AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment

5. Dental Services - (42 CFR 440.100)

At a minimum, dental services include relief of pain and infection; limited restoration of teeth and maintenance of dental health; and oral prophylaxis every 184 days. Dental care includes emergency and preventive services and therapeutic services for dental disease, which, if left untreated, may become acute dental problems or may cause irreversible damage to the teeth or supporting structures. Other dental services may be provided based on medical necessity, including inpatient services in an eligible participating hospital and must be prior authorized.

6. Physical therapy, Occupational therapy, and Services for individuals with Speech, Hearing, and Language Disorders (42 CFR 440.110)

(a) Physical Therapy Services – Services are: 1) prescribed by a physician or other licensed provider of the healing arts; and 2) provided by a licensed physical therapist or a licensed physical therapist assistant under the supervision of a fully licensed physical therapist, working within the scope of his or her practice, in accordance with State law and 42 CFR 440.110(a).

~~(a)~~**(b) Occupational Therapy Services**– Services are: 1) prescribed by a physician or other licensed provider of the healing arts; and 2) provided by a fully State-licensed occupational therapist or a licensed occupational therapist assistant under the supervision of a fully licensed occupational therapist, working within the scope of his or her practice, in accordance with State law and ~~who meets the Federal qualifications specified at~~ 42 CFR 440.110(b)~~(2)~~.

~~(b)~~**(c) Speech and Language Pathology**– Services are: 1) referred by a physician or other licensed provider of the healing arts; and 2) provided by ~~a State licensed speech language pathologist~~ one of the following types of licensed practitioners working within the scope of his or her practice, in accordance with State law and ~~who meets the Federal qualifications specified at~~ 42 CFR 440.110(c)~~(2)~~:

- A fully licensed speech language pathologist;
- A licensed speech language pathology assistant under supervision of a speech language pathologist; or
- A licensed clinical fellow under the supervision of a licensed speech language pathologist or audiologist.

~~(c)~~**(d) Hearing Services** - Hearing and hearing aid evaluations as appropriate when provided by a State licensed audiologist who meets the Federal qualifications specified at 42 CFR 440.110(c)(3).

~~(d)~~**(e) Assistive Technology Services/ Devices** - The evaluation of a child with disabilities in order to recommend the proper assistive technology device. Services must be provided by a fully State-licensed speech language pathologist, fully State-licensed physical therapist or fully State-licensed occupational therapist [42 CFR 440.70(b)(3)].

7. Prescribed Drugs - (42 CFR 440.120)

Prescription drugs above the State plan limitation are provided when medically necessary.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Outpatient Hospital Reimbursement *(continued)*

B. Outpatient Surgery *(continued)*

2. Facility fees for surgical procedures not covered as ASC procedures and otherwise covered under Medicaid will be reimbursed according to a state-specific fee schedule based on APC pricing. Bilateral or multiple procedures performed in one day will be subject to discounting.

3. Separate fees for outpatient surgery services are not payable to the hospital if the patient is admitted to the same hospital within 72 hours.

C. Dialysis Services

1. Dialysis visits will be reimbursed at the provider's Medicare composite rate for dialysis services determined by Medicare under 42 CFR 413 subpart H. The facility's composite rate is a comprehensive prospective payment for all modes of facility and home dialysis and constitutes payment for the complete dialysis treatment, except for a physician's professional services, separately billable laboratory services and separately billable drugs.

2. The provider must furnish all of the necessary dialysis services, equipment and supplies. Reimbursement for dialysis services and supplies is further defined in the Medicare Provider Reimbursement Manual, HCFA Pub. 15 (referred to as "Pub. 15"). For purposes of specifying the services covered by the composite rate and the services that are separately billable, the agency hereby adopts and incorporates herein by reference Pub. 15.

D. Ancillary Services, Imaging and Other Diagnostic Services

Ancillary services, imaging services, and other diagnostic services will be reimbursed on a prospective basis by paying the lower of usual and customary charges or a fee basis.

1. Services such as physical, occupational, and speech therapy services are reimbursable at a flat statewide fee schedule rate. The rate is based on APC group 0600.
   a. Reimbursement for licensed therapy assistants and licensed speech language pathologist clinical fellows will equal 85 percent of the payment made to a fully licensed therapist.

2. For each imaging service or procedure, the fee will be the technical component of the Medicare resource-based relative value scale (RBRVS).

3. For each diagnostic service or procedure, the fee will be the technical component of the RBRVS. For those services where there is no technical component under RBRVS, the fee will be 100 percent of the global value.

~~4.~~ A facility fee will be reimbursed to the hospital for the services listed in D.2-3 in accordance with the methodology described in F. below.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (*continued*)

Payment is made for Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services in accordance with the methodology described in Aattachment 4.19-B, Page 3. ~~The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained on the Agency computer database, the Agency library, and are available to the public.~~ Reimbursement for OT/PT/ST therapy assistants and speech language pathologist clinical fellows will equal 85 percent of the payment made to a fully licensed therapist.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

~~Physical Therapist~~

~~Payment is made for Physical Therapist in accordance with the methodology described in attachment 4.19-B, Page 3. The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained on the Agency computer database, the Agency library, and are available to the public.~~

Reserved

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

~~**Occupational Therapist**~~

~~Payment is made for Occupational Therapist in accordance with the methodology described in attachment 4.19-B, Page 3. The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained on the Agency computer database, the Agency library, and are available to the public.~~

Reserved