



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



EDMUND G. BROWN JR.  
GOVERNOR

November 15, 2013

Gloria Nagle, PhD, MPA  
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 13-042

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 13-042 to clarify the program coverage description in the State Plan related to physical, occupational and speech therapy. Currently, DHCS covers rehabilitative physical, occupational and speech therapy services and intends to amend the State Plan to further define the scope of these services to include the maintenance and acquisition of skills. The proposed effective date for this SPA is October 1, 2013.

SPA 13-042 contains some pages that have been submitted to the Centers for Medicare and Medicaid Services with SPA 13-008 on September 20, 2013. DHCS will ensure that any edits to these pages made during the approval of SPA 13-008 will be incorporated into SPA 13-042.

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

- Limitations on Attachment 3.1-A and 3.1-B, page 16, physical therapy.
- Limitations on Attachment 3.1-A and 3.1-B, page 16a, occupational therapy.
- Limitations on Attachment 3.1-A and 3.1-B, page 16b, speech therapy.

As required by the American Recovery and Reinvestment Act of 2009 (ARRA), DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. DHCS published the Tribal Notice for SPA 13-042 on October 11, 2013 and held a tribal teleconference on October 17, 2013. DHCS did not receive any comments in regards to this SPA.

Gloria Nagle, PhD, MPA  
Page 2

SPA 13-042 does not require a public notice.

If you have any questions regarding the information provided, please contact Laurie Weaver, Chief, Benefits Division, at (916) 552-9400.

Sincerely,

**ORIGINAL COPY SIGNED BY:**

Toby Douglas  
Director

Enclosures

cc: Donald A. Novo  
Division of Medicaid and Children's Health Operations  
San Francisco Regional Office  
Centers for Medicare and Medicaid Services  
90 Seventh Street, Suite 5-300(5W)  
San Francisco, CA 94103



TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered <a href="#">for the restoration, maintenance and acquisition of skills</a> only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p><del>Maintenance therapy services are covered for beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment program when medically necessary.</del></p> <p>Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center. Maintenance therapy services are covered for beneficiaries under the age of 21 years, when medically necessary.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p>	<p>All physical therapy services are subject to prior authorization.</p> <p>Services must be performed by providers who meet the applicable qualification requirements as defined for physical therapy in 42 CFR Section 440.110(a), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p>

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STATE PLAN CHART

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11b. Occupational Therapy	<p>Occupational therapy is covered <a href="#">for the restoration, maintenance and acquisition of skills</a> only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p><del>Maintenance therapy services are covered for beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment Program when medically necessary.</del></p> <p>Outpatient occupational therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p> <p>Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient occupational therapy 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: audiology, acupuncture, chiropractic, psychology, podiatry, 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>Services must be performed by providers who meet the applicable qualification requirements as defined for occupational therapy in 42 CFR Section 440.110(b), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p> <p>TAR is required for an occupational therapy visit that exceeds the two-visit limit.</p>

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11c. Speech Therapy/Audiology	<p>Speech therapy <a href="#">for the restoration, maintenance and acquisition of skills</a> and audiology may be provided only upon the written prescription of a physician or dentist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Speech therapy and audiology provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p> <p><del>Maintenance therapy services are covered for beneficiaries under the age of 21 years when medically necessary.</del></p> <p>Speech therapy and audiology services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Speech therapy and audiology services are covered under this state plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> <li>1. Pregnant women, if the speech therapy and audiology services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy.</li> <li>2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program.</li> </ol>	<p>Services must be performed by providers who meet the applicable qualification requirements as defined for speech therapy and audiology services in 42 CFR Section 440.110(c), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p>

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TN No. ~~13-008~~ [13-042](#)  
Supersedes  
TN No. ~~None~~ [13-008](#)

Approval Date: \_\_\_\_\_

Effective Date: ~~7/1/13~~ [10/1/13](#)

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