



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

June 13, 2005

N.L.: 15-0605
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: SPEECH PATHOLOGY SERVICES

PURPOSE

The purpose of this Numbered Letter (NL) is to provide policy guidelines for CCS Independent County programs, CMS Regional Offices and CCS Dependent County programs participating in Level III of the Case Management Improvement Project (CMIP) for review and authorization of Speech Pathology Services for CCS clients when all criteria for medical necessity are met as delineated in this NL.

BACKGROUND

Speech Pathology services, including speech therapy as well as treatment for a variety of conditions affecting communication and deglutition, are benefits of the CCS program. Children with CCS-eligible medical conditions who are over three years of age may receive Speech Pathology services through the public school system. The Early Start program may provide Speech pathology services for clients under three years of age.

Not all CCS clients qualify for either the Early Start program or school-based services and many of these programs do not provide the direct one-on-one Speech Pathology services needed to meet the client's medical needs as school therapy is provided in a small group setting or in the classroom. In these cases, CCS may authorize Speech Pathology services for clients with CCS-eligible medical conditions. If a client is receiving services from the public school system or another agency, a careful review will help in identifying when Speech Pathology services may be medically necessary to treat the client's CCS-eligible medical condition. The educational system's focus is on access to the core curriculum and many of the public school speech language pathologists are not licensed or have little experience with children with CCS-eligible

medical conditions, most frequently, children with cleft and craniofacial conditions or with hearing impairments.

Prior to authorizing on-going Speech Pathology services, it is possible to authorize Speech and Language Evaluations for CCS clients to provide a clear description of the child's communication or feeding/swallowing problem to assist in determining if the client's communication or feeding/swallowing problems are related to the CCS-eligible medical condition and to determine if the client is a candidate for treatment. Speech evaluation (X4301) and language evaluation (X4300) are included in Service Code Groupings 04 (Communication Disorder Centers) and 05 (Cochlear Implant Centers). Codes for aural rehabilitation are included in these two service code groupings.

POLICY

- I. Speech pathology services are benefits of the CCS program when determined to be medically necessary to treat a CCS client's eligible medical condition. These conditions can include, but are not limited to:
 - A. Speech disorders affecting pronunciation and understandability that are related to an identified medical condition, i.e., cleft lip and palate, dysarthria related to an acute neurological insult, traumatic facial injury.
 - B. Cognitive deficits affecting attention/memory, problem-solving, judgment, and executive functions resulting from an acute insult and limited to the rehabilitation period. (This could include, but is not limited to, traumatic brain injury, surgery, CVA, or treatment of a brain tumor. This does NOT include services to address chronic, long-term developmentally or educationally related deficits.)
 - C. Hearing loss (even if cochlear implant is present).
 - D. Language disorders affecting comprehension and expression. (This could include, but not be limited to, difficulties in understanding due to hearing loss, CVA, brain surgery, traumatic brain injury; or problems expressing oneself in words, sentences or narrative due to aphasia, traumatic brain injury, stroke, hearing impairment.)
 - E. Voice disorders affecting quality and use of the voice. (This could include laryngeal impairments, presence of a tracheostomy.)
 - F. Dysphagia/feeding and swallowing disorders.

- II. Speech pathology services, when requested by an Outpatient Rehabilitation Center, can be authorized as regular Medi-Cal benefits. When done at other sites, they must be authorized as EPSDT SS for clients with full scope, no share of cost Medi-Cal.
- III. Speech Pathology services treatment can be authorized on a time-limited basis, not to exceed a six month time period.
- IV. Authorizations for Speech Pathology services can be issued for children when:
 - A. There is documentation that the speech pathology services are to treat a deficit that is a result of the CCS eligible medical condition.
 - B. The prescribing physician is CCS approved and authorized to treat the CCS eligible medical condition related to the need for Speech Pathology services.
 - C. The prescription has indicated the frequency and duration of treatment.
 - D. The provider is CCS approved and has an active Medi-Cal provider number or is employed by an institution that is a Medi-Cal provider.
- V. Treatment authorizations may be renewed when there is documentation of measurable and functional progress demonstrating benefit from the Speech Pathology services. The provider must submit a progress report indicating measurable progress and goals, together with a request for renewal or reauthorization of Speech Pathology services. The progress report should indicate:
 - A. Start and end dates for the previous therapy.
 - B. Report of attendance including number of sessions attended/sessions scheduled.
 - C. Progress achieved for each treatment plan objective/goal with beginning baseline and current performance and statement of how the client has benefited from the Speech Pathology services. Progress must be expressed in measurable terms. (For example, at the beginning of treatment, Johnnie correctly pronounced /s/ and /t/ in words with 20 percent

accuracy. At the end of the reporting period, he correctly pronounced /s/ and /t/ in sentences with 90 percent accuracy. GOAL MET.)

- D. Statement of the reason for continued therapy.
- E. Submission of an updated treatment plan with new objectives/goals with baseline performance, criteria for mastery and means and methods of measurement.
- F. Requested frequency and duration of treatment. (e.g., two times per week for 30 minutes for four months)
- G. Information on Speech Pathology services being provided by any other source including goals, progress and why they are not sufficient to meet the client's medical needs.
- H. Any information requested in the Special Instructions portion of the prior authorization.
- I. Any information on a change of the client's medical status.

IMPLEMENTATION

- I. Authorization for initial evaluation for CCS clients who do not have a SAR issued to either a CDC or Cochlear Implant Center
 - A. Authorization for the initial evaluation for speech pathology services shall be issued either to an individual CCS approved Speech Language Pathologist or to a Medi-Cal approved outpatient rehabilitation facility at which an approved speech language pathologist works.
 - B. The authorization shall be identified as EPSDT SS for CCS clients, with full scope, no share of cost Medi-Cal eligibility, when not performed at a Medi-Cal certified outpatient rehabilitation center (see Attachment A).
 - C. "EPSDT SS" must be indicated on the SAR, with special instructions on the drop down menu.

- D. "EPSDT SS": Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item or service. "
 - E. Authorizations for CCS-only and CCS/Healthy Families clients should not indicate "EPSDT SS".
- II. Authorization for speech pathology treatment services
- A. Upon completion of the evaluation, a treatment plan must be submitted to the county CCS program or CMS Regional Office.
 - B. In order to determine the appropriate authorization of services, the evaluation must be dated no earlier than six months prior to the date of the speech pathology services request and must contain the following information:
 - 1. Relevant history including related medical or developmental conditions.
 - 2. Description of previous/concurrent therapy and other school or early intervention-based services including dates.
 - 3. Description of all services being provided by other relevant agencies.
 - 4. Evaluation findings that include assessment measures used and observations with interpretation of results; tests used with standardized results, clinical observations with age-level performance comparisons, and results of any trial therapy/teaching.
 - 5. Prognosis for measurable success of treatment/ability to functionally benefit from treatment.
 - 6. Requested frequency and duration of treatment, e.g., two times per week for 30 minutes for four months
 - 7. Treatment plan (see below for details).
 - 8. Documentation of why other services, i.e., school, early intervention, are not sufficient or are unavailable to meet the client's medical needs

for Speech Pathology services. If services are available, include a copy of the child's IEP or IFSP.

C. The Treatment Plan shall contain:

1. Objectives to address areas of deficit that have been identified in the evaluation and are related to the CCS eligible medical condition. (Examples include speech production, auditory skills, and language comprehension).
2. Specific behavioral objectives/treatment goals with means and methods of measurement. (Example: Client will produce /t, d, n, l, s, z/ with correct tongue-tip placement with 80 percent (8/10) accuracy for each sound in single words over two consecutive sessions).
3. Beginning baseline performance for each objective/goal. (Example: baseline or beginning performance: 10-20 percent (1-2/10) correct).
4. Criterion for mastery of each objective/goal. (Example: the 80 percent (8/10) is the mastery criterion, the point at which the goal is considered to be met).
5. Specific objectives/goals for parent education & training/home program/collaboration with other providers. (Example: Parent/caregiver will practice with the child at home 5/7 days, documented by parent charting. Speech Pathologist will contact school-based or other Speech Pathology service provider to coordinate treatment plan objectives/goals, one time per month).

D. If documentation of medical necessity is provided, services shall be authorized. Documentation should include information that has specific and appropriate goals and objectives designed to treat the communication and feeding/swallowing deficits related to the client's CCS-eligible medical condition and that goals and objectives are measurable with beginning baselines so that progress can be determined).

E. Authorizations shall be issued following the guidelines in I.A – E above.

F. Speech Pathology services are authorized and billed under the following codes:

HCPCS Code	Description	Comments
X4300	Language Evaluation	Can be used every 6 months
X4301	Speech Evaluation	Can be used every 6 months
X4302	Speech-language therapy, grp	Each patient
X4303	Speech-language therapy, per hour	Can be used one time per day
X4304	Speech-language therapy, ½ hour	Can be used one time per day
X4306	Out-of-office call	Used when therapy is medically necessary and there are access issues.
X4310	SGD-related bundled speech therapy services	Can be used one time per day
X4312	SGD recipient assessment	By Report
X4320	Unlisted speech therapy services	By Report
Z5944	Aural rehabilitation, ½ hour for children using alternative listening devices	Can be used up to three units per day
Z5942	Aural rehabilitation, ½ hour for children with cochlear implants	Can be used up to three units per day
Z5940	Aural rehabilitation, ½ hour, for children with hearing aids.	Can be used up to three units per day

NOTE: all HCPCS codes are subject to change in compliance with the HIPPA conversion. The County staff should review the Medi-Cal Bulletin monthly to determine when the code changes occur.

N.L.: 15-0605
Page 8
June 13, 2005

The CMS Branch's Speech Pathology (SP) Consultant remains available for assistance with authorization requests. To request a consult, fax to (916) 327-1010, the case information including the documentation of medical necessity that had been provided, the evaluation and treatment plan or progress note and updated treatment plan, documentation of concurrent Speech Pathology services if available. Please include your contact information and your questions or concerns about the case. The SP Consultant will review the information and send a response letter with recommendations. If you have questions, please call the main CMS number, at (916) 327-1400 and ask to be connected to the SP Consultant.

For questions concerning this NL, please contact your CMS Regional Office Nurse Consultant or CMS SP Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Attachments
Attachment A

Medi-Cal Certified Outpatient

#	Provider Name	County	Rehabilitation Centers				
REH04526F	ASIAN NETWORK PHYSICAL	ALAMEDA	(510) 268-0222	310 8TH ST	OAKLAND	CA	94607-6527
HSP40488G	EDEN MEDICAL CENTER	ALAMEDA	(510) 537-1234	20103 LAKE CHABOT RD	CASTRO VALLEY	CA	94546-5341
HSP40611F	CHILDRENS HOSP MED CTR	ALAMEDA	(415) 654-5600	51ST AND GROVE STREETS	OAKLAND	CA	94609-0000
HSP40087F	ALTA BATES-HERRICK HOSP	ALAMEDA	(510) 204-4444	2001 DWIGHT WAY	BERKELEY	CA	94704-2608
HSP40039F	ENLOE MEDICAL CENTER-	BUTTE	(916) 891-7300	W 5TH AVE & ESPLANADE	CHICO	CA	95926-0000
HSP40225F	FEATHER RIVER HOSP	BUTTE	(916) 877-9361	5974 PENTZ RD	PARADISE	CA	95969-5593
HSP40276F	CONTRA COSTA CO HLTH SVS	CONTRA COSTA	(510) 370-5000	2500 ALHAMBRA AVE	MARTINEZ	CA	94553-3156
HSP40079H	DOCTORS MEDICAL CENTER-	CONTRA COSTA	(510) 970-5000	2000 VALE RD	SAN PABLO	CA	94806-3808
HSP40079I	DOCTORS MEDICAL CENTER-	CONTRA COSTA	(510) 977-5000	2000 VALE RD	SAN PABLO	CA	94806-0000
HSP40180F	JOHN MUIR MEDICAL CENTER	CONTRA COSTA	(510) 939-3000	1601 YGNACIO VALLEY RD	WALNUT CREEK	CA	94598-3122
HSP40417G	SUTTER COAST HOSPITAL	DEL NORTE	(707) 464-8511	800 E WASHINGTON BLVD	CRESCENT CITY	CA	95531-8359
HSP40060F	COMMUNITY MEDICAL CENTER	FRESNO	(559) 459-6000	2823 FRESNO ST	FRESNO	CA	93721-1324
HSP40097H	BRIM HOSPITALS, INC	HUMBOLDT	(707) 445-5111	2200 HARRISON AVE	EUREKA	CA	95501-3215
ZZT40045F	EL CENTRO COMMUNITY HOSP	IMPERIAL	(619) 339-7100	ROSS AND IMPERIAL AVE	EL CENTRO	CA	92243-0000
ZZT40295G	MERCY HOSPITAL	KERN	(661) 632-5000	2215 TRUXTUN AVE	BAKERSFIELD	CA	93301-3698
REH04546F	BAKERSFIELD THERAPY CTR	KERN	(661) 638-0643	6001-C TRUXTUN AVE	BAKERSFIELD	CA	93309-0611
ZZT40036F	BAKERSFIELD MEMORIAL HOS	KERN	(805) 327-1792	PO BOX 1888	BAKERSFIELD	CA	93303-1888
ZZT40149I	CALIFORNIA HOSP MED CTR-	LOS ANGELES	(213) 748-2411	1401 S GRAND AVE	LOS ANGELES	CA	90015-3010
REH70014F	CASA COLINA CHILDREN'S	LOS ANGELES	(909) 596-7733	255 E BONITA AVE	POMONA	CA	91767-1933
ZZT42019F	CASA COLINA HOSP FOR REH	LOS ANGELES	(909) 596-7733	255 E BONITA AVE	POMONA	CA	91767-1933
ZZT40299J	CATHOLIC HLTHCRE W SO CA	LOS ANGELES	(818) 997-0101	14500 SHERMAN CIR	VAN NUYS	CA	91405-3052
ZZT40625F	CEDARS-SINAI MEDICAL CTR	LOS ANGELES	(310) 855-5000	8700 BEVERLY BLVD	LOS ANGELES	CA	90048-1804
ZZT40123F	CHILDRENS HOSPITAL OF LA	LOS ANGELES	(213) 660-2450	4614 W SUNSET BLVD	LOS ANGELES	CA	90027-6062
ZZT40369F	CITRUS VALLEY MED CTR-	LOS ANGELES	(818) 962-4011	1115 S SUNSET AVE	WEST COVINA	CA	91790-3940
ZZT40146F	CITY OF HOPE NATIONAL	LOS ANGELES	(818) 359-8111	1500 DUARTE RD	DUARTE	CA	91010-3012
ZZT11544F	COMM SPEECH & HRG CENTER	LOS ANGELES	(213) 785-2911	18740 VENTURA BLVD	TARZANA	CA	91356-6300

Medi-Cal Certified Outpatient

			Rehabilitation Centers				
ZZT40267F	DANIEL FREEMAN MEMORIAL	LOS ANGELES			INGLEWOOD	CA	90301-4501
HSP40468J	GARDENA HOSP, LP	LOS ANGELES	(310) 532-4200	1145 W REDONDO BEACH BLV	GARDENA	CA	90247-3528
ZZT40067F	GLENDALE ADVENTIST MED C	LOS ANGELES	(818) 409-8000	1509 WILSON TER	GLENDALE	CA	91206-4007
ZZT40438F	HUNTINGTON MEMORIAL HOSP	LOS ANGELES	(818) 397-5000	100 W CALIFORNIA BLVD	PASADENA	CA	91105-3097
ZZT40353F	LITTLE COMPANY OF MARY H	LOS ANGELES	(310) 540-7676	4101 TORRANCE BLVD	TORRANCE	CA	90503-4664
HSP40468I	MEMORIAL HOSP OF GARDENA	LOS ANGELES	(310) 532-4200	1145 W REDONDO BEACH BLV	GARDENA	CA	90247-3528
HSP40485G	MEMORIAL HOSPITAL MED	LOS ANGELES	(310) 933-2000	2801 ATLANTIC AVE	LONG BEACH	CA	90806-1737
ZZT40116F	NORTHRIDGE HOSP FOUNDATI	LOS ANGELES	(818) 885-8500	18300 ROSCOE BLVD	NORTHRIDGE	CA	91325-4105
ZZT40078F	SAN PEDRO & PENINSULA	LOS ANGELES	(310) 832-3311	1300 W 7TH ST	SAN PEDRO	CA	90732-3593
ZZT40191G	ST MARY MEDICAL CENTER	LOS ANGELES	(310) 491-9129	1050 LINDEN AVE	LONG BEACH	CA	90813-3321
ZZT40191H	ST MARY MEDICAL CENTER	LOS ANGELES	(562) 491-9000	1050 LINDEN AVE	LONG BEACH	CA	90813-3321
ZZT40351F	TORRANCE MEMORIAL	LOS ANGELES	(310) 325-9110	3330 LOMITA BLVD	TORRANCE	CA	90505-5073
ZZT40103F	WHITE MEMORIAL MEDICAL	LOS ANGELES	(213) 268-5000	1720 E CESAR E CHAVEZ AV	LOS ANGELES	CA	90033-2414
HSP40175H	WHITTIER HOSP MED CTR	LOS ANGELES	(562) 945-3561	9080 COLIMA RD	WHITTIER	CA	90605-1600
HSP40175G	WHITTIER HOSP MED CTR	LOS ANGELES	(310) 945-3561	9080 COLIMA RD	WHITTIER	CA	90605-1600
HSP40130F	CHILDREN'S HOSPITAL	MADERA	(209) 225-3000	9300 VALLEY CHILDRENS PL	MADERA	CA	93638-8761
HSP40444H	MERCY MEDICAL CTR MERCED	MERCED	(209) 385-7000	301 E 13TH ST	MERCED	CA	95340-6211
HSP40444G	MERCY MEDICAL CTR MERCED	MERCED	(209) 385-7000	301 E 13TH ST	MERCED	CA	95340-6211
HSP40248F	COUNTY OF MONTEREY	MONTEREY	(408) 755-4111	1441 CONSTITUTION BLVD	SALINAS	CA	93906-3100
REH04542F	TRAN MILOU CORP	ORANGE	(714) 887-1900	10900 WARNER AVE	FOUNTAIN VLY	CA	92708-3846
HSP40580G	LA PALMA INTERCOMMUNITY	ORANGE	(714) 522-0150	7901 WALKER ST	LA PALMA	CA	90623-1722
HSP40580H	VHS OF ORANGE CO, INC	ORANGE	(714) 670-1400	7901 WALKER ST	LA PALMA	CA	90623-1722
ZZT40168F	ST JUDE MEDICAL CTR	ORANGE	(714) 871-3280	101 E VALENCIA MESA DR	FULLERTON	CA	92835-3809
REH04541F	CHI COCO CORP	ORANGE	-	18672 FLORIDA ST	HUNTINGTON BH	CA	92648-1925
ZZT40348G	UNIV OF CALIF IRVINE	ORANGE	(714) 456-6112	101 CITY DR S	ORANGE	CA	92868-3201
REH04535F	JOHNSON RANCH REHAB	PLACER	(916) 780-2020	2550 DOUGLAS BLVD	ROSEVILLE	CA	95661-3996
REH04537F	BAY THERAPY GROUP, INC	RIVERSIDE	(760) 416-9842	1445 N SUNRISE WAY	PALM SPRINGS	CA	92262-3700
ZZT40243H	TENET HEALTHSYSTEM	RIVERSIDE	(619) 323-6774	1150 N INDIAN CANYON DR	PALM SPRINGS	CA	92262-4872
ZZT40022G	RIVERSIDE HEALTHCARE SYS	RIVERSIDE	(909) 788-3100	4445 MAGNOLIA AVE	RIVERSIDE	CA	92501-4135
ZZT40292F	RIVERSIDE CO REGIONAL	RIVERSIDE	(714) 785-7116	26520 CACTUS AVE	MORENO VALLEY	CA	92555-3911

Medi-Cal Certified Outpatient

				Rehabilitation Centers			
HSP40017G	MERCY HOSP OF SACRAMENTO	SACRAMENTO			SACRAMENTO	CA	95819-3626
HSP40599G	U C DAVIS MEDICAL CENTER	SACRAMENTO	(916) 453-2011	2315 STOCKTON BLVD	SACRAMENTO	CA	95817-2201
HSP40590G	METHODIST HOSP OF SACTO	SACRAMENTO	(916) 423-3000	7500 HOSPITAL DR	SACRAMENTO	CA	95823-5403
ZZT40245F	ARROWHEAD REG MED CTR	SAN BERNARDINO	(909) 387-8111	400 N PEPPER AVE	COLTON	CA	92324-1801
REH04543F	COFORDO, INC	SAN BERNARDINO	(909) 941-7177	9116 FOOTHILL BLVD	RCH CUCAMONGA	CA	91730-6564
ZZT40089F	SAN BERNARDINO COMM HOSP	SAN BERNARDINO	(909) 887-6333	1500 W 17TH ST	SN BERNRDNO	CA	92411-1203
HSP43037F	SUN HEALTH ROBERT H	SAN BERNARDINO	(909) 473-1200	1760 W 16TH ST	SN BERNRDNO	CA	92411-1160
HSP40327G	LOMA LINDA UNIVERSITY	SAN BERNARDINO	(714) 796-7311	11234 ANDERSON ST	LOMA LINDA	CA	92354-2804
ZZT40271F	CHILDREN'S HOSP & HLTH C	SAN DIEGO	(619) 576-1700	3020 CHILDRENS WAY	SAN DIEGO	CA	92123-4223
ZZT40026G	GROSSMONT DIST HOSP	SAN DIEGO	(619) 465-0711	5555 GROSSMONT CENTER DR	LA MESA	CA	91942-3019
ZZT23228F	NAVAL HOSP	SAN DIEGO		- 34520 BOB WILSON DR	SAN DIEGO	CA	92134-2098
ZZT40115F	PALOMAR MEDICAL CENTER	SAN DIEGO	(619) 739-3000	555 E VALLEY PKWY	ESCONDIDO	CA	92025-3048
ZZT40636F	PALOMAR POMERADO HEALTH	SAN DIEGO	(619) 675-5520	15615 POMERADO RD	POWAY	CA	92064-2405
ZZT40024F	PARADISE VALLEY HOSPITAL	SAN DIEGO	(619) 470-4321	2400 E 4TH ST	NATIONAL CITY	CA	91950-2098
ZZT40025F	REGENTS OF THE UNIV CA	SAN DIEGO	(619) 543-6222	200 W ARBOR DR	SAN DIEGO	CA	92103-9000
ZZT40270H	SCRIPPS MEMORIAL HOSP-	SAN DIEGO	(619) 691-7000	435 H ST	CHULA VISTA	CA	91910-4307
ZZT40077G	SCRIPPSHEALTH	SAN DIEGO	(619) 260-7118	4077 5TH AVE	SAN DIEGO	CA	92103-2105
ZZT40100F	SHARP MEMORIAL HOSP	SAN DIEGO	(714) 277-6121	7901 FROST ST	SAN DIEGO	CA	92123-2701
REH04534F	SKCAY ENTERPRISES, INC	SAN DIEGO	(858) 675-7766	15725 POMERADO RD	POWAY	CA	92064-2057
ZZT40128F	TRI-CITY MEDICAL CENTER	SAN DIEGO	(619) 940-7329	4002 VISTA WAY	OCEANSIDE	CA	92056-4506
HSP40047G	CALIFORNIA PACIFIC MED	SAN FRANCISCO	(415) 563-4321	CLAY & BUCHANAN	SAN FRANCISCO	CA	94115-0000
HSP42004F	LAGUNA HONDA HOSPITAL	SAN FRANCISCO	(415) 664-1580	375 LAGUNA HONDA BLVD	SAN FRANCISCO	CA	94116-1499
HSP40228F	SAN FRANCISCO GEN HOSP	SAN FRANCISCO	(415) 206-8455	1001 POTRERO AVE	SAN FRANCISCO	CA	94110-3594
HSP40055F	ST LUKES HOSPITAL	SAN FRANCISCO	(415) 647-8600	3555 CESAR CHAVEZ	SAN FRANCISCO	CA	94110-4490
HSP40457H	ST MARY'S MEDICAL CENTER	SAN FRANCISCO	(415) 668-1000	450 STANYAN ST	SAN FRANCISCO	CA	94117-1079
HSP40454G	UCSF MEDICAL CENTER	SAN FRANCISCO	(415) 476-1000	505 PARNASSUS AVENUE	SAN FRANCISCO	CA	94143-0001
HSP40008G	CALIFORNIA PACIFIC MED	SAN FRANCISCO	(415) 565-6003	CASTRO & DUBOCE STREETS	SAN FRANCISCO	CA	94114-0000
HSP40033H	UCSF STANFORD HLTH CARE	SAN FRANCISCO		- 1600 DIVISADERO ST	SAN FRANCISCO	CA	94115-3010
HSP40167F	SAN JOAQUIN GENERAL HOSP	SAN JOAQUIN	(209) 468-6000	500 W HOSPITAL RD	FRENCH CAMP	CA	95231-0000
ZZT11666G	CENTRAL REHAB CLINIC	SAN LUIS OBISPO	(805) 543-5144	1334 MARSH ST	SN LUIS OBISP	CA	93401-3396
REH56546F	EASTER SEALS TRI-CO CA	SAN LUIS OBISPO	(805) 543-4122	4251 S HIGUERA ST	SN LUIS OBISP	CA	93401-7700

Medi-Cal Certified Outpatient

Rehabilitation Centers							
ZZT40506F	SIERRA VISTA REGIONAL	SAN LUIS OBISPO		1100 LAS TABLAS RD	SN LUIS OBISP	CA	93405-8800
ZZT40633G	TWIN CITIES COMM HOSP	SAN LUIS OBISPO			TEMPLETON	CA	93465-9704
ZZR06502F	REHAB RES CTR SAN MATEO	SAN MATEO	(415) 697-8924	1764 MARCO POLO WAY	BURLINGAME	CA	94010-4503
HSP40113F	SAN MATEO MEDICAL CENTER	SAN MATEO	(415) 573-2222	222 W 39TH AVE	SAN MATEO	CA	94403-4398
ZZT40107H	CATHOLIC HEALTHCARE WEST	SANTA BARBARA	(805) 739-3000	1400 E CHURCH ST	SANTA MARIA	CA	93454-5906
ZZT40107G	CHW CENTRAL COAST	SANTA BARBARA	(805) 988-2460	1400 E CHURCH ST	SANTA MARIA	CA	93454-5906
REH56536F	EASTER SEALS TRI-CO, CA	SANTA BARBARA	(805) 692-6822	5178 HOLLISTER AVE	SANTA BARBARA	CA	93111-2526
HSP40031G	REHABILITATION INSTITUTE	SANTA BARBARA	(805) 967-5934	2415 DE LA VINA ST	SANTA BARBARA	CA	93105-3819
HSP41103G	LUCILE SALTER PACKARD	SANTA CLARA	(415) 497-8000	725 WELCH RD	PALO ALTO	CA	94304-1601
HSP40215I	SAN JOSE HOSP, LP	SANTA CLARA	(408) 998-3212	675 E SANTA CLARA ST	SAN JOSE	CA	95112-1932
HSP40038F	SANTA CLARA VLY MED CEN	SANTA CLARA	(408) 885-5000	751 S BASCOM AVE	SAN JOSE	CA	95128-2604
REH04522F	TRANSITIONS: A REHAB GRP	SANTA CLARA	(408) 842-6868	7101 MONTEREY ST	GILROY	CA	95020-6615
HSP40242F	DOMINICAN HOSP	SANTA CRUZ	(408) 462-7700	1555 SOQUEL DR	SANTA CRUZ	CA	95065-1794
HSP40312J	SHASTA REGIONAL MEDICAL	SHASTA	(530) 244-5400	1100 BUTTE ST	REDDING	CA	96001-0852
HSP40312I	REDDING MEDICAL CENTER	SHASTA	(530) 244-5400	1100 BUTTE ST	REDDING	CA	96001-0853
HSP40367F	NORTHBAY MEDICAL CENTER	SOLANO	(707) 429-3600	1200 B GALE WILSON BLVD	FAIRFIELD	CA	94533-3587
HSP40291G	SUTTER MEDICAL CENTER	SONOMA	(707) 576-4200	3325 CHANATE RD	SANTA ROSA	CA	95404-1707
ZZT40057F	KAWEAH DELTA DISTRICT HO	TULARE	(209) 734-2211	400 W MINERAL KING AVE	VISALIA	CA	93291-6237
HSP40335F	SONORA REGIONAL MED CTR	TUOLUMNE	(209) 532-3161	1000 GREENLEY RD	SONORA	CA	95370-5200
ZZT40236F	SIMI VALLEY HOSP & HLTH	VENTURA	(805) 527-2462	POST OFFICE BOX 819	SIMI VALLEY	CA	93062-0819
ZZT40082F	ST JOHNS HOSPITAL	VENTURA	(805) 988-2500	1600 N ROSE AVE	OXNARD	CA	93030-3723
ZZT40082G	ST JOHN'S REGIONAL	VENTURA	(805) 988-2500	1600 N ROSE AVE	OXNARD	CA	93030-3722
REH70020F	TRI-COUNTIES EASTER SEAL	VENTURA	(805) 647-1141	10730 HENDERSON RD	VENTURA	CA	93004-1832
ZZT49008F	VENTURA CO MEDICAL CTR	VENTURA	(805) 652-6000	3291 LOMA VISTA RD	VENTURA	CA	93003-3099
HSP40127H	CATHOLIC HEALTHCARE W II	YOLO	(530) 669-5355	1325 COTTONWOOD ST	WOODLAND	CA	95695-5131