

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

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SENATE BILL 261

Short Title: State Employee Heart Transplants.

(Public)

Sponsors: Senator Goldston.

Referred to: State Personnel.

February 23, 1989

A BILL TO BE ENTITLED

AN ACT TO COVER HEART AND OTHER ORGAN TRANSPLANTS THROUGH
PREFERRED PROVIDER REIMBURSEMENT LIMITS UNDER THE
TEACHERS' AND STATE EMPLOYEES' COMPREHENSIVE MAJOR
MEDICAL PLAN.

The General Assembly of North Carolina enacts:

Section 1. G.S. 135-40.6(5) reads as rewritten:

"(5) Surgical Benefits. – The Plan pays the usual, customary and reasonable charges for covered surgical services as follows:

a. Surgery: Cutting procedures, treatment of fractures, transfusions, operative preparation for diagnostic x-ray examinations, surgical implantation radiation sources, major endoscopic examinations, biopsies, surgical sterilization, other standard services and operations.

For the purpose of this subdivision, the term 'standard services and operations' includes the following organ transplants: heart, liver, corneal, bone marrow, and kidney. All other organ transplants shall be considered nonreimbursable under the Plan. Benefits for the above listed organ transplants shall be payable only in accordance with rules established by the Executive Administrator and Board of Trustees. The Executive Administrator and Board of Trustees are authorized to limit the Plan's reimbursement for organ transplants to amounts that would otherwise be allowed preferred providers in accordance with G.S. 135-40.4.

- 1 b. Anesthesia: Administration of general, spinal block or local anesthesia.
2 Covered services include pre- and postoperative visits, the
3 administration of the anesthetic, fluids and/or blood provided by the
4 anesthesiologist and incidental to the anesthesia, and necessary drugs
5 and materials provided by the anesthesiologist. No benefits are
6 provided for administration of local anesthesia or for anesthesia
7 administered by the operating surgeon or surgical assistant(s).
- 8 c. Oral Surgery: Services which are within the scope of practice of both a
9 doctor of medicine and a dentist, such as excision of tumors and
10 lesions of the mouth, treatment of jaw fractures and surgery to correct
11 injuries of the mouth structure other than teeth and their supporting
12 structure. Developmental and congenital orthognathic surgery
13 procedures will be covered under the Plan, provided such surgery is
14 medically necessary, is the only method of treatment which will
15 correct the patient's deformity, is not performed for cosmetic reasons,
16 and is approved in advance by the Claims Processor on the basis of the
17 surgeon's documentation that the correction of the deformity is
18 medically necessary for the maintenance of good physical health.
- 19 d. Maternity Care: Independent operative procedures in connection with
20 pregnancy, such as: manipulative obstetrical delivery, delivery by
21 Caesarean section, removal of ectopic pregnancy, dilation and
22 curettage. Benefits for manipulative obstetrical delivery include use of
23 forceps and/or episiotomy. No benefits are provided for antepartum or
24 postpartum care, except for direct surgical procedures of delivery and
25 surgical treatment.
- 26 e. Surgical Assistants: Services of an assistant surgeon when medical
27 judgment requires the services of an assistant surgeon and no hospital-
28 employed doctor in training is available.
- 29 f. Multiple Procedures: When multiple or bilateral surgical procedures
30 are performed by the same doctor through separate incisions or
31 approaches during the same session, the surgical benefits will be the
32 greater UCR allowance, plus fifty percent (50%) of the lesser UCR
33 allowance. Anesthesia benefits will be the greater UCR allowance.
- 34 When multiple surgical procedures are performed by the same
35 doctor through the same incision or operative approach, the surgical
36 benefits are limited to the procedure which has the highest UCR
37 allowance.
- 38 When a surgical procedure is performed in two or more stages, the
39 surgical benefit for the entire procedure is the same as it would be
40 were the procedure performed in one stage (except where otherwise
41 provided in the benefit schedule). This limitation does not apply to
42 anesthesia benefits.
- 43 g. Cleft Palate: Notwithstanding G.S. 135-40.6(6)a and G.S. 135-
44 40.7(11), medical treatment and care needed by an individual born

1 with cleft palate, including specialized dental and orthodontic care
2 necessitated by the congenital condition, provided that the individual
3 was covered at the time of birth by the Plan or the Predecessor Plan."

4 Sec. 2. This act shall become effective January 1, 1990.