

**SUBCHAPTER 43H - SICKLE CELL SYNDROME: GENETIC COUNSELING:
CHILDREN AND YOUTH SECTION**

SECTION .0100 - SICKLE CELL SYNDROME PROGRAM

10A NCAC 43H .0101 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0102 EDUCATION

History Note: Authority G.S. 130A-129;
 Eff. February 1, 1976;
 Readopted Eff. December 5, 1977;
 Amended Eff. September 1, 1990;
 Expired Eff. January 1, 2017 pursuant to G.S. 150B-21.3A.

10A NCAC 43H .0103 TESTING

- (a) Testing services are made available to individuals requesting these services, especially those in the childbearing age groups. The division shall provide, without cost, testing and counseling services in conjunction with the local health departments. Voluntary testing shall not be done without adequate counseling and educational services.
- (b) Testing shall be encouraged by the sickle cell syndrome program on a voluntary individual basis.

History Note: Authority G.S. 130A-129;
 Eff. February 1, 1976;
 Amended Eff. April 22, 1977;
 Readopted Eff. December 5, 1977;
 Amended Eff. September 1, 1990; July 1, 1982;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0104 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0105 LABORATORY SERVICES

The laboratory services of the state laboratory of public health shall be available only to health departments and local physicians unless otherwise approved by the program.

History Note: Authority G.S. 130A-129;
 Eff. February 1, 1976;
 Readopted Eff. December 5, 1977;
 Amended Eff. September 1, 1990;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0106 FORMS FOR COLLECTING BLOOD

History Note: Authority G.S. 130A-129;
 Eff. February 1, 1976;
 Readopted Eff. December 5, 1977;
 Amended Eff. September 1, 1990;
 Expired Eff. January 1, 2017 pursuant to G.S. 150B-21.3A.

10A NCAC 43H .0107 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0108 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0109 COUNSELING

Adequate follow-up procedures and counseling techniques shall be provided to patients who have positive test results.

History Note: Authority G.S. 130A-129;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0110 ELIGIBILITY REQUIREMENTS

(a) Eligibility requirements for medical services shall be based on income and diagnosis. In order to be considered for medical services, the individual must be diagnosed as having one of the following disorders:

- (1) sickle cell anemia,
- (2) sickle cell/hemoglobin D disease,
- (3) sickle cell/hemoglobin C disease,
- (4) sickle cell beta thalassemia, or
- (5) sickle cell hemoglobin that coexist with other abnormal hemoglobins with symptomatic abnormal clinical manifestations.

(b) Financial eligibility for sickle cell syndrome program medical services shall be determined in accordance with rules found in 10A NCAC 45A.

History Note: Authority G.S. 130A-129;
Eff. February 1, 1976;
Amended Eff. April 22, 1977;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; July 1, 1981;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0111 MEDICAL SERVICES COVERED

The following medical services are covered under the N.C. Sickle Cell Syndrome Program if the North Carolina Division of Public Health Sickle Cell Program Supervisor determines that these services are related to sickle cell disease:

- (1) hospital outpatient care including emergency room visits. The total number of emergency room visits per fiscal year shall not exceed three times the average number of emergency visits per patient over the previous two fiscal years, and it will be adjusted annually on July 1.
- (2) physicians' office visits;
- (3) drugs on a formulary established by the program based upon the following factors: the medical needs of sickle cell patients, the efficacy and cost effectiveness of the drugs, the availability of generic or other less costly alternatives, and the need to maximize the benefits to patients utilizing finite Program dollars. A copy of this formulary may be obtained free of charge by writing to the N.C. Sickle Cell Syndrome Program, 1929 Mail Service Center, Raleigh, North Carolina, 27699-1929 or on the Purchase of Medical Care Services website at http://www.ncdhhs.gov/control/pomcs/guides/billing_sicklecell.pdf;
- (4) medical supplies and equipment;
- (5) preventive dentistry including education, examinations, cleaning, and X-rays; remedial dentistry including tooth removal, restoration, and endodontic treatment for pain prevention; and emergency dental care to control bleeding, relieve pain, and treat infection; dental care, including:
 - (a) preventive dentistry including education, examinations, cleaning, and X-rays;
 - (b) remedial dentistry including tooth removal, restoration, and endodontic treatment for pain prevention; and
 - (c) emergency dental care to control bleeding, relieve pain, and treat infection;
- (6) eye care (when the Division of Services for the Blind will not provide coverage); and
- (7) the cost of inpatient care per client per year for a maximum of two admissions per fiscal year.

History Note: Authority G.S. 130A-129;
Eff. February 1, 1976;
Amended Eff. April 22, 1977;
Readopted Eff. December 5, 1977;
Amended Eff. July 1, 1982; January 1, 1982;
Temporary Amendment Eff. November 7, 1983, for a period of 120 days to expire on March 4, 1984;

Amended Eff. October 1, 1984; March 1, 1984;
Temporary Amendment Eff. October 14, 1988, for a period of 180 days to expire on April 12, 1989;
Temporary Amendment Expired April 12, 1989;
Amended Eff. September 1, 1990;
Temporary Amendment Eff. June 19, 1996;
Temporary Amendment Expired March 11, 1997;
Amended Eff. August 1, 2000;
Temporary Amendment Eff. December 17, 2001; December 1, 2001;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. January 27, 2004;
Amended Eff. January 1, 2014; October 1, 2006; July 1, 2004;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0112 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0113 PROCEDURE FOR REQUESTING SERVICES

(a) Any provider (physician, hospital, dentist) rendering services to a patient with one of the named disorders may request reimbursement services through the Sickle Cell Syndrome Program. The request shall be made by completing the appropriate program authorization request form. The form shall include:

- (1) biographical data of patient;
- (2) diagnoses (primary and secondary);
- (3) provider information including service date(s);
- (4) request and describe service;
- (5) describe and justify treatment or service, list other providers and state drug information if applicable;
- (6) check number services provided for ambulatory visits and answer all questions pertaining to patient's treatment and financial support; and
- (7) signature of physician or dentist, address and date of request.

(b) A financial eligibility form shall be submitted in accordance with rules found in 10A NCAC 45A.

History Note: Authority G.S.130A-129;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. July 1, 1982; April 1, 1982;
Temporary Amendment Eff. June 19, 1996;
Temporary Amendment Expired on March 11, 1997;
Amended Eff. August 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0114 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0115 REIMBURSEMENT

Reimbursement shall be made in accordance with rules found in 10A NCAC 45A.

History Note: Authority G.S. 143B-193;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. April 1, 1982;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0116 CLAIMS FOR REIMBURSEMENT

Claims for payment shall be submitted in accordance with rules found in 10A NCAC 45A.

History Note: Authority G.S. 143B-193;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;

Amended Eff. April 1, 1982;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0117 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0118 REIMBURSEMENT RATES

Reimbursement rates for the sickle cell syndrome program are found in 10A NCAC 45A .0400.

History Note: Authority G.S. 143B-193;
Temporary Rule Eff. August 15, 1982, for a period of 120 days to expire on December 12, 1982;
Eff. October 1, 1982;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

SECTION .0200 - SICKLE CELL CONTRACT FUNDS

10A NCAC 43H .0201 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) "Sickle cell disease" means sickle cell anemia (Hgb.SS), sickle C disease (Hgb.SC), sickle D disease (Hgb.SD), sickle-Thalassemia (Hgb. S-Thal), and includes sickle cell hemoglobin that co-exists with other abnormal hemoglobins with symptomatic abnormal clinical manifestations.
- (2) "Education" means making the general population aware of sickle cell syndrome (i.e., the difference between sickle cell disease and the carrier status of abnormal hemoglobins.) This term also means educational sessions for provision of sickle cell information to the lay public and medical and non-medical professionals.
- (3) "Counseling" means a clear communication of the diagnosis, psychological, social, and genetic factors relating to the specific condition. Counseling also includes information on risk, reoccurrence, and prognosis, and alternatives for prevention and treatment of the condition diagnosed.
- (4) "Counseling follow-up" means that the initial counseling session was not adequately completed and there is the need to follow-up with additional counseling session in order to provide the necessary genetic information based on test results.
- (5) "Case management services" means the facilitation and provision of medical, educational, and psychosocial services provided through developing and monitoring individual service care plans.

History Note: Authority G.S. 130A-124;
Eff. April 1, 1985;
Amended Eff. September 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

- 10A NCAC 43H .0203 PROVIDER ELIGIBILITY**
- 10A NCAC 43H .0204 CLIENT ELIGIBILITY**
- 10A NCAC 43H .0205 SCOPE OF SERVICES**
- 10A NCAC 43H .0206 ALLOCATION OF FUNDS**
- 10A NCAC 43H .0207 REPORTING REQUIREMENTS**
- 10A NCAC 43H .0208 APPLICATION FOR FUNDS**
- 10A NCAC 43H .0209 BUDGET OF CONTRACT FUNDS**
- 10A NCAC 43H .0210 RENEWAL OF CONTRACT FUNDS**

History Note: Authority G.S. 130A-124;
Eff. April 1, 1985;
Amended Eff. September 1, 1990; December 1, 1987;
Expired Eff. January 1, 2017 pursuant to G.S. 150B-21.3A.

SECTION .0300 - GENETIC HEALTH CARE

10A NCAC 43H .0301 GENERAL

The Genetic Health Care Program is administered by the Children and Youth Section.

History Note: Authority G.S. 130A-124;
Eff. April 1, 1985;
Amended Eff. September 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.

10A NCAC 43H .0302 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43H .0303	DEFINITIONS
10A NCAC 43H .0304	PROVIDER ELIGIBILITY
10A NCAC 43H .0305	CLIENT ELIGIBILITY
10A NCAC 43H .0306	SCOPE OF SERVICES
10A NCAC 43H .0307	ALLOCATION OF FUNDS
10A NCAC 43H .0308	REPORTING REQUIREMENTS
10A NCAC 43H .0309	CLIENT AND THIRD PARTY FEES
10A NCAC 43H .0310	APPLICATION FOR FUNDS
10A NCAC 43H .0311	BUDGETING OF GRANT FUNDS
10A NCAC 43H .0312	ANNUAL REPORT
10A NCAC 43H .0313	RENEWAL OF GRANT FUNDS

History Note: Authority G.S. 130A-124;
Eff. April 1, 1985;
Amended Eff. September 1, 1990;
Expired Eff. January 1, 2017 pursuant to G.S. 150B-21.3A.

10A NCAC 43H .0314 SUBMISSION OF BLOOD SPECIMENS FOR SCREENING OF NEWBORNS

- (a) The attending physician shall collect or ensure the collection of a blood specimen for each infant born in North Carolina and shall submit such specimens to the North Carolina State Laboratory of Public Health for testing as set forth in 10A NCAC 42B .0102.
- (b) Notwithstanding Paragraph (a) of this Rule, parents or guardians may object to screening in accordance with G.S. 130A-125(b).
- (c) The hearing screening component of the Department's Newborn Screening Program is found in 10A NCAC 43F .1200.

History Note: Authority G.S. 130A-125;
Eff. April 1, 1992;
Transferred and Recodified from 15A NCAC 21E .0501 Eff. February 10, 1993;
Amended Eff. April 1, 1994;
Temporary Amendment Eff. October 1, 1999;
Amended Eff. August 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016;
Amended Eff. January 1, 2021.