

Mandatory Services 42 CFR 440.230

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Mandatory services visits are provided in accordance with 42 CFR 440.230 per recipient per State fiscal year. Exceptions to a visit limitation may be authorized by the State when additional visits are medically necessary. The mandatory services visit limit is 22. This limitation does not apply to EPSDT eligible children.

2. a. Outpatient Hospital Services

All medical services performed must be medically necessary and may not be experimental in nature.

- (1) Prior approval shall be required for each psychiatric outpatient visit after the eighth visit for recipients 21 years and over. The visit limitation per year does not apply to recipients 21 years and over receiving mental health services subject to utilization review. Approval will be based on medical necessity.
- (2) Prior approval shall be required for each psychiatric hospital outpatient visit after the 16<sup>th</sup> visit for recipients under age 21.
- (3) Routine physical examinations and immunizations are covered under Adult Health Screening and under Early Periodic Screening Diagnosis and Treatment (EPSDT).
- (4) "Take home drugs", medical supplies, equipment and appliances are not covered, except for small quantities of medical supplies, legend drugs or insulin needed by the patient until such time as the patient can obtain a continuing supply.
- (5) Injections are not covered if oral drugs are suitable.
- (6) Office visits in a hospital outpatient setting are included in the visit limit per recipient per State fiscal year. This limitation does not apply to adults 21 and over receiving mental health services subject to independent utilization review.

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4.b.(9) Rehabilitative Services for Behavioral Health of EPSDT Eligible

- (a) The agency assures that if there are providers involved whose payment is based on reasonable cost, the State will provide appropriate cost reimbursement methodologies. Services are reimbursed in accordance with Attachment 4.19-B.
- (b) Services may be provided by: Licensed or certified psychologists, licensed clinical social workers, certified clinical nurse specialists in psychiatric mental health advanced practice, nurse practitioners certified in psychiatric mental health advanced practice, licensed psychological associates, licensed professional counselors, licensed marriage and family therapists, certified/licensed clinical addictions specialists, and certified/licensed clinical supervisors, when Medicaid-eligible children are referred by the Community Care of North Carolina primary care physician, a Medicaid enrolled psychiatrist, or the area mental health program or local management entity. Prior approval shall be required for each psychiatric outpatient visit after the 16<sup>th</sup> visit each calendar year for recipients under age 21.

The first 16 visits are unmanaged visits. Unmanaged visits are defined as services that do not require prior approval by a utilization review vendor under the fee for service delivery system. For individuals under 21, Medicaid policy does require that the child or adolescent be referred for these services through the child's Community Care of North Carolina primary care physician, a Medicaid enrolled psychiatrist or the Local Management Entity (LME). The referral is not limited to the primary care physician but does include a choice of referral sources. The referral is requested by the practitioner offering services and is indicated on the request for reimbursement. The reason for the requirement for a referral for children and adolescents is to promote coordination of care including medical and behavioral health services when indicated for this population.

Optional Services 42 CFR 440.225 (*Continued*)

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6.d. Other practitioners' services

- (1) Limitations for nursing practitioner services are on Page 12a of Attachment 3.1-A.1.
  
- (2) Licensed psychologists, licensed clinical social workers, licensed nurse practitioners certified in child and adolescent psychiatry and licensed clinical nurse specialists certified in child and adolescent psychiatry can provide psychotherapeutic assessment and treatment services to EPSDT eligible children with a referral from the Carolina ACCESS primary care provider or the area Local Management Entity (LME). Prior approval shall be required for each psychiatric hospital outpatient visit after the 16<sup>th</sup> visit for recipients under age 21.

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