

Also, please note the following:

1. See the specific clinical coverage policy and Medicaid's Basic Billing Guide for complete details regarding provision of and payment for services rendered. Clinical coverage policies and the Basic Medicaid Billing Guide can be found at <http://www.ncdhhs.gov/dma/provider/library.htm>.
2. Obtaining prior approval does **not** guarantee payment or ensure beneficiary eligibility on the date of service. A beneficiary must be eligible for Medicaid coverage on the date the procedure is performed or the service rendered, and the provider must be an enrolled Medicaid provider for that service and provider type on the day of service.
3. **The service must be rendered as specified in this notice**, including service approved, number of units approved, time period of approval, if relevant. See previous page regarding details of authorization.
4. Effective the date of this notice, this prior approval authorization is time limited to the first of the following to occur:
 - a. time limit specified by this prior approval **OR**
 - b. 365 days from date of this prior approval.
5. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits end on the day of the beneficiary's twenty-first birthday. Upon reaching 21, the beneficiary is no longer entitled to receive services that exceed policy limits or a non-covered state Medicaid Plan Service.
6. The provider has up to 365 days from the date the service is rendered to submit the claim for payment. See specific clinical coverage policy and the Basic Medicaid Billing Guide for complete details regarding provision of and payment for services rendered.

If you have questions concerning this notice of approval, please contact _____ at _____ . Thank you for serving the citizens of North Carolina by participating in the Medicaid program.

Sincerely,

CC: Beneficiary
Service Provider
Beneficiary Record