

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

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**Commonwealth Global Choices**

## b. Optometrists' services.

Provided:  No limitations  With limitations\*  Not Provided.

## c. Chiropractors' services.

Provided:  No limitations  With limitations\*  Not provided.

## d. Other Practitioners' Services

Provided:  No limitations  With limitations\*  Not provided.

## 7. Home Health Services

## a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in area.

Provided:  No limitations  With Limitations\*  Not provided.

## b. Home health aide services provided by a home health agency.

Provided:  No limitations  With limitations\*  Not provided.

## c. Medical supplies suitable for use in the home.

Provided:  No limitations  With limitations\*  Not provided.

\*Description provided on attachment

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**Commonwealth Global Choices**

(6) Medical care and Any Other Type of Remedial Care

B. Optometry services are only provided to recipients under age twenty-one (21).

C. Chiropractic services are provided with the following limitations:

- (1) Fifteen (15) chiropractic visits per year for recipients age 21 and older.
- (2) Seven (7) chiropractic visits per year for recipients under 21 years of age.
- (3) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905(r)(5) of the Social Security Act.

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## 5. Physicians' Services

All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.

- A. Coverage for certain initial visits is limited to one visit per patient per physician per three (3) year period. This limitation applies to the following procedures:

New patient evaluation and management office or other outpatient services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management home or custodial care services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management preventive medicine services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

- B. Coverage for an evaluation and management service with a corresponding CPT code of 99214 or 99215 shall be limited to two (2) per recipient per year, per physician. If this limit is exceeded, then DMS will reimburse any such claim as a CPT code 99213 evaluation and management visit.
- C. Outpatient psychiatric service procedures rendered by other than board-eligible and board-certified psychiatrists are limited to four (4) such procedures per patient per physician per twelve (12) month period.
- D. Coverage for laboratory procedures performed in the physician's office is limited to those procedures for which the physician's office is CLIA certified with the exception of urinalysis performed by dipstick or reagent tablet only which shall not be payable as a separate service to physician providers. The fee for this, or comparable lab tests performed by reagent strip or tablet, excluding blood glucose, shall be included in the evaluation and management service reimbursement provided on the same date of service for the same provider.

The professional component of laboratory procedures performed by board certified pathologists in a hospital setting or an outpatient surgical clinic are covered so long as the physician has an agreement with the hospital or outpatient surgical clinic for the provision of laboratory procedures.

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## 5. Physicians' Services

All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.

- A. Coverage for certain initial visits is limited to one visit per patient per physician per three (3) year period. This limitation applies to the following procedures:

New patient evaluation and management office or other outpatient services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management home or custodial care services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management preventive medicine services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

- B. Coverage for an evaluation and management service with a corresponding CPT code of 99214 or 99215 shall be limited to two (2) per recipient per year, per physician. If this limit is exceeded, then DMS will reimburse any such claim as a CPT code 99213 evaluation and management visit.
- C. Outpatient psychiatric service procedures rendered by other than board-eligible and board-certified psychiatrists are limited to four (4) such procedures per patient per physician per twelve (12) month period.
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The professional component of laboratory procedures performed by board certified pathologists in a hospital setting or an outpatient surgical clinic are covered so long as the physician has an agreement with the hospital or outpatient surgical clinic for the provision of laboratory procedures.

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**Commonwealth Global Choices**

**B. Dentures**

Dentures are not covered for adults. Dentures may be covered for children through the Early, Periodic, Screening, Diagnosis and Treatment Program (EPSDT).

**C. Prosthetics**

Prosthetic devices are covered under durable medical equipment in accordance with Attachment 3.1-A, page 13.

**D. Eyeglasses**

The following limitations are applicable:

- (1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- (2) Contact lenses are not covered.
- (3) Telephone contacts are not covered.
- (4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- (5) If medically necessary, prisms shall be added within the cost of the lenses.

If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

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6. Medical care and any other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State Law.
- a. Podiatrists services.
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided.
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  - b. Optometrists' services.
 

<input type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input type="checkbox"/>	With Limitations*	<input checked="" type="checkbox"/>	Not provided.
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  - c. Chiropractics' services.
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided.
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  - d. Other Practitioners' Services
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided
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7. Home Health Services
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in area.
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided
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  - b. Home health aide services provided by a home health agency.
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided.
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  - c. Medical supplies suitable for use in the home.
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided
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  - d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
 

<input checked="" type="checkbox"/>	Provided:	<input type="checkbox"/>	No limitations	<input checked="" type="checkbox"/>	With Limitations*	<input type="checkbox"/>	Not provided
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\*Description provided on attachment.

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Commonwealth Global Choices

(6) Medical care and Any Other Type of Remedial Care

(b) Optometry services are only provided to recipients under age twenty-one (21).

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