ENCLOSURE

Revised Pages for:

CALIFORNIA MEDICAID STATE PLAN

Under Transmittal of

STATE PLAN AMENDMENT (SPA)

09-001*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	**Insert Page (s)**
Limitations on Attachment 3.1-A, pages 2-3 (TN 05-009, TN 95-014)	Limitations on Attachment 3.1-A, pages 2, 3-3E
Limitations on Attachment 3.1-A, pages 10b, 11, 12 (TN 00-026, TN 88-17, TN 02-012)	Limitations on Attachment 3.1-A, pages 10b-10c, 11-11B, 12-12A
Limitations on Attachment 3.1-A, pages 15, 15a (TN 05-004)	Limitations on Attachment 3.1-A, pages 15, 15A, 15B
Limitations on Attachment 3.1-A, page 16 (TN 88-17)	Limitations on Attachment 3.1-A, pages 16, 16A
Limitations on Attachment 3.1-A, page 18 (TN 91-12)	Limitations on Attachment 3.1-A, pages 18, 18A
Limitations on Attachment 3.1-A, page 21 (TN 88-17)	Limitations on Attachment 3.1-A, page 21
Limitations on Attachment 3.1-B, pages 2-3 (TN 88-17, TN 95-014)	Limitations on Attachment 3.1-B, pages 2, 3-3E

Limitations on Attachment 3.1-B, pages 10b, 11, 12 (TN 00-026, TN 88-17, TN 02-012)	Limitations on Attachment 3.1-B, pages 10b-10c, 11-11B, 12-12A
Limitations on Attachment 3.1-B, pages 15, 15a (TN 05-004)	Limitations on Attachment 3.1-B, pages 15, 15A, 15B
Limitations on Attachment 3.1-B, page 16 (TN 88-17)	Limitations on Attachment 3.1-B, pages 16, 16A
Limitations on Attachment 3.1-B, page 18 (TN 91-12)	Limitations on Attachment 3.1-B, pages 18, 18A
Limitations on Attachment 3.1-B, page 21 (TN 88-17)	Limitations on Attachment 3.1-B, page 21
Supplement 6 to Attachment 4.19-B, pages 1-2 (TN 00-008)	Supplement 6 to Attachment 3.1-B, pages 1, 2, 2A

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2a Hospital outpatient department services and community hospital outpatient clinic.	The following services are covered: 1. Physician 2. Optometric 3. Psychology 4. Podiatric 5. Physical therapy 6. Occupational Therapy 7. Speech pathology 8. Audiology 9. Acupuncture 10. Laboratory and X-ray 11. Blood and blood derivatives 12. Chronic hemodialysis 13. Hearing aids 14. Prosthetic and orthotic appliances 15. Durable medical equipment 16. Medical supplies 17. Prescribed drugs 18. Use of hospital facilities for physician's services 19. Family planning 20. Respiratory care 21. Ambulatory surgery 22. Dental	Refer to appropriate service section for prior authorization requirements

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
		All services, including physician's services are subject to the same requirements as when provided in a non facility setting. 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
2b Rural Health Clinic services and other ambulatory services covered under the state plan.	The following Rural Health Clinic (RHC) services are covered under this state plan: 1. Physician services For RHC purposes, physicians are defined as follows: a. A doctor of medicine or osteopathy authorized to practice medicine and surgery by the State and who is acting within the scope of his/her license 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	Rural health clinics do not require Treatment Authorization Request (TAR) before rendering services however, RHC must provide documentation in the medical record that the service was provided.

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	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. 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. 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. 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. 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. 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. Clinical 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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	Acupuncture, audiology, chiropractic, dental, podiatry, speech therapy, are covered optional benefits only for the following beneficiaries: 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. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an RHC if an NF-A or NF-B resident is a patient of the clinic. 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing Federally required adult dental services are covered in RHCs for all Medi-Cal beneficiaries. 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	Refer to home health services section for additional requirements.

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2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan.	The following FQHC services are covered under this state plan: 1. Physician services For FQHC purposes, physicians are defined as follows: a. A doctor of medicine or osteopathy authorized to practice medicine and surgery by the State and who is acting within the scope of his/her license 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. 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. Nurse Practitioner (NP) who is authorized to practice NP services by the State and who is acting within the scope of his/her license.	FQHC do not require Treatment Authorization Request (TAR) before rendering services however, FQHC must provide documentation in the medical record that the service was provided.

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	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 5. 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. 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. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license Acupuncture, audiology, chiropractic, dental, podiatry, speech therapy, are covered optional benefits only for the following beneficiaries: 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.	

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	2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC if an NF-A or NF-B resident is a patient of the clinic. 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing Federally required adult dental services are covered in FQHCs for all Medi-Cal beneficiaries. FQHC 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	Refer to home health services section for additional requirements.

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
Medical care and any other type of remedial care recognized under State law. 6a. Podiatrists' services	Podiatry service is a covered optional benefits only for the following beneficiaries: 1. Pregnant women if the podiatry service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B) Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic. 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing	Routine office visits do not require prior authorization. All other podiatry services are subject to prior authorization, except emergencies. All services provided in SNFs and ICFs are subject to prior authorization

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**Coverage is limited to medically necessary services. Services are available equally to the categorically needy and medically needy

Routine nail trimming is not covered.

Inpatient services are covered only on written order of the physician or podiatrist who admits the patient to the hospital, and only when the period of hospital stay is covered by the program

Podiatry services are limited to treatment of disorders of the feet which complicate, or are secondary to, chronic medical diseases or which significantly impair the ability to walk.

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6b Optometry services	1. As medically necessary when provided by an optometrist licensed by the state except that orthoptics and pleoptics are not covered. Routine eye examinations with refractions are limited to one service in a 24-month period.	Prior authorization is necessary for low vision aids when the billed amounts is over $100 and for contact lenses if they are the extended type or the contacts are to correct anisometropia or when facial pathology or deformity preclude the use of eyeglasses. Payment for some procedures may require additional justification
6c Chiropractic services	Chiropractic services are covered under this state plan when provided by chiropractic practitioner licensed by the state. Chiropractic services are limited to manual manipulation of the spine. This is a covered optional benefit under this plan only for the following beneficiaries: 1. Pregnant women if chiropractic service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC	Prior authorization is not required; however services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech pathology, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month.

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	if an NF-A or NF-B resident is a patient of the clinic. 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing	
6d.1 Psychology	Psychology services are covered as an optional benefit under this plan when provided by a psychologist or clinical social worker licensed by the state only for the following beneficiaries: 1. Pregnant women if psychology service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B) 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing	Prior authorization is not required; however services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech pathology, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month.

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	Psychology services are available when provided by licensed practitioners.
6d.2 Nurse anesthetist services	Nurse anesthetists as licensed by the state may administer all types of anesthesia within their scope of licensure

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d3 Acupuncture services	Covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Acupuncture services are covered under this state plan only for the following beneficiaries: 1. Pregnant women if acupuncture is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing	Prior authorization is not required; however services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech therapy, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month.

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7. Home Health Services Home health agency services including nursing services which may be provided by a registered nurse when no home health agency exists in the area, home health aide services, medical supplies and equipment, and therapies.	Home health services are covered if furnished by a home health agency that meets the conditions of participation for Medicare. Services are ordered by a physician as part of a written plan of care that the physician reviews every 60 days. Home health services include the following services: 1. Skilled nursing services as provided by a nurse licensed by the state 2. Physical therapy services as provided by a physical therapist licensed by the state and in accordance with 42 CFR 440.110. 3. Occupational therapy services as provided by an occupational therapist licensed by the state and in accordance with 42 CFR 440.110 4. Speech therapy services as provided by a speech therapist or speech pathologist licensed by the state and in accordance with 42 CFR 440.110. 5. Home health aide services provided by a Home Health Agency Medical supplies, equipment, and appliances suitable for use in the home	
7a. Home health nursing 7b. and aide services	Services are provided at a participant's residence which does not include a hospital, nursing facility or ICF/MR. Services must be medically necessary.	One visit in a six-month period for initial case evaluation is covered without prior authorization. Monthly reevaluations are covered without prior authorization. Additional services require prior authorization.

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STATE PLAN CHART

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	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. Services shall be furnished at the clinic by or under the direction of a physician or dentist. Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, podiatry, eye glasses and other eye appliances, psychology, speech therapy, are covered optional benefits only for the following beneficiaries: 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. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate	Refer to appropriate service section for prior authorization requirements

care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic

4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

10 Dental services	Pursuant to 42 U.S.C. Section 1396d (a)(10), emergency and medically necessary diagnostic, preventive, and restorative dental services are covered, subject to limitations contained in applicable state statutes, regulations, manual of criteria, and utilization controls. Dental services are covered under this plan only for the following beneficiaries: 1. Pregnancy-related dental services and dental services to treat a condition that might complicate the pregnancy for pregnant women age 21 and over, limited to oral examinations, cleanings, topical fluoride applications and treatment of periodontal disease. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program, including diagnostic, preventive, restorative and all other medically necessary dental services.	Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI), subject to state statutes, regulations, manual of criteria, and utilization controls. 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.

3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

Federally required adult dental services are covered under this state plan for all Medi-Cal beneficiaries.

Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.

For beneficiaries 21 years of age and older who met the eligible individual requirements for number 1, 3, and 4 above, there is an $1,800 annual benefit maximum, with the following exceptions:

- Emergency dental services
- Services that are federally mandated under Part 440 (commencing with Section 440. 50) of Title 42 of the Code of Federal Regulations, including pregnancy-related services and for other conditions that might complicate the pregnancy.
- Dentures
- Maxillofacial services, including dental implants and implant-retained prostheses.
- Services provided in long term care facilities

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11 Physical Therapy and related services	Physical therapy and occupational therapy are covered only when prescribed by a physician, dentist, or podiatrist. Speech therapy and audiology may be provided only upon the written prescription of a physician or dentist. Maintenance therapy services are not covered. Speech therapy and audiology services are covered under this state plan only for the following beneficiaries: 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 the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program	All physical therapy services are subject to prior authorization. Occupational therapy, speech therapy, and audiology services rendered by independent practitioners are subject to the availability of MEDI reservation, except that these services, when rendered to patients in SNFs or ICFs are subject to prior authorization. In a certified rehabilitation center, one visit in a six month period for evaluation of the patient and preparation of an extended treatment plan may be provided without prior authorization. Additional services including other evaluation can be provided in accordance with an approved treatment plan signed by a physician subject to prior authorization.

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3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

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STATE PLAN CHART

TYPE OF SERVICE		PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12b	Dentures	See 10.	See 10.
12c	Prosthetic and orthotic appliances	Covered when prescribed by a physician or podiatrist. Stock shoes (conventional or orthopedic) are covered when at least one of the shoes is to be attached to a prosthesis or brace. Orthopedic modifications to stock shoes are also covered.	Prior authorization is required when the purchase price is more than $100. Prior authorization is required for rental or repair when the total cost is more than $50.
		Prosthetic eyes are covered when prescribed by a physician or other licensed practitioner performing within his or her scope of practice.	Prior authorization is required for prosthetic eyes and most prosthetic eye services.
12d	Eyeglasses, and other eye appliances	Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries: 1. Pregnant women if eyeglasses or other eye appliances are part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program	Prior authorization is required for low vision devices when the billed amounts are over $100 and for contact lenses when medically indicated for conditions such as aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of eyeglasses. Prior authorization is required for ophthalmic lenses and frames that cannot be supplied by the fabricating optical laboratory.

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	3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing
13a Diagnostic services	Covered under this state plan only for EPSDT program
13b Screening services	Covered under this state plan only for EPSDT program
13c Preventive services	Covered under this state plan only for EPSDT program and for pregnant/postpartum Medi-Cal recipients

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
15 Nursing facility level A	Covered when patient is under the care of a physician who because of mental or physical conditions or both (above the level of board and care) requires out-of-home protective and supportive care living arrangements with 24-hour supervision and skilled nursing care on an ongoing intermittent basis. The patient must be visited by a physician at least every 60 days.	Prior authorization is required. The patient physician must recertify patient's need for continued care every 60 days.
15a ICF services for the developmentally disabled (ICF-DD), ICF-DD Habilitative (ICF DD-H), or ICF-DD Nursing (ICF DD-N)	Covered only for developmentally disabled persons who require 24-hour care in a protected setting and who require and will benefit from the services provided. The developmentally disabled nursing services are for those who are more medically fragile.	Prior authorization is required. The patient physician must recertify patient's need for continued care on the same schedule as required for ICFs.
16 Inpatient psychiatric facility services for individuals under 22 years of age	Inpatient psychiatric services in an institution for mental diseases are covered under this state plan for persons under age 21 or in certain circumstances up to the 22 years of age when the inpatient treatment is initiated prior to reaching 21 years of age.	Prior authorization is required for all non-emergency hospitalizations. Emergency admissions are exempt from prior authorization, but the continuation of the hospital stay beyond the admission is subject to prior authorization. Emergency admission requires a statement from a physician or practitioner performing within his or her scope of licensure to support the emergency admission.

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2a Hospital outpatient department services and community hospital outpatient clinic.	The following services are covered: 1. Physician 2. Optometric 3. Psychology 4. Podiatric 5. Physical therapy 6. Occupational Therapy 7. Speech pathology 8. Audiology 9. Acupuncture 10. Laboratory and X-ray 11. Blood and blood derivatives 12. Chronic hemodialysis 13. Hearing aids 14. Prosthetic and orthotic appliances 15. Durable medical equipment 16. Medical supplies 17. Prescribed drugs 18. Use of hospital facilities for physician's services 19. Family planning 20. Respiratory care 21. Ambulatory surgery 22. Dental	Refer to appropriate service section for prior authorization requirements

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2b Rural Health Clinic services and other ambulatory services covered under the state plan.	The following Rural Health Clinic (RHC) services are covered under this state plan: 1. Physician services For RHC purposes, physicians are defined as follows: a. A doctor of medicine or osteopathy authorized to practice medicine and surgery by the State and who is acting within the scope of his/her license 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	Rural health clinics do not require Treatment Authorization Request (TAR) before rendering services however, RHC must provide documentation in the medical record that the service was provided.

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

	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 5. 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. 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. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license Acupuncture, audiology, chiropractic, dental, podiatry, speech therapy, are covered optional benefits only for the following beneficiaries: 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.	

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

	2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC if an NF-A or NF-B resident is a patient of the clinic. 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing Federally required adult dental services are covered in FQHCs for all Medi-Cal beneficiaries. FQHC 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	Refer to home health services section for additional requirements.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
Medical care and any other type of remedial care recognized under State law. 6a. Podiatrists' services	Podiatry service is a covered optional benefits only for the following beneficiaries: 1. Pregnant women if the podiatry service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic. 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing	Routine office visits do not require prior authorization. All other podiatry services are subject to prior authorization, except emergencies. All services provided in SNFs and ICFs are subject to prior authorization

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services. Services are available equally to the categorically needy and medically needy

Routine nail trimming is not covered.

Inpatient services are covered only on written order of the physician or podiatrist who admits the patient to the hospital, and only when the period of hospital stay is covered by the program

Podiatry services are limited to treatment of disorders of the feet which complicate, or are secondary to, chronic medical diseases or which significantly impair the ability to walk.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services. Services are available equally to the categorically needy and medically needy

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6b Optometry services	1. As medically necessary when provided by an optometrist licensed by the state except that orthoptics and pleoptics are not covered. Routine eye examinations with refractions are limited to one service in a 24-month period.	Prior authorization is necessary for low vision aids when the billed amounts is over $100 and for contact lenses if they are the extended type or the contacts are to correct anisometropia or when facial pathology or deformity preclude the use of eyeglasses. Payment for some procedures may require additional justification
6c Chiropractic services	Chiropractic services are covered under this state plan when provided by chiropractic practitioner licensed by the state. Chiropractic services are limited to manual manipulation of the spine. This is a covered optional benefit under this plan only for the following beneficiaries	Prior authorization is not required; however services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech therapy, and audiology. These limits do not apply to #1 and #2 in Program Coverage section.
	1. Pregnant women if chiropractic service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program	TAR is required if the requested services described above exceed more than two per month

*Prior authorization is not required for emergency service
**Coverage is limited to medically necessary services

3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic.
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

6d.1 Psychology	Psychology services are covered as an optional benefit under this plan when provided by a psychologist or clinical social worker licensed by the state only for the following beneficiaries: 1. Pregnant women if psychology service is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an RHC if an NF-A or NF-B resident is a patient of the clinic.	Prior authorization is not required; however services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech therapy, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month.

Prior authorization is not required for emergency service
**Coverage is limited to medically necessary services

4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

Psychology services are available when provided by licensed practitioners.

6d.2 Nurse anesthetist services

Nurse anesthetists as licensed by the state may administer all types of anesthesia within their scope of licensure

Prior authorization is not required for emergency service
**Coverage is limited to medically necessary services

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d3 Acupuncture services	Covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Acupuncture services are covered under this state plan only for the following beneficiaries: 1. Pregnant women if acupuncture is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program 3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing	Prior authorization is not required; however services are limited to a total of two services or any combination of two services per month from among the following: chiropractic, acupuncture, psychology, occupational therapy, speech therapy, and audiology. These limits do not apply to #1 and #2 in Program Coverage section. TAR is required if the requested services described above exceed more than two per month.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

7. Home Health Services Home health agency services including nursing services which may be provided by a registered nurse when no home health agency exists in the area, home health aide services, medical supplies and equipment, and therapies.	Home health services are covered if furnished by a home health agency that meets the conditions of participation for Medicare. Services are ordered by a physician as part of a written plan of care that the physician reviews every 60 days. Home health services include the following services: 1. Skilled nursing services as provided by a nurse licensed by the state 2. Physical therapy services as provided by a physical therapist licensed by the state and in accordance with 42 CFR 440.110. 3. Occupational therapy services as provided by an occupational therapist licensed by the state and in accordance with 42 CFR 440.110 4. Speech therapy services as provided by a speech therapist or speech pathologist licensed by the state and in accordance with 42 CFR 440.110. 5. Home health aide services provided by a Home Health Agency Medical supplies, equipment, and appliances suitable for use in the home	
7a. Home health nursing 7b. and aide services	Services are provided at a participant's residence which does not include a hospital, nursing facility or ICF/MR. Services must be medically necessary.	One visit in a six-month period for initial case evaluation is covered without prior authorization. Monthly reevaluations are covered without prior authorization. Additional services require prior authorization.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

STATE PLAN CHART

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	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. Services shall be furnished at the clinic by or under the direction of a physician or dentist. Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, podiatry, eye glasses and other eye appliances, psychology, speech therapy, are covered optional benefits only for the following beneficiaries: 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. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening	Refer to appropriate service section for prior authorization requirements

Diagnosis and Treatment Program

3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

10 Dental services	Pursuant to 42 U.S.C. Section 1396d (a)(10), emergency and medically necessary diagnostic, preventive, and restorative dental services are covered, subject to limitations contained in applicable state statutes, regulations, manual of criteria, and utilization controls. Dental services are covered under this plan only for the following beneficiaries: 1. Pregnancy-related dental services and dental services to treat a condition that might complicate the pregnancy for pregnant women age 21 and over, limited to oral examinations, cleanings, topical fluoride applications and treatment of periodontal disease. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program, including diagnostic, preventive, restorative and all other medically necessary dental services.	Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI), subject to state statutes, regulations, manual of criteria, and utilization controls. 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.

3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

Federally required adult dental services are covered under this state plan for all Medi-Cal beneficiaries.

Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.

For beneficiaries 21 years of age and older who met the eligible individual requirements for number 1, 3, and 4 above, there is an $1,800 annual benefit maximum, with the following exceptions:

- Emergency dental services
- Services that are federally mandated under Part 440 (commencing with Section 440.50) of Title 42 of the Code of Federal Regulations, including pregnancy-related services and for other conditions that might complicate the pregnancy.
- Dentures
- Maxillofacial services, including dental implants and implant-retained prostheses.
- Services provided in long term care facilities

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11 Physical Therapy and related services	Physical therapy and occupational therapy are covered only when prescribed by a physician, dentist, or podiatrist. Speech therapy and audiology may be provided only upon the written prescription of a physician or dentist. Maintenance therapy services are not covered. Speech therapy and audiology services are covered under this state plan only for the following beneficiaries: 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 the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program	All physical therapy services are subject to prior authorization. Occupational therapy, speech therapy, and audiology services rendered by independent practitioners are subject to the availability of MEDI reservation, except that these services, when rendered to patients in SNFs or ICFs are subject to prior authorization. In a certified rehabilitation center, one visit in a six month period for evaluation of the patient and preparation of an extended treatment plan may be provided without prior authorization. Additional services including other evaluation can be provided in accordance with an approved treatment plan signed by a physician subject to prior authorization.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

11

3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

TYPE OF SERVICE		PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12b	Dentures	See 10.	See 10.
12c	Prosthetic and orthotic appliances	Covered when prescribed by a physician or podiatrist. Stock shoes (conventional or orthopedic) are covered when at least one of the shoes is to be attached to a prosthesis or brace. Orthopedic modifications to stock shoes are also covered.	Prior authorization is required when the purchase price is more than $100. Prior authorization is required for rental or repair when the total cost is more than $50.
		Prosthetic eyes are covered when prescribed by a physician or other licensed practitioner performing within his or her scope of practice.	Prior authorization is required for prosthetic eyes and most prosthetic eye services.
12d	Eyeglasses, and other eye appliances	Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries: 1. Pregnant women if eyeglasses or other eye appliances are part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program	Prior authorization is required for low vision devices when the billed amounts are over $100 and for contact lenses when medically indicated for conditions such as aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of eyeglasses. Prior authorization is required for ophthalmic lenses and frames that cannot be supplied by the fabricating optical laboratory.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

	3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic 4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing
13a Diagnostic services	Covered under this state plan only for EPSDT program
13b Screening services	Covered under this state plan only for EPSDT program
13c Preventive services	Covered under this state plan only for EPSDT program and for pregnant/postpartum Medi-Cal recipients

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
15 Nursing facility level A	Covered when patient is under the care of a physician who because of mental or physical conditions or both (above the level of board and care) requires out-of-home protective and supportive care living arrangements with 24-hour supervision and skilled nursing care on an ongoing intermittent basis. The patient must be visited by a physician at least every 60 days.	Prior authorization is required. The patient physician must recertify patient's need for continued care every 60 days.
15a ICF services for the developmentally disabled (ICF-DD), ICF-DD Habilitative (ICF DD-H), or ICF-DD Nursing (ICF DD-N)	Covered only for developmentally disabled persons who require 24-hour care in a protected setting and who require and will benefit from the services provided. The developmentally disabled nursing services are for those who are more medically fragile.	Prior authorization is required. The patient physician must recertify patient's need for continued care on the same schedule as required for ICFs.
16 Inpatient psychiatric facility services for individuals under 22 years of age	Inpatient psychiatric services in an institution for mental diseases are covered under this state plan for persons under age 21 or in certain circumstances up to the 22 years of age when the inpatient treatment is initiated prior to reaching 21 years of age.	Prior authorization is required for all non-emergency hospitalizations. Emergency admissions are exempt from prior authorization, but the continuation of the hospital stay beyond the admission is subject to prior authorization. Emergency admission requires a statement from a physician or practitioner performing within his or her scope of licensure to support the emergency admission.

*Prior authorization is not required for emergency service
**Coverage is limited to medically necessary services

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register.

1. IHS/Tribal 638 facilities are reimbursed at the all-inclusive rate for each encounter.

2. An IHS clinic encounter is defined as a face-to-face encounter provided in the tribal facility between a tribal patient and the health professional (as specified in page 2, paragraph A) of the clinic or the center.

3. The IHS MOA clinics may bill for up to two visits a day for one patient, if one is a medical visit and the other is another health visit.

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Clinical Psychologist, when provided to beneficiaries identified under Item C below.
- Clinical Social Worker, when provided to beneficiaries identified under Item C below.
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. Except for the services specified under C below, the following other ambulatory services, but not limited to, provided by health professional can be billed under the IHS all-inclusive rate.

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Adult Day Health Care
- Telemedicine
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item C below)

C. Dental service, acupuncture, audiology, chiropractic, eyeglasses and other eye appliances, podiatry, psychology and speech therapy are covered benefits under this state plan only for the following beneficiaries:

1. Pregnant women if these optional benefits are part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy.
2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program

3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B)
4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing