

Mandatory Services 42 CFR 440.230

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Mandatory services visits are provided in accordance with 42 CFR 440.230 per recipient per State fiscal year. Exceptions to a visit limitation may be authorized by the State when additional visits are medically necessary. The mandatory services visit limit is 22. This limitation does not apply to EPSDT eligible children.

2. a. Outpatient Hospital Services

All medical services performed must be medically necessary and may not be experimental in nature.

- (1) Prior approval shall be required for each psychiatric outpatient visit after the eighth visit for recipients 21 years and over. The visit limitation per year does not apply to recipients 21 years and over receiving mental health services subject to utilization review. Approval will be based on medical necessity.
- (2) Prior approval shall be required for each psychiatric hospital outpatient visit after the 26<sup>th</sup> visit for recipients under age 21.
- (3) Routine physical examinations and immunizations are covered under Adult Health Screening and under Early Periodic Screening Diagnosis and Treatment (EPSDT).
- (4) "Take home drugs", medical supplies, equipment and appliances are not covered, except for small quantities of medical supplies, legend drugs or insulin needed by the patient until such time as the patient can obtain a continuing supply.
- (5) Injections are not covered if oral drugs are suitable.
- (6) Office visits in a hospital outpatient setting are included in the visit limit per recipient per State fiscal year. This limitation does not apply to adults 21 and over receiving mental health services subject to independent utilization review.

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2. b. Rural Health Clinic Services and other Ambulatory Services Furnished by a Rural Health Clinic

All medical services performed must be medically necessary and may not be experimental in nature.

- (1) Other ambulatory services provided by Rural Health Clinics are:
  - (a) Chiropractic services
  - (b) Dental Services
  - (c) Drugs, legend and insulin
  - (d) EPSDT
  - (e) Eyeglasses and visual aids
  - (f) Family Planning Services
  - (g) Hearing Aids
  - (h) Optometric Services
  - (i) Podiatry Services
- (2) Rural Health Clinic Services are subject to the limitations of the physicians' services program.
- (3) Office visits in a RHC are included in the visit limit per recipient per State fiscal year.

2. c. Federally Qualified Health Center (FQHC) services and other ambulatory services

Limitations are the same as in 2.b

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9. Clinic Services

All medical services performed must be medically necessary and may not be experimental in nature.

- a. Only services furnished by or under the direction of a physician or dentist are covered.
- b. Clinic services for which physicians or dentists file directly for payment are not covered.
- c. Services specifically covered under other Medicaid programs, e.g., Family Planning or EPSDT, are not reimbursable under the clinic program.
- d. Office visits in a clinic setting are included in the visit limit per recipient per State fiscal year. This limitation does not apply to adults 21 and over receiving mental health services subject to independent utilization review.