



**Department of Health Care Services (DHCS)
State Plan Amendment (SPA) 16-028
Clarifying Number of Visits Per Day
Questions and Responses**

1. How do you define "ambulatory" visit?

DHCS Response: Ambulatory visits are defined in the DHCS State Plan in [Supplement 6, Attachment 4.19B](#), page 2, Item C., which states:

“C. Except for the services specified under Item D (see page 2a) below, the following other ambulatory services, but not limited to, provided by [a] 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)
- Telemedicine
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)”

2. What is the difference between a medical visit and an ambulatory visit?

DHCS Response: A medical visit is a face-to-face visit provided in the tribal facility between a patient and a physician, physician assistant, nurse practitioner, or nurse midwife. Ambulatory visits are defined in question 1 above.

3. What are the distinctions between the Indian Health Services-Memorandum of Agreement (IHS-MOA) providers versus Federally Qualified Health Centers (FQHC) daily visit limit?

DHCS Response: FQHCs and IHS-MOA providers are operated under different federal authorities. Based on federal guidance and the State’s Medicaid plan, DHCS administers each provider type accordingly.

4. What category does a visit to a behavioral health provider (i.e. a Licensed Clinical Social Worker) come under?

DHCS Response: As a result of feedback received, DHCS is proposing to reference a visit for a mild to moderate level mental health condition as opposed to an “other health visit” in the DHCS state plan. Accordingly, behavioral health visits with a Licensed Clinical Social Worker for a mild to moderate level mental health condition would be considered a mental health visit.

5. Has DHCS considered four visits in one day as the State gets reimbursed 100% (i.e. medical, dental, behavioral health and a return visit to medical for a different event/ medical problem)?

DHCS Response: DHCS is not considering additional visits at this time. SPA 16-028 clarifies existing DHCS policy which allows for a medical visit, an ambulatory visit (i.e. a dental visit), and visit for a mild to moderate level mental health condition on the same day.

6. How will these proposed changes impact Urban Indian Substance Abuse Residential Treatment Programs such as ours?

DHCS Response: This particular proposal does not directly impact Urban Indian Substance Abuse Residential Treatment programs. However, it may directly impact the residents of your facility that may be Medi-Cal members whom rely on Tribal health programs for their primary care or aftercare services.

7. Can IHS-MOA providers bill for Traditional Medicine from a Native Healer... this would be in addition to Acupuncture, Massage, etc.?

DHCS Response: The list of billable providers authorized under the DHCS state plan does not include Native healers or massage therapists. DHCS is in the process of restoring acupuncture services and adding this provider type to the list of IHS-MOA providers that are authorized to bill the all-inclusive rate pending approval of the proposal by the Centers for Medicare and Medicaid Services.