

(Note: This chart is an overview only)  
Attachment 3.1-A

STATE PLAN CHART

Limitations to

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	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
7c.2	Durable Medical Equipment	<p>Covered when prescribed by a licensed practitioner</p> <p>DME commonly used in providing SNF and ICF level of care is not separately billable.</p>	<p>Prior authorization is required when the purchase exceeds \$100. Prior authorization is required when price, repairs, maintenance, or cumulative rental of listed items exceeds \$25, except that the provision of more than two "H" oxygen tanks in any one month requires prior authorization. Purchase or rental of "By Report" (unlisted) items are subject to prior authorization regardless of purchase price. Authorization shall be granted only for the lowest cost item that meets medical needs of the patient.</p>
7c.3	Hearing aids	<p>Covered only when supplied by a hearing aid dispenser upon the prescription of an otolaryngologist, or the attending physician where there is no otolaryngologist available.</p> <p>Loaner aids, during repair periods covered under guarantee, are not covered. Replacement batteries are not covered.</p>	<p>Prior authorization is required for the purchase or trial period rental of hearing aids and for hearing aid repairs which exceed a cost of \$25. Cords, receivers, ear molds, and hearing aid garments are covered without prior authorization.</p> <p>Authorization for hearing aids may be granted only when tests reveal an average loss of 35 dB or greater, or if the difference between the level of 1,000 Hertz and 2,000 Hertz is 20 dB or more. The hearing loss need only be 30 dB, and speech communication is effectively improved or the need for personal safety is met.</p>

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
7c.4	<p>Enteral <del>Formulae</del> <u>Nutrition Products</u> Covered only when supplied by a pharmacy provider upon the prescription of a licensed practitioner within the scope of his or her practice.</p> <p><u>Limited to enteral nutrition products to be administered through a feeding tube (beneficiaries under the Early and Periodic Screening, Diagnosis, and Treatment Program are exempt). The department may deem an enteral nutrition product, not administered through a tube, a benefit for patients with diagnoses, including but not limited to, malabsorption and inborn errors of metabolism.</u></p> <p>Enteral <del>Formulae</del> <u>Nutrition Products</u> commonly used in providing SNF and ICF level of care is not separately billable.</p> <p>Common household items (food) are not covered.</p>	<p>Prior authorization is required for all products. Authorization is given when the enteral <del>formulae</del> <u>nutrition product</u> is used as <u>part of</u> a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food.</p> <p><del>Dietary supplements or products that cannot be used as a complete source of nutrition are considered non-benefits, except that the program may deem such a product a benefit when it determines that the use of the</del></p> <p><u>The product is must be</u> neither investigational nor experimental when used as part of a therapeutic regimen to prevent serious disability or death <del>in patients with medically diagnosed conditions.</del></p>

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\* Prior authorization is not required for emergency services.

\*\* Coverage is limited to medically necessary services.

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TN 11-015

Supersedes

TN ~~03-012~~None

Approval date \_\_\_\_\_

Effective date: September 1, 2011

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