

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

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

DEC 3 1 2013

Dear Mr. Douglas:

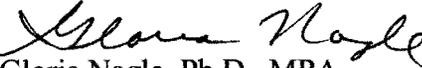
Enclosed is an approved copy of California State Plan Amendment (SPA) 13-042. SPA 13-042 was submitted to my office on November 15, 2013 to expand the scope of physical, occupational and speech therapy services offered to all Medi-Cal populations to include services aimed at the maintenance and acquisition of skills.

The effective date of this SPA is October 1, 2013. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 3.1-A, pages 16, 16a and 16b
- Attachment 3.1-B, pages 16, 16a and 16b

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at tom.schenck@cms.hhs.gov.

Sincerely,


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

Enclosure

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

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered for the restoration, maintenance and acquisition of skills 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>Outpatient physical 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>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. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 31 2013

Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b. Occupational Therapy	<p>Occupational therapy is covered for the restoration, maintenance and acquisition of skills 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>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>Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient occupational therapy 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: 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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TN No. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 31 2013

Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c. Speech Therapy/Audiology	<p>Speech therapy for the restoration, maintenance and acquisition of skills 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>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>

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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 for the restoration, maintenance and acquisition of skills 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>Outpatient physical 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>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>

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Approval Date: _____

Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b. Occupational Therapy	<p>Occupational therapy is covered for the restoration, maintenance and acquisition of skills 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>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>Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient occupational therapy 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: 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 for the restoration, maintenance and acquisition of skills 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>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>

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