

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

March 16, 2016

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 15-005. This SPA was submitted to my office on April 30, 2015. This SPA allows registered dental hygienists (RDHs), registered dental hygienists in extended functions (RDHEFs), and registered dental hygienists in alternative practice (RDHAPs) to enroll as Medi-Cal dental program billing providers.

The effective date of this SPA is September 1, 2015. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations to Attachment 3.1-A, pages 12a.1-12a.6
- Limitations to Attachment 3.1-B, pages 12.a.1-12.a.6
- Attachment 4.19-B, page 20b
- Supplement 6 to Attachment 4.19-B, page 2

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Alani Jackson, California Department of Health Care Services
Nik Ratcliff, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-005	2. STATE: CALIFORNIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2015

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 section 440.60. 42 USC section 1396d (a)(6).	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$164,705 b. FFY 2016 \$1,985,351
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A; PAGE 12a, 12b,12c ATTACHMENT 3.1-B; PAGE 12a, 12a.1, 12a.2 SUPPLEMENT 6 ATTACHMENT 4.19B; PAGE 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 3.1-A; PAGE 12a ATTACHMENT 3.1-B; PAGE 12a SUPPLEMENT 6 ATTACHMENT 4.19B; PAGE 2

10. SUBJECT OF AMENDMENT: To allow Registered Dental Hygienists (RDHs) and Registered Dental Hygienists in Extended Functions (RHDEFs) to enroll as Medi-Cal Dental Services Program billing providers if they are employed in a public health program created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity, and to allow RDHs and RDHEFs to enroll as rendering providers if they are employed in a public health program created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity that is enrolled as a billing provider in the Medi-Cal Dental Services Program. To allow Registered Dental Hygienists in Alternative Practice (RDHAPs) to enroll as billing and/or rendering providers in the Medi-Cal Dental Services Program. To allow RDHs, RDHEFs, and RDHAPs to bill for services as permitted by the State statutes and regulations.

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:	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Mari Cantwell	
14. TITLE: Chief Deputy Director, Health Care Programs	
15. DATE SUBMITTED:	
16. RETURN TO:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d6	Licensed Registered Dental Hygienists' services	<p>All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDH that does not specifically require direct supervision shall require general supervision so long as the procedure or service does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death. See Program Coverage for supervision definitions for licensed RDHs.</p> <p>A licensed RDH may provide, without supervision, educational services, oral health training programs, and oral health screenings. A licensed RDH is authorized to provide and bill for treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> • In a public health program, created by federal, state, or local law; or • In a public health program, administered by a federal, state, county, or local governmental entity; and, • The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN Number: 15-005

Supersedes

TN Number: none

Approval Date: March 16, 2016

Page 12a.1

Effective Date: September 1, 2015

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d6	Licensed Registered Dental Hygienists' services (continued)		<p>All licensed RDHs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All licensed RDHs shall provide documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon program enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDH that are a benefit of the Medi-Cal Dental program and are permitted by the state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider. In general, the Medi-Cal Dental Manual of Criteria identifies which services require prior authorization requirements for the above-mentioned services also apply to EPSDT-eligible and other beneficiaries.</p>

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TN Number: 15-005

Supersedes

TN Number: none

Approval Date: March 16, 2016

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STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d7	Licensed Registered Dental Hygienists in Extended Functions' services	<p>All services permitted under scope of practice for a Licensed Registered Dental Hygienists in Extended Functions (RDHEFs) as medically necessary, subject to limitations. All RDHEFs meet federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDHEF that does not specifically require direct supervision shall require general supervision so long as the procedure or service does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death. See Program Coverage for supervision definitions for license RDHEFs.</p> <p>A licensed RDHEF may provide, without supervision, educational services, oral health training programs, and oral health screenings. A licensed RDHEF is authorized to provide and bill for treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> • In a public health program, created by federal, state, or local law; or • In a public health program, administered by a federal, state, county, or local governmental entity; and • The licensed RDHEF shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDHEF's employment upon program enrollment.

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 Supersedes
 TN Number: none

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Effective Date: September 1, 2015

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d7	Licensed Registered Dental Hygienists in Extended Functions' services (continued)		<p>All licensed RDHEFs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All licensed RDHEFs shall provide documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon program enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDHEF that are a benefit of the Medi-Cal Dental program and are permitted by state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) approves and provides payment for covered dental services performed by an enrolled dental provider. In general, the Medi-Cal Dental Manual of Criteria identifies which services require prior authorization. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>

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STATE PLAN CHART

Limitations on Attachment 3.1-A

(This chart is an overview only)

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6d8	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d8	Licensed Registered Dental Hygienists in Alternative Practice's services	<p>All services permitted under scope of practice for a licensed Registered Dental Hygienists in Alternative Practice (RDHAPs) as medically necessary, subject to limitations. All RDHAPs meet federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDHAP that does not specifically require direct supervision shall require direct supervision shall require general supervision so long as the procedure or service does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death. See Program Coverage for supervision definitions for licensed RDHAPs.</p> <p>A licensed RDHAP may provide, without supervision, educational services, oral health training programs, and oral health screenings and shall be permitted to bill for said services. A licensed RDHAP may provide Scaling and Root Planing services under the general supervision of a licensed dentist, but shall be permitted to bill for said services, pursuant to state law. All licensed RDHAPs are authorized to provide and bill for treatment performed in the following settings: residences of the homebound, schools, residential facilities and other.</p> <p>All licensed RDHAPs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All RDHAPs shall provide</p>

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STATE PLAN CHART

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Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d8	Licensed Registered Dental Hygienists in Alternative Practice's services (continued)		<p>documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDHAP that are a benefit of the Medi-Cal Dental program and are permitted by the state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) approves and provides payment for covered dental services performed by an enrolled dental provider. In general, prior authorization is required for Scaling and Root Planing. Also, the Medi-Cal Dental Manual of Criteria identifies any other Medi-Cal Dental program covered services that require prior authorization. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>

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STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-B

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d6	Licensed Registered Dental Hygienists' services	<p>All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDH that does not specifically require direct supervision shall require general supervision so long as the procedure or service does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death. See Program Coverage for supervision definitions for licensed RDHs.</p> <p>A licensed RDH may provide, without supervision, educational services, oral health training programs, and oral health screenings. A licensed RDH is authorized to provide and bill for treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> • In a public health program, created by federal, state, or local law; or • In a public health program, administered by a federal, state, county, or local governmental entity; and, • The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment.

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Supersedes

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STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-B

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d6	Licensed Registered Dental Hygienists' services (continued)		<p>All licensed RDHs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All licensed RDHs shall provide documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon program enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDH that are a benefit of the Medi-Cal Dental program and are permitted by the state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider. In general, the Medi-Cal Dental Manual of Criteria identifies which services require prior authorization requirements for the above-mentioned services also apply to EPSDT-eligible and other beneficiaries.</p>

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Limitations on Attachment 3.1-B

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STATE PLAN CHART

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Limitations on Attachment 3.1-B

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d7	Licensed Registered Dental Hygienists in Extended Functions' services (continued)		<p>All licensed RDHEFs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All licensed RDHEFs shall provide documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon program enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDHEF that are a benefit of the Medi-Cal Dental program and are permitted by state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) approves and provides payment for covered dental services performed by an enrolled dental provider. In general, the Medi-Cal Dental Manual of Criteria identifies which services require prior authorization. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>

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STATE PLAN CHART

Limitations on Attachment 3.1-B

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6d8	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
	Licensed Registered Dental Hygienists in Alternative Practice's services	<p>All services permitted under scope of practice for a licensed Registered Dental Hygienists in Alternative Practice (RDHAPs) as medically necessary, subject to limitations. All RDHAPs meet federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDHAP that does not specifically require direct supervision shall require direct supervision shall require general supervision so long as the procedure or service does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death. See Program Coverage for supervision definitions for licensed RDHAPs.</p> <p>A licensed RDHAP may provide, without supervision, educational services, oral health training programs, and oral health screenings and shall be permitted to bill for said services. A licensed RDHAP may provide Scaling and Root Planing services under the general supervision of a licensed dentist, but shall be permitted to bill for said services, pursuant to state law. All licensed RDHAPs are authorized to provide and bill for treatment performed in the following settings: residences of the homebound, schools, residential facilities and other.</p> <p>All licensed RDHAPs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All RDHAPs shall provide</p>

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STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-B

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d8	Licensed Registered Dental Hygienists in Alternative Practice's services (continued)		<p>documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDHAP that are a benefit of the Medi-Cal Dental program and are permitted by the state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) approves and provides payment for covered dental services performed by an enrolled dental provider. In general, prior authorization is required for Scaling and Root Planing. Also, the Medi-Cal Dental Manual of Criteria identifies any other Medi-Cal Dental program covered services that require prior authorization. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

Payment for Dental Services

The State developed fee schedule rates are the same for both public and private providers of dental services. The rates for dental services are published under Section 5, Manual Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook. The agency's fee schedule rates were last updated on June 1, 2014, and are effective for services on or after that date. All rates are posted on the Denti-Cal website at: <http://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf#page=165>.

TN Number: 15-005
Supersedes
TN Number:

Approval Date: March 16, 2016

Effective Date: September 1, 2015

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. In addition, below is a list of interns that may provide Medi-Cal psychology services.

- Registered Marriage and Family Therapists Interns
- Registered Associate Clinical Social Workers
- Psychological Assistants

Interns must be under the supervision of a licensed mental health professional, in accordance with the requirements of applicable state laws.

C. Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by 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)