

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**

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April 24, 2018

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) 18-001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 13, 2018. California SPA 18-001 will eliminate the requirement for approval of a Treatment Authorization Request (TAR) for more than eight (8) medically necessary allergy injections within 120 days to reflect current medical practice.

The effective date of this SPA is January 1, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, page 10
- Limitations on Attachment 3.1-B, page 10

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).


Sincerely,

/s/

Henrietta Sam-Louie  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, California Department of Health Care Services (DHCS)  
Cynthia Smiley, DHCS  
Jim Elliott, DHCS  
Nathaniel Emery, DHCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-001</b>	2. STATE CA
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2018	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: SSA 1905(a)(5)(A) <u>and 42 CFR 440.50</u>		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$0 b. FFY 2018 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A, page 10 Limitations on Attachment 3.1-B, page 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Limitations on Attachment 3.1-A, page 10 Limitations on Attachment 3.1-B, page 10	
10. SUBJECT OF AMENDMENT: Physician Services – Allergy Injections			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment.	
12. OFFICIAL:	16. RETURN TO:		
	<b>Department of Health Care Services</b> <b>Attn: State Plan Coordinator</b> <b>1501 Capitol Avenue, MS 4506</b> <b>P.O. Box 997417</b> <b>Sacramento, CA 95899-7417</b>		
13. <b>Mari Cantwell</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: 3/13/2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: O ctej "35."423:		18. DATE APPROVED: April 24, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: Lcpwt { "3."423:		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
23. REMARKS: Box 6: CMS added federal regulatory citation via pen and ink change based on state permission given by email dated 4/13/18.			

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a. Physician's Services (continued)	<p>Procedures generally considered to be elective must meet criteria established by the Director.</p> <p>Orthoptics and pleoptics (eye exercises for the purpose of treating focusing problems using both eyes) are not covered. (Orthoptics relate to problems with the muscles that move the eyes, while pleoptics relate to problems with the retina.)</p> <p>Psychology, physical therapy, occupational therapy, speech therapy, audiology, optometry, and podiatry when performed by a physician are considered physician services for purposes of program coverage.</p>	<p>Outpatient medical procedures such as hyperbaric O<sup>2</sup> therapy, psoriasis day care, apheresis, cardiac catheterization, and selected surgical procedures (generally considered to be elective) are subject to prior authorization. Prior authorization is required for the correction of cosmetic defects. Inhalation therapy when not personally rendered by a physician requires prior authorization. All sterilizations require informed consent.</p>

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

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