

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2013

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TN: 13-07

Approved:

Supersedes: 11-04 (09-04, 08-16, 07-08, 06-02, 03-35, 01-21)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.
- **Psychiatric consultations:** Consultations with psychiatrists by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or a licensed optometrist.

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6.b. Optometryists' services.

Vision care is described in section 5.a. of this attachment.

~~• Optometry services are covered if they are within the scope of practice for optometrists under State law or rule.~~

~~• Item 12.d. contains the list of eyeglass services that are not eligible for payment.~~

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Revision: HCFA-PM-87-5 (BERC)
April 1987

OMB No.: 0938-0193

State/Territory: Minnesota

Citation 3.1(f)
42 CFR 441.30

(1) Optometric Services

Optometric services (other than those provided under §§ 435.531 and 436.531 are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☒ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i) (1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

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