

CHANGE NOTICE FOR MANUAL NO 23-06, COVERED SERVICES

DATE: OCTOBER 18, 2006

Manual: Aged, Blind, and Disabled Medicaid

Change No: 23-06

To: County Directors of Social Services

Effective: November 1, 2006

I. BACKGROUND

Medicaid covered services are constantly being changed. Additional services may be available under various Medicaid programs to give recipients the best possible medical assistance. We encourage counties to contact the DMA Managed Care Section at 919-647-8170 when recipients request services not listed.

II. CONTENT OF CHANGE

MA-2905, Medicaid Covered Services, changes include:

- A. Updating the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) also known as Health Check throughout this manual section to include more in-depth information. Counties should advise recipients to consult with their medical provider or the Managed Care Section at the state office, for further information regarding covered services, including EPSDT services. Children under the age of 21 may be eligible for services, products, or procedures requested by physicians and licensed clinicians that may not normally be covered by Medicaid.
- B. Increasing the prescription drug limit to 8 and allowing three additional prescriptions per month at the discretion of the pharmacist. Medicaid recipients who also receive Medicare no longer have prescription drug coverage through Medicaid. These individuals must enroll in a Prescription Drug Plan (PDP) to have drug coverage. These individuals are not subject to Medicaid prescription limits.

- C. Changing copayment amounts for various services to coincide with the November 1, 2005, increase. These changes were made as a result of Senate Bill 622, Session Law 2005-276.
- D. Adding Medicaid recipient due process rights. Recipients have the right to appeal a decision to reduce, terminate, or deny a service, product, or procedure. Recipients will be notified in writing if any service, product, or procedure is reduced, terminated, or denied. Additional information about due process is included in this manual section.
- E. Updating Mental Health services to remove case management for the mentally ill. This is no longer a stand alone service except for Target Case Management for MR/DD.
- F. Adding services and changing some restrictions to Optical Services.
- G. Removing all references to Head Start providers and programs. Head Start can no longer bill Medicaid as therapists must directly enroll as a provider.
- H. Removing the non-covered items specified below because they may be covered by Medicaid in certain circumstances.
 - 1. Breast Prosthesis
 - 2. Artificial eyes
 - 3. Prosthetics and orthotics for age 21 and over

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective November 1, 2006.

IV. MAINTENANCE OF MANUAL

Remove: [MA-2905](#), Table of Contents, pages 1-3

Insert: [MA-2905](#), Table of Contents, 1-3.

Remove: [MA-2905](#), Medicaid Covered Services, pages 1-59

Insert: [MA-2905](#), Medicaid Covered Services, pages 1-58

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If you have any questions regarding this information, please contact your Medicaid Program Representative.

L. Allen Dobson, Jr., M.D., Assistant Secretary
For Health Policy and Medical Assistance

(This material was researched and written by Christine Coffey, Policy Consultant, Medicaid Eligibility Unit.)