

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan.</p>	<p><u>Services provided by</u> the following <u>at a</u> Federally Qualified Health Center (FQHC) services are covered under this state plan:</p> <p>1. Physician services</p> <p>For FQHC purposes, physicians are defined as follows:</p> <ul style="list-style-type: none"> • Physician services: <u>a doctor of medicine or osteopathy 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> • b. A doctor of podiatry authorized to practice podiatric medicine by the State and who is acting within the scope of his/her license. • c. A doctor of optometry authorized to practice optometry by the State and who is acting within the scope of his/her license. • d. A doctor of chiropractics authorized to practice 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. <u>A</u> Physician Assistant (PA) who is authorized to practice PA services by the State and who is acting within the scope of his/her license. 	<p>FQHCs do not require Treatment Authorization Request (TAR) before rendering services; however, FQHCs 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>

TN No. ~~09-001~~ 11-013

Supersedes TN No. ~~95-014~~ 09-001

Approval Date: _____

Effective Date: 7/1/2009 11/1/2011

* Prior authorization is not required for emergency service.

**Coverage is limited to medically necessary services

<p>2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).</p>	<ul style="list-style-type: none"> • 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 Vvisiting 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 Licensed 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 Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license. <p>Acupuncture, audiology, chiropractic, dental, podiatry, speech therapy, are covered optional benefits only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 	
--	---	--

TN No. ~~09-001~~ [11-013](#)

Supersedes TN No. ~~95-014~~ [09-001](#)

Approval Date: _____

Effective Date: ~~7/1/2009~~ [11/1/2011](#)

* Prior authorization is not required for emergency service.

**Coverage is limited to medically necessary services