

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 17-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 25, 2017

Mr. Dave Richard
Deputy Secretary for Medical Assistance
North Carolina Department of Health and Human Services
1985 Umstead Drive
Raleigh, NC 27699-2501

RE: SPA 17-0012

Dear Mr. Richard:

Enclosed is an approved copy of North Carolina's state plan amendment (SPA) 17-0012 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. SPA 17-0012 removes the prior authorization for the following procedures to align the State Plan with clinical policy:

- Live or cadaver donor kidney transplants
- Ventricular Assist Device (VAD)
- Extracorporeal Membrane Oxygenations (ECMO)
- Extracorporeal Life Support (ECLS)
- Implantable Cardioverter Defibrillator (ICD)
- Biventricular Pacemaker for Congestive Heart Failure (CHF)

Based on the information provided, the Medicaid State Plan Amendment NC 17-0012 was approved on October 25, 2017. The effective date of this SPA is August 1, 2017. The signed 179 and the approved plan pages are enclosed.

CMS appreciates the work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Kenni Howard at 404-562-4713 or by email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Shantrina Roberts
Acting, Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0012	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 August 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.35		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$0.00 b. FFY 2019 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-E, Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-E, Page 2	
10. SUBJECT OF AMENDMENT: Solid Organ Transplants			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Secretary			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Mandy Cohen, MD, MPH		Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
14. TITLE: Secretary			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/29/17		18. DATE APPROVED: 10/25/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/01/17		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Shantrina Roberts		22. TITLE: Acting, Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:			

State/Territory: North Carolina

II. Solid Organ Transplants

- A. Medically necessary solid organ transplants and other related procedures are covered for adults and children, with prior approval. These include the following:
- Heart transplant
 - Heart/lung transplant
 - Lung transplant
 - Liver transplant
 - Pancreas transplant
 - Islet cell transplant
 - Small bowel, small bowel/liver and multi-visceral transplant
- B. 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)