STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1912

August 2, 1982

To: All County Welfare Directors

Letter No. 82- 40

LETTER TO BENEFICIARIES FROM BENEFITS BRANCH

As the result of the passage of AB 799, (Chapter 328, Statutes of 1982) effective July 1, 1982 certain changes have occurred in the benefits provided through the Medi-Cal program. As a result of these changes the Benefits Branch of the Department of Health Servies is mailing a letter to all beneficiaries in the middle of August. The letter will outline the basic changes in benefits which will occur in September 1982. Attached is a copy of the letter for your information.

If you have any questions please contact your Medi-Cal Program Consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachment
cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

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IMPORTANT CHANGES IN MEDI-CAL BENEFITS

Effective September 1, 1982, there will be certain reductions in Medi-Cal services. These changes are necessary to comply with changes in state law.

New Definition of Medical Necessity

Coverage of medical, surgical, and other services will be limited to only those services which are considered medically necessary to protect life or prevent significant disability. Those elective services which can be eliminated without seriously endangering your life or causing you a significant disability will no longer be approved. The final determination of the medical necessity of any given medical service will be made by a Medi-Cal medical consultant in your area in conjunction with your doctor, podiatrist, or other provider of service in accordance with the above guidelines. If you are denied a service and your condition worsens to the point where further denial would endanger your life or cause significant disability, the service can be reconsidered for approval.

Eyeglasses

Medi-Cal coverage of new and replacement eyeglasses will be limited to those which correct a significant visual impairment. Additionally, trifocal eyeglasses will no longer be covered and, with the exception of eyeglasses for persons who have had a cataract operation, coverage of tinted eyeglasses will end.

Eye Examinations

Routine eye examinations for persons age 21 and older who have not had a cataract operation will be limited to a screening examination once every 2 years. If a vision problem arises within two years of an eye examination, a screening examination can be provided. A complete eye examination can be provided when the screening examination discloses the presence of a medical condition requiring a comprehensive evaluation. Present coverage of eye examinations will not change for persons under age 21 and persons who have had a cataract operation.

Hearing Aid Batteries

Replacement hearing aid batteries will not be covered. However, the initial batteries supplied with a new hearing aid will continue to be covered.

Drugs and Medical Supplies

There are also reductions in the coverage of certain drugs and medical supplies. Cotton, adhesive tapes, and elastic bandages will not be covered. Drug program reductions will include the elimination of antihistamines, cough and cold preparations, antipruritics, quinine, codeine-containing compounds used for minor pain relief, and other minor pain relievers

except for aspirin, acetaminophen, and sodium salicylate. A number of drugs will be covered only after prior authorization including dermatological preparations, sedatives and hypnotics (sleeping pills), and certain anti-inflammatories (except for aspirin) used for arthritis and similar conditions. Your pharmacist and doctor will receive details in mid-August on the changes in coverage of specific drugs.

Nonemergency Medical Transportation

Nonemergency medical transportation will no longer be available from your place of residence to any other medical care unless travel by car or bus is medically dangerous and you require dialysis, chemotherapy, radiation therapy, or treatment for a comparably life-threatening condition. Nonemergency medical transportation will still be available under most circumstances for patients in hospitals or nursing homes. Medi-Cal recipients are responsible for using whatever means they have, including family and friends, in order to get to and from health care. If you have exhausted such private resources and cannot postpone your health care, you may wish to contact the local county welfare department for information and referral to other community sources of transportation.

Psychiatry

Outpatient psychiatry services will be limited to 8 visits in any 120-day period. Additional visits will no longer be available through prior authorization.

Other Services

Physical therapy, podiatry, portable X-ray services, certain outpatient medical and surgical procedures, and outpatient heroin detoxification services will not be covered unless prior authorization is obtained from the Medi-Cal field office medical consultant. Your doctor or other provider will be informed of the procedure to follow in obtaining prior authorization. Your MEDI sticker can no longer be used for physical therapy or podiatry.

Right to Appeal

If you are denied a Medi-Cal service, you may have the right to appeal the denial. If you decide to request a state hearing, you must do so within 90 days of the date of the denial. You may request a hearing by contacting:

Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814

If you have any questions about these changes, you may call the Department of Health Services, Medi-Cal Relations Unit, at (916) 445-0266.