

1 10A NCAC 34H .0111 is proposed for amendment as follows:

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3 **10A NCAC 43H .0111 MEDICAL SERVICES COVERED**

4 The following medical services are covered under the N.C. Sickle Cell Syndrome Program if the Program  
5 Supervisor determines that these services are related to sickle cell disease:

6 (1) hospital outpatient care including emergency room visits. The total number of days per year for emergency  
7 room visits shall not exceed triple the Program average for each for the previous two years;

8 (2) physicians' office visits;

9 (3) drugs on a formulary established by the program based upon the following factors: the medical needs of  
10 sickle cell patients, the efficacy and cost effectiveness of the drugs, the availability of generic or other less costly  
11 alternatives, and the need to maximize the benefits to patients utilizing finite program dollars. A copy of this  
12 formulary may be obtained free of charge by writing to the N. C. Sickle Cell Syndrome Program, 1929 Mail Service  
13 Center, Raleigh, North Carolina, 27699-1929.

14 (4) medical supplies and equipment;

15 (5) preventive dentistry including education, examinations, cleaning, and X-rays; remedial dentistry including  
16 tooth removal, restoration, and endodontic treatment for pain prevention; and emergency dental care to control  
17 bleeding, relieve pain, and treat infection;

18 (6) eye care (when the division of services for the blind will not provide coverage); and

19 (7) inpatient care. The cost of inpatient care per client per year for a maximum of ~~seven days~~ two admissions  
20 per fiscal year.

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22 *History Note: Authority G.S. 130A-129*