medically necessary, including room supplies such as water pitchers, basins, and bedpans.
 - (b) Nursing staff services.
 - (c) Food and intravenous fluids or solutions.
 - (d) Linens and patient gowns and laundering of these items.
 - (e) Housekeeping services.
 - (f) Social services and activity programs.
 - (g) Physical therapy, speech therapy, audiology, occupational therapy, respiratory therapy, and all other forms of therapy.
 - (h) Medical supplies, oxygen, orthotics, prostheses and durable medical equipment.
 - (i) Non legend drugs, serums, vaccines, antigens, and antitoxins.
 - (j) Transportation to other medical providers for routine, non-emergency care.
 - (k) Laboratory and radiology services, payable to either the long term care facility or directly to the provider furnishing the service.
 - (l) Physician and dental services, payable only to the practitioners if provided in private facilities.
 - (m) Legend drugs and insulin payable only to pharmacies if provided in private facilities.
 - (n) Transportation to other medical providers for emergency care, payable only to ambulance providers.

The following items can be charged to recipients:

- (a) Customary room charge to reserve a room during a recipient's hospital stay, therapeutic leave in excess of the maximum allowed, and other absences.
- (b) Customary private room differential charge if a private room is not medically necessary.
- (c) Private duty nurse or attendants.
- (d) Telephone, television, newspaper, and magazines.
- (e) Guest meals.
- (f) Barber and beauty shop, services other than routine grooming required as part of the patient's care plan.
- (g) Personal clothing and laundry
- (h) Personal dental and grooming items.
- (i) Tobacco products
- (j) Burial services and items.

Level of Care criteria is described in Appendix 1 of Attachment 3.1-A. Level of Care criteria for non acute intensive rehabilitation head-injury care described in Appendix 3 of Attachment 3.1-A. Level of Care criteria for ventilator-dependent care described in Appendix 4 of Attachment 3.1-A.

4.b. Early and Periodic Screening, Diagnosis and Treatment

(1) Hearing Aid Services

Prior approval is required for hearing aids. The prior approval request must be supported by a certification of need for beginning the hearing aid selection process (medical clearance) from a physician or otologist (including otolaryngologist or otorhinolaryngologist). A copy of the hearing evaluation (including the audiogram) and the results of the hearing aid selection and evaluation must be included. Hearing aid services are provided in accordance with 42 CFR 440.110.

(2) Dental Services

Covers fillings, extractions, restorative services, stainless steel space maintainers, prophylaxes, scaling and curettage, fluoride, x-rays, relief of pain, periodontal services, complete and partial dentures with rebasing and relining, endodontic therapy, surgery, and orthodontics in accordance with evidence-based best practices and/or where medical necessity dictates.