



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DEC 30 2013

Gloria Nagle, Ph.D., M.P.A.
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services, Region IX
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 13-018

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 13-018, to restore certain adult dental optional benefits for persons 21 years of age or older under the Medi-Cal program. The adult dental benefits, subject to utilization controls, are limited to the following medically necessary services: Examinations, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures) and complete denture adjustments, repairs and relines. The proposed effective date for this SPA is May 1, 2013. DHCS shall implement this restoration by means of a provider bulletin or similar instruction, without taking regulatory action.

The enclosed SPA revises or adds language to the following pages:

- Limitations on Attachment 3.1-A pages 3D and 3E.
- Limitations on Attachment 3.1-B pages 3D and 3E.
- Limitations on Attachment 3.1-A pages 3B and 3B.1.
- Limitations on Attachment 3.1-A page 15A.
- Limitations on Attachment 3.1-A page 15B.
- Limitations on Attachment 3.1-B pages 3B and 3B.1.
- Limitations on Attachment 3.1-B page 15.
- Limitations on Attachment 3.1-B page 15A.
- Limitations on Attachment 3.1-B page 15B.

Gloria Nagle, PhD, MPA
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Should you have any questions please contact Andrew McCray, Chief, Medi-Cal Dental Services Division at (916) 464-0209 or by e-mail andrew.mccray@dhcs.ca.gov.

Sincerely,

ORIGINAL COPY SIGNED BY:

Toby Douglas
Director

Enclosures

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
9 Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p>	
10 Dental services	<p>Pursuant to 42 U.S.C. Section 1396d (a)(10), dental services are covered as described under this plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women: emergency dental services and pregnancy related-services or services to treat a condition that may complicate the pregnancy. 2. Individuals who are eligible for the EPSDT program: emergency dental services and all other medically necessary dental services. <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p>	<p>Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). <u>On behalf of the state,</u> the Dental FI approves and provides payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, and orthodontic treatment. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>
	<p><u>Dental benefits are limited to the following medically necessary services: Examination,</u></p>	

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-01808

Supersedes

2014

TN No. 13-00809-001

Approval Date: _____

-Effective Date: 7/1/13 May 1,

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
	<p><u>radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</u></p> <p>For eligible beneficiaries 21 years of age and older (non-EPSDT), an \$1,800 annual benefit maximum applies, with the following exceptions:</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy. • Dentures • Dental implants and implant-retained prostheses. 	

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-018
Supersedes
TN No. None

Approval Date: _____

Effective Date: May 1, 2014

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
7d Physical and occupational therapy, speech therapy and audiology services provided by a home health agency.	See 11.	See 11.
8 Special duty nursing services.	Not covered	
9 Clinic services.	<p>Clinic services are covered under this state plan. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Clinic services include outpatient heroin or other opioid detoxification services. Services shall be furnished at the clinic by or under the direction of a physician or dentist.</p> <p>Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, optometry, podiatry, psychology, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Refer to appropriate service section for prior authorization.</p> <p>Narcotic Treatment Programs pursuant to federal and state regulations are the only facilities that may administer methadone for heroin or other opioid detoxification services. Other narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certification for treatment of opioid dependence outside of Narcotic Treatment Programs. Refer to type of service "5a Physician Services" for prior authorization and other requirements for outpatient heroin or other opioid detoxification services.</p>

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TN No. 13-01808

Supersedes

20147/1/2013

TN No. 13-00844-037b

Approval Date: _____

Effective Date: May 1,

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
7d Physical and occupational therapy, speech therapy and audiology services provided by a home health agency.	See 11. The monthly two-visit combination limit described in Item 11 does not apply to therapies provided in the home health setting	See 11.
8 Special duty nursing services.	Not covered	
9 Clinic services.	<p>Clinic services are covered under this state plan. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Clinic services include outpatient heroin or other opioid detoxification services. Services shall be furnished at the clinic by or under the direction of a physician or dentist.</p> <p>Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, optometry, podiatry, psychology, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Refer to appropriate service section for prior authorization.</p> <p>Narcotic Treatment Programs pursuant to federal and state regulations are the only facilities that may administer methadone for heroin or other opioid detoxification services. Other narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certification for treatment of opioid dependence outside of Narcotic Treatment Programs. Refer to type of service "5a Physician Services" for prior authorization and other requirements for outpatient heroin or other opioid detoxification services.</p>

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TN No. 13-01808

Supersedes

05/01/147/1/2013

TN No. 13-00844-037b

Approval Date: _____

Effective Date:

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>2b. Rural Health Clinic services and other ambulatory services covered under the state plan.</p>	<p>Acupuncture, audiology, chiropractic, dental, podiatry, and 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 their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program <p>Psychology services are covered in RHCs for all Medi-Cal beneficiaries.</p> <p>The following services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p> <p><u>Dental benefits are limited to Federally required adult dental services are covered in RHCs for all Medi-Cal beneficiaries-the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel resin, and resin window</u></p>	

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan. (Continued)	<p><u>crowns, anterior root canal therapy, complete dentures (including immediate dentures) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits the Early and Periodic Screening Diagnosis and Treatment Program.</u></p> <p>Rural Health Center home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered</p>	<p>Refer to home health services section for additional requirements.</p>

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE **	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>4. 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</p> <p>5. Visiting nurse who is authorized to practice nursing by the State and who is acting within the scope of his/her license</p> <p>6. Comprehensive Perinatal Services Program (CPSP) practitioner services</p> <p>7. 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</p> <p>8. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license</p>	
	<p>Acupuncture, audiology, chiropractic, dental, podiatry, speech therapy, are covered optional benefits only for the following beneficiaries:</p>	
	<p>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.</p>	

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TN No. ~~13-008~~ [13-018](#)
Supersedes
TN No. ~~09-001-13-008~~

Approval Date: _____

Effective Date: May 1, 2014

STATE PLAN CHART

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 (continued).</p>	<p>2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program</p> <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p> <p>The following services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p> <p>Federally required adult dental services are covered in FQHCs for all Medi-Cal beneficiaries. Dental benefits are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>FQHC home nursing services are provided only to established patients of the center to ensure continuity of care.</p> <p>Physician services and home nursing services in those areas having a shortage of home health agencies are covered</p>	<p>Refer to home health services section for additional requirements.</p>

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9 Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p>	
10 Dental services	<p>Pursuant to 42 U.S.C. Section 1396d (a)(10), dental services are covered as described under this plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women: emergency dental services and pregnancy related-services or services to treat a condition that may complicate the pregnancy. 2. Individuals who are eligible for the EPSDT program: emergency dental services and all other medically necessary dental services. <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p>	<p>Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). <u>On behalf of the state,</u> the Dental FI approves and provides payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, and orthodontic treatment. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>
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<p>2b. Rural Health Clinic services and other ambulatory services covered under the state plan. (Continued)</p>	<p><u>crowns, anterior root canal therapy, complete dentures (including immediate dentures) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits the Early and Periodic Screening Diagnosis and Treatment Program.</u></p> <p>Rural Health Center home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered</p>	<p>Refer to home health services section for additional requirements.</p>

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