

5a. **Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.**

**Effective Date: 02/01/2010**

1. Physician visits in offices, hospital outpatient settings, nursing facilities, through telecommunications, and Federally Qualified Health Centers and Rural Health Clinics. Within each calendar year each recipient is limited to no more than a total of 14 physician visits in offices, hospital outpatient settings, nursing facilities, or Federally Qualified Health Centers, or rural health clinics. Visits counted under this quota will include, but not be limited to, visits for: prenatal care, postnatal care, family planning, second opinions, consultations, referrals, psychotherapy (individual, family, or group), and care by ophthalmologists for eye disease. Physician visits provided in a hospital outpatient setting that have been certified as an emergency do not count against the physician benefit limit of 14 per calendar year.

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2. Physician visits to hospital inpatients. In addition to the 14 physician visits referred to in paragraph a. above, Medicaid covers up to 16 inpatient dates of service per physician, per recipient, per calendar year. For purposes of this limitation, each specialty within a group or partnership is considered a single provider.

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3. Psychiatric evaluations or testing. These are covered services when medically necessary and given by a physician in person. Psychiatric evaluations or tests are limited to one per recipient, per physician, per calendar year. These visits are counted as part of the yearly quota of 14.
4. Psychotherapy visits. These are covered services when medically necessary and given by a physician in person. These visits are counted as part of the yearly quota of 14.
5. Group therapy. This is a covered service when the patient has a psychiatric diagnosis and the therapy is prescribed and performed by a physician in person. These visits are counted as part of the yearly quota of 14.
6. Family therapy. This is a covered service when medically necessary for a recipient with a psychiatric diagnosis. These visits are counted as part of the yearly quota of 14 for the recipient with the psychiatric diagnosis.