

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

DEC 19 2013

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas,

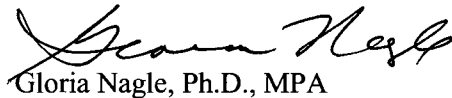
Enclosed is an approved copy of California State Plan Amendment (SPA) CA-13-008. SPA CA-13-008 was submitted to my office on September 20, 2013 to expand psychology services to all beneficiaries and remove a two-visit limit from psychology services, effective January 1, 2014. This SPA also clarifies the two-visit limit for certain optional benefits and removes certain benefit language from the state plan (per the companion letter from CA SPA 12-022), effective July 1, 2013.

Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 3.1-A, Page 3
- Attachment 3.1-A, Page 3b
- Attachment 3.1-A, Page 3c
- Attachment 3.1-A, Page 3e
- Attachment 3.1-A, Page 10b
- Attachment 3.1-A, Page 11
- Attachment 3.1-A, Page 11a
- Attachment 3.1-A, Page 11b
- Attachment 3.1-A, Page 12
- Attachment 3.1-A, Page 15
- Attachment 3.1-A, Page 15a
- Attachment 3.1-A, Page 16
- Attachment 3.1-A, Page 16a
- Attachment 3.1-A, Page 16b
- Attachment 3.1-A, Page 16c
- Attachment 3.1-B, Page 3
- Attachment 3.1-B, Page 3b
- Attachment 3.1-B, Page 3c
- Attachment 3.1-B, Page 3e
- Attachment 3.1-B, Page 10b
- Attachment 3.1-B, Page 11
- Attachment 3.1-B, Page 11a
- Attachment 3.1-B, Page 11b
- Attachment 3.1-B, Page 12
- Attachment 3.1-B, Page 15
- Attachment 3.1-B, Page 15a
- Attachment 3.1-B, Page 16
- Attachment 3.1-B, Page 16a
- Attachment 3.1-B, Page 16b
- Attachment 3.1-B, Page 16c

If you have any questions, please contact Tyler Sadwith by phone at (415) 744-3563 or by email at tyler.sadwith@cms.hhs.gov.

Sincerely,



Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Weaver, California Department of Health Care Services
Kathryn Waje, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-008	2. STATE CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.240, USC 1902(a)(10)(B), 42 USC 18022	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 71,107,500
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A, Page 3 Limitations on Attachment 3.1-A, Page 3B Limitations on Attachment 3.1-A, Page 3C Limitations on Attachment 3.1-A, Page 3E Limitations on Attachment 3.1-A, Page 10b Limitations on Attachment 3.1-A, Page 11 Limitations on Attachment 3.1-A, Page 11a Limitations on Attachment 3.1-A, Page 11b Limitations on Attachment 3.1-A, Page 12 Limitations on Attachment 3.1-A, Page 15 Limitations on Attachment 3.1-A, Page 15a Limitations on Attachment 3.1-A, Page 15b Limitations on Attachment 3.1-A, Page 16 Limitations on Attachment 3.1-A, Page 16a Limitations on Attachment 3.1-A, Page 16b Limitations on Attachment 3.1-A, Page 16c Limitations on Attachment 3.1-B, Page 3 Limitations on Attachment 3.1-B, Page 3B Limitations on Attachment 3.1-B, Page 3C Limitations on Attachment 3.1-B, Page 3E Limitations on Attachment 3.1-B, Page 10b Limitations on Attachment 3.1-B, Page 11 Limitations on Attachment 3.1-B, Page 11a Limitations on Attachment 3.1-B, Page 11b Limitations on Attachment 3.1-B, Page 12 Limitations on Attachment 3.1-B, Page 15 Limitations on Attachment 3.1-B, Page 15a Limitations on Attachment 3.1-B, Page 15b Limitations on Attachment 3.1-B, Page 16 Limitations on Attachment 3.1-B, Page 16a Limitations on Attachment 3.1-B, Page 16b Limitations on Attachment 3.1-B, Page 16c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Limitations on Attachment 3.1-A, Page 3 Limitations on Attachment 3.1-A, Page 3B Limitations on Attachment 3.1-A, Page 3C Limitations on Attachment 3.1-A, Page 3E Limitations on Attachment 3.1-A, Page 10b Limitations on Attachment 3.1-A, Page 11 Limitations on Attachment 3.1-A, Page 11a Limitations on Attachment 3.1-A, Page 11b Limitations on Attachment 3.1-A, Page 12 Limitations on Attachment 3.1-A, Page 15 Limitations on Attachment 3.1-A, Page 15a Limitations on Attachment 3.1-A, Page 15b Limitations on Attachment 3.1-A, Page 16 Limitations on Attachment 3.1-A, Page 16a Limitations on Attachment 3.1-B, Page 3 Limitations on Attachment 3.1-B, Page 3B Limitations on Attachment 3.1-B, Page 3C Limitations on Attachment 3.1-B, Page 3E Limitations on Attachment 3.1-B, Page 10b Limitations on Attachment 3.1-B, Page 11 Limitations on Attachment 3.1-B, Page 11a Limitations on Attachment 3.1-B, Page 11b Limitations on Attachment 3.1-B, Page 12 Limitations on Attachment 3.1-B, Page 15 Limitations on Attachment 3.1-B, Page 15a Limitations on Attachment 3.1-B, Page 15b Limitations on Attachment 3.1-B, Page 16 Limitations on Attachment 3.1-B, Page 16a

10. SUBJECT OF AMENDMENT:

Clarifying two-visit limit on optional benefits; removing listing of individuals receiving long-term care in NF and ICD-DD as those eligible to receive certain optional benefits; and removing two-visit limit and optional benefits exclusion for psychology services

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: ORIGINAL DOCUMENT SIGNED BY:	16. RETURN TO:
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13. TYPED NAME: Toby Douglas	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417
14. TITLE: Director	
15. DATE SUBMITTED: September 20, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 20, 2013	18. DATE APPROVED: December 19, 2013
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: Original Copy Signed by Gloria Nagle
21. TYPED NAME: Gloria Nagle, PhD, MPA	22. TITLE: Associate Regional Administrator
23. REMARKS:	

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2a Hospital outpatient department services and community hospital outpatient clinic.		All services, including physician's services, are subject to the same requirements as when provided in a non-facility setting.
2b Rural Health Clinic services and other ambulatory services covered under the state plan.	<p>The following Rural Health Clinic (RHC) services are covered under this state plan:</p> <p>1. Physician services For RHC purposes, physicians are defined as follows:</p> <ul style="list-style-type: none"> 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 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 	<p>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 of the SD/MC system.</p> <p>Rural health clinics do not require Treatment Authorization Request (TAR) before rendering services; however, RHCs must provide documentation in the medical record that the service was medically necessary.</p>

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan.	<p>Acupuncture, audiology, chiropractic, dental, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program <p>Psychology services are covered in RHCs for all Medi-Cal beneficiaries.</p> <p>The following 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: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, 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>Federally required adult dental services are covered in RHCs for all Medi-Cal beneficiaries.</p> <p>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.</p>	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*
<p>2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan.</p>	<p>The following FQHC services are covered under this state plan:</p> <ol style="list-style-type: none"> 1. Physician services For FQHC purposes, physicians are defined as follows: <ol style="list-style-type: none"> 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. 	<p>FQHC do not require Treatment Authorization Request (TAR) before rendering services; however, FQHC must provide documentation in the medical record that the service was medically necessary.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).</p>	<p>2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program.</p> <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p> <p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, 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>Federally required adult dental services are covered in FQHCs for all Medi-Cal beneficiaries.</p> <p>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.</p>	<p>Refer to home health services section for additional requirements.</p>

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>Medical care and any other type of remedial care recognized under State law.</p>	<p>Podiatry service is a covered optional benefit only for the following beneficiaries:</p>	<p>All services provided in SNFs and ICFs are subject to prior authorization.</p>
<p>6a. Podiatrists' services</p>	<ol style="list-style-type: none"> 1. Pregnant women, if the podiatry services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Routine office visits do not require a TAR. A TAR is required for all podiatry services that exceed the two-visit limit, except emergencies.</p>
	<p>Podiatry services are covered in hospital outpatient departments and organized outpatient clinics for all Medical beneficiaries.</p>	
	<p>Outpatient podiatry services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, psychology, 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>	

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6c Chiropractic services	<p>Chiropractic services are covered under this state plan when provided by a 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:</p> <ol style="list-style-type: none"> 1. Pregnant women, if chiropractic services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Oupatient chiropractic services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, occupational therapy, podiatry, psychology, 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>TAR is required for a chiropractic service visit that exceeds the two-visit limit.</p>

*Prior authorization is not required for emergency services.

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.1 Psychology	<p>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:</p> <ol style="list-style-type: none"> 1. Pregnant women, if psychology services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Psychology services are covered in FQHCs/RHCs, hospital outpatient departments, and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient psychology services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply.</p>	<p>TAR is required for a psychology visit that exceeds the two-visit limit. Effective January 1, 2014, TAR approval is no longer required for psychology services.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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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 services.

**Coverage is limited to medically necessary services

TN No. 13-008
Supersedes
TN No. 09-001

Approval Date DEC 19 2013

Effective Date: 7/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d3 Acupuncture services	<p>Covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.</p> <p>Acupuncture services are covered under this state plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if acupuncture services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Acupuncture services are available in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient acupuncture services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based upon medical necessity through the TAR process: audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 for psychology services.</p>	<p>TAR is required for an acupuncture service visit that exceeds the two-visit limit.</p>

* Prior authorization is not required for emergency services.

**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. The monthly two-visit combination limit described in Item 11 does not apply to therapies provided in the home health setting.	See 11.
8 Special duty nursing services.	Not covered	
9 Clinic services	<p>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. Clinic services include outpatient heroin or other opioid detoxification services. Services shall be furnished at the clinic by or under the direction of a physician or dentist.</p> <p>Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, optometry, podiatry, psychology, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Refer to appropriate service section for prior authorization requirements</p> <p>Narcotic Treatment Programs pursuant to federal and state regulations are the only facilities that may administer methadone for heroin or other opioid detoxification services. Other narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certifications for treatment of opioid dependence outside of Narcotic Treatment Programs. Refer to type of service "5a Physician Services" for prior authorization and other requirements for outpatient heroin or other opioid detoxification services.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-008
Supersedes:
TN No. 11-037b

DEC 19 2013

Approval Date: _____

Effective Date: 7/1/2013

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
9 Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p>	
10 Dental services	<p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p> <p>Pursuant to 42 U.S.C. Section 1396d (a)(10), dental services are covered as described under this plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women: emergency dental services and pregnancy related-services or services to treat a condition that may complicate the pregnancy. 2. Individuals who are eligible for the EPSDT program: emergency dental services and all other medically necessary dental services. <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p> <p>For eligible beneficiaries 21 years of age and older (non-EPSDT), an \$1,800 annual benefit maximum applies, with the following exceptions:</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy. • Dentures • Dental implants and implant-retained prostheses. 	<p>Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). 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.</p>

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered 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>Maintenance therapy services are covered for beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment program when medically necessary.</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>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-008
Supersedes
TN No. 11-023

Approval Date: _____ **DEC 19 2013**

Effective Date: 7/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b. Occupational Therapy	<p>Occupational therapy is covered 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>Maintenance therapy services are covered for beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment Program when medically necessary.</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>Outpatient occupational therapy services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: 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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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c. Speech Therapy/Audiology	<p>Speech therapy 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>Maintenance therapy services are covered for beneficiaries under the age of 21 years when medically necessary.</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"> 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. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<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>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-008
Supersedes
TN No. None

Approval Date: _____ **DEC 19 2013**

Effective Date: 7/1/13

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c. Speech Therapy/Audiology (Cont)	<p>Outpatient speech therapy and audiology services are subject to a two-services limit in any one calendar month or any combination of two services per month from among the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, chiropractic, occupational therapy, podiatry, and psychology.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p>	TAR is required for a speech therapy or audiology visit that exceeds the two-visit limit.

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TN No. 13-008
Supersedes
TN No. None

Approval Date: DEC 19 2013

Effective Date: 7/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2a Hospital outpatient department services and community hospital outpatient clinic.		All services, including physician's services, are subject to the same requirements as when provided in a non-facility setting.
2b Rural Health Clinic services and other ambulatory services covered under the state plan.	<p>The following Rural Health Clinic (RHC) services are covered under this state plan:</p> <p>1. Physician services For RHC purposes, physicians are defined as follows:</p> <ol style="list-style-type: none"> 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 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 	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 of the SD/MC system.
		Rural health clinics do not require Treatment Authorization Request (TAR) before rendering services; however, RHCs must provide documentation in the medical record that the service was medically necessary.

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan.	<p>Acupuncture, audiology, chiropractic, dental, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Psychology services are covered in RHCs for all Medi-Cal beneficiaries.</p> <p>The following 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: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, 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>Federally required adult dental services are covered in RHCs for all Medi-Cal beneficiaries.</p> <p>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.</p>	Refer to home health services section for additional requirements.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan.	<p>The following FQHC services are covered under this state plan:</p> <ol style="list-style-type: none"> 1. Physician services For FQHC purposes, physicians are defined as follows: <ol style="list-style-type: none"> 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. 	<p>FQHC do not require Treatment Authorization Request (TAR) before rendering services; however, FQHC must provide documentation in the medical record that the service was medically necessary.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program.</p> <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p> <p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, 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>Federally required adult dental services are covered in FQHCs for all Medi-Cal beneficiaries.</p> <p>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.</p>	Refer to home health services section for additional requirements.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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	<p>Podiatry service is a covered optional benefit only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if the podiatry services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	All services provided in SNFs and ICFs are subject to prior authorization.
	Podiatry services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.	
	Outpatient podiatry services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, psychology, and speech therapy.	Routine office visits do not require a TAR. A TAR is required for all podiatry services that exceed the two-visit limit, except emergencies.
	Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.	

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d3 Acupuncture services	<p>Covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.</p> <p>Acupuncture services are covered under this state plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if acupuncture services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Acupuncture services are available in hospital outpatient departments and organized outpatient clinics for all Medical beneficiaries.</p> <p>Outpatient acupuncture services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based upon medical necessity through the TAR process: audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 for psychology services.</p>	<p>TAR is required for an acupuncture service visit that exceeds the two-visit limit.</p>

* Prior authorization is not required for emergency services.

**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. The monthly two-visit combination limit described in Item 11 does not apply to therapies provided in the home health setting.	See 11.
8 Special duty nursing services.	Not covered	
9 Clinic services	<p>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. Clinic services include outpatient heroin or other opioid detoxification services. Services shall be furnished at the clinic by or under the direction of a physician or dentist.</p> <p>Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, optometry, podiatry, psychology, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Refer to appropriate service section for prior authorization requirements</p> <p>Narcotic Treatment Programs pursuant to federal and state regulations are the only facilities that may administer methadone for heroin or other opioid detoxification services. Other narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certifications for treatment of opioid dependence outside of Narcotic Treatment Programs. Refer to type of service "5a Physician Services" for prior authorization and other requirements for outpatient heroin or other opioid detoxification services.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
9 Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p>	
10 Dental services	<p>Pursuant to 42 U.S.C. Section 1396d (a)(10), dental services are covered as described under this plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women: emergency dental services and pregnancy related-services or services to treat a condition that may complicate the pregnancy. 2. Individuals who are eligible for the EPSDT program: emergency dental services and all other medically necessary dental services. <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p> <p>For eligible beneficiaries 21 years of age and older (non-EPSDT), an \$1,800 annual benefit maximum applies, with the following exceptions:</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy. • Dentures • Dental implants and implant-retained prostheses. 	<p>Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). 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.</p>

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered 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>Maintenance therapy services are covered for beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment program when medically necessary.</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>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b. Occupational Therapy	<p>Occupational therapy is covered 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>Maintenance therapy services are covered for beneficiaries in the Early and Periodic Screening, Diagnostic and Treatment Program when medically necessary.</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>Outpatient occupational therapy services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: 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>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>11c. Speech Therapy/Audiology</p>	<p>Speech therapy 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>Maintenance therapy services are covered for beneficiaries under the age of 21 years when medically necessary.</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"> 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. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<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>

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

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c. Speech Therapy/Audiology (Cont)	<p>Outpatient speech therapy and audiology services are subject to a two-services limit in any one calendar month or any combination of two services per month from among the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, chiropractic, occupational therapy, podiatry, and psychology.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p>	TAR is required for a speech therapy or audiology visit that exceeds the two-visit limit.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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TN No. None

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6c Chiropractic services	<p>Chiropractic services are covered under this state plan when provided by a 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:</p> <ol style="list-style-type: none"> 1. Pregnant women, if chiropractic services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Outpatient chiropractic services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, occupational therapy, podiatry, psychology, 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>TAR is required for a chiropractic service visit that exceeds the two-visit limit.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.1 Psychology	<p>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:</p> <ol style="list-style-type: none"> 1. Pregnant women if psychology services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. <p>Psychology services are covered in FQHCs/RHCs, hospital outpatient departments, and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient psychology services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply.</p>	<p>TAR is required for a psychology visit that exceeds the two-visit limit. Effective January 1, 2014, TAR approval is no longer required for psychology services.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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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 services.
**Coverage is limited to medically necessary services