



## COVERED SERVICES AND ELIGIBLE PROVIDERS

The Cancer Assistance Program covers up to **8 days of service for the diagnosis of cancer (inpatient or outpatient)** per state fiscal year (July 1 through June 30) and up to 30 days of **cancer treatment services (inpatient or outpatient)** per state fiscal year. Follow-up services may be covered for up to 2 days if they fall within the 8 or 30 days allowed. For maximum benefit to the patient, several services can be provided each day. Applications for in-patient diagnostic services must be accompanied by a written, signed statement from the attending physician stating the medical reason that inpatient services are required and why such services can not be performed on an outpatient basis.

The Cancer Assistance Program will cover only treatment regimens that are standard medical treatment -- not experimental therapies. If there is a question about whether a proposed medical treatment is appropriate for billing to the Cancer Assistance Program, contact the Program Manager at (919) 707-5330. Covered services have the following restrictions:

- ◆ Coverage does *not* include treatment procedures that are experimental therapies or palliative care, including bone marrow transplants.
- ◆ The treatment of uterine fibroid as a medical procedure for cancer is *not* covered. Cases where there is suspicion of malignancy will be reviewed on a case-by-case basis.
- ◆ The Program does not reimburse for treatment of condyloma unless there is dysplasia or atypia also present.
- ◆ Medications for the patient's use outside of the treatment facility or the doctor's office are *not* covered.
- ◆ Dental treatment is *not* covered except in cases of head and neck cancer and when necessary for the delivery of oncologic care.
- ◆ The Program will *not* cover late discharge fees, transportation, telephone calls, or other miscellaneous charges. Reimbursement for patient mileage is not an allowable charge.
- ◆ Cosmetic surgery will *not* be covered. This does not preclude the coverage of functional reconstructive surgery.
- ◆ Reconstructive surgery may only be covered for a patient when the Cancer Assistance Program paid for a treatment related to the same diagnosis.
- ◆ Treatment for patients suspected of having cervical intraepithelial neoplasia (CIN) should be performed in accordance with the guidelines of the American College of Obstetricians and Gynecologists (ACOG).

- ◆ Coverage includes both hospital and professional services. It can include short-term stays in hotel or motels when authorized treatment services are covered by the program and when the patient's residence is at least 50 miles from the medical facility providing the outpatient services. Reimbursement will be at the then-current state rate for meals and lodging. Information on the current rate can be obtained from the Cancer Prevention and Control Branch.
- ◆ Requests for inpatient diagnostic services must include justification as to why services cannot be done on an outpatient basis.
- ◆ Providers who wish to participate in the program must be licensed professionals (e.g. physician, dentist or physical therapist) providing cancer-related services to a resident of North Carolina.

*At the North Carolina Comprehensive Cancer Program, your health matters to us.*

**North Carolina Cancer Assistance Unit**

---