

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
		<p>All services, including physician’s services are subject to the same requirements as when provided in a non facility setting.</p> <p>Mental health services are identified in the SD/MC agreement, along with the appropriate utilization controls for that delivery system. Beneficiaries may elect to receive service through either the regular Medi-Cal program or the SD/MC system</p>
<p>2b Rural Health Clinic services and other ambulatory services covered under the state plan.</p>	<p><u>Services provided by</u> the following <u>at a</u> Rural Health Clinic (RHC) <del>services</del> are covered under this state plan:</p> <p><del>1. Physician services</del></p> <p>For RHC purposes, physicians are defined as follows:</p> <ul style="list-style-type: none"> <li>• <u>Physician services:</u> a <del>doctor of medicine or osteopathy</del> <u>licensed physician is a doctor of medicine or osteopathy</u> authorized to practice medicine and surgery by the State and who is acting within the scope of his/her license. <u>Refer to Type of Service “5a Physician’s Services” for covered physician services provided by a licensed physician, visit limitation, and exemptions to the visit limitation.</u></li> <li>• <del>b:</del> A doctor of podiatry authorized to practice podiatric medicine by the State and who is acting within the scope of his/her license.</li> <li>• <del>e:</del> A doctor of optometry authorized to practice optometry by the State and who is acting within the scope of his/her license.</li> <li>• <del>d:</del> A doctor of chiropractics authorized to practice</li> </ul>	<p>Rural health clinics do not require Treatment Authorization Request (TAR) before rendering services; however, RHCs must provide documentation in the medical record that the service was provided.</p> <p><u>Refer to Type of Service “5a Physician’s Services” for other requirements for physician services.</u></p>

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\* Prior authorization is not required for emergency service.

\*\*Coverage is limited to medically necessary services

2b Rural Health Clinic services and other ambulatory services covered under the state plan (continued).

chiropractics by the State and who is acting within the scope of his/her license.

- ~~e-~~ A doctor of dental surgery (dentist) authorized to practice dentistry by the State and who is acting within the scope of his/her license.
- ~~2-~~ A Physician Assistant (PA) who is authorized to practice PA services by the State and who is acting within the scope of his/her license.
- ~~3-~~ A Nurse Practitioner (NP) who is authorized to practice NP services by the State and who is acting within the scope of his/her license.
- ~~4-~~ A Certified Nurse Midwife (CNM) who is authorized to practice nursing and midwifery services by the State and who is acting within the scope of his/her license.
- ~~5-~~ A ~~V~~visiting nurse who is authorized to practice nursing by the State and who is acting within the scope of his/her license.
- ~~6-~~ Comprehensive Perinatal Services Program (CPSP) practitioner services.
- ~~7-~~ A ~~L~~icensed clinical social worker ~~services~~ who is authorized to practice social work services by the State and who is acting within the scope of his/her license.
- ~~8-~~ A ~~C~~linical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license.

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