

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 14-0008**

This file contains the following documents in the order listed:

- 1) NY Regional Office Companion Letter
- 2) NY Regional Office Approval Letter
- 3) Approved SPA pages
- 4) CMS-179 form
- 5) Memorandum

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Ave - One Commerce Plaza, Suite 1430  
Albany, NY 12210



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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December 17, 2014

Ricardo A. Colon Padilla, CPA  
Medicaid Director  
Puerto Rico Medicaid Program  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, Puerto Rico 70184

Dear Mr. Colon:

This letter is being sent as a companion to our approval of Puerto Rico State Plan Amendment (SPA14-0008), approved December 17, 2014. During our processing of PR SPA 14-0008, we also reviewed the services that appeared on the submitted pages and the associated coverage provisions corresponding to those same services. Based on that review, we have some concerns regarding family planning language which need to be addressed in SPA 14-0009.

Section 1902(a)(10)(A) of the Act requires States to provide medical assistance under the Medicaid State plan, and incorporates by reference the definition of medical assistance in section 1905(a) of the Act. Section 1905(a) of the Act specifies that "medical assistance" means payment of part or all of the cost of the care and services listed, including family planning services. Family planning services are further described in section 4270 of the Medicaid manual as those services and supplies to prevent or delay pregnancy.

Although the State has submitted this state plan to make changes to the chiropractic services benefit, family planning service language has been included on the same page and is not sufficiently described. The State plan indicates that "Contraceptives drugs are covered only for the treatment of menstrual dysfunction or for conditions not related to birth control under the Health Reform Plan." Specifically, the State plan indicates that the State does not provide for contraceptive services to prevent or delay pregnancies which are required under the family planning benefit. Therefore, the existing description of family planning services does not comport with federal requirements.

Accordingly, the State must submit a state plan amendment for family planning services describing the services and supplies it covers to aid those individuals who wish to prevent or delay pregnancy.

To that end, CMS welcomes the opportunity to work with you and your staff to discuss options for resolving concerns as outlined below:

The State has 90 days from the date of this letter – until 03-17-2015 to address the issues described above. Within this 90-day period, the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues. If you have any additional questions or require any further assistance, please contact Ivelisse Salce at (212) 616-2411 or [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely,

/S/

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Delaine Deardorff-Beck, Health Insurance Specialist, Division of Pharmacy  
Lindsey Wilde, Health Insurance Specialist, Division of benefits and coverage

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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December 17, 2014

Ricardo A. Colon Padilla, CPA  
Medicaid Director  
Puerto Rico Medicaid Program  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, Puerto Rico 70184

Dear Mr. Padilla:

Enclosed for your records is an approved copy of Puerto Rico State Plan Amendment (SPA)14-0008 which was received in our office on September 29, 2014. This SPA proposes to cover corneal, bones, and skin transplant services, as well as related health care services as medically necessary. In addition, The State has added chiropractic services as a covered service for adults and children, with a soft limit of 30 visits combined with physical therapy. Prior authorization is required after the first 15 visits. The 30 visit limit can be exceeded based on medical necessity with prior authorization from the health plan when ordered by a physiatrist, orthopedist, or chiropractor.

Please note that the approval date of this SPA is December 17, 2014 with an effective date of July 1, 2014. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions, or wish to discuss this further, please contact Ivelisse Salce of my staff at (212) 616-241.

Sincerely,

/S/

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure/s

cc: Ricardo A. Rivera, ASES Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB No. 0938-0193

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
1 4 0 0 8

2. STATE  
PUERTO RICO

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
JULY 1, 2014

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

1903(i)(1) of the Social Security Act  
1905(g) of the Social Security Act  
42 CFR 440.60,  
42 CFR 405.232(b)  
42 CFR 441.35

7. FEDERAL BUDGET IMPACT

a. FFY 2014 (1 quarter) \$ 0\*  
b. FFY 2015 \$ 0\*

\* The estimated budget impact is zero because Puerto Rico has been claiming for these expenditures. Puerto Rico has been identifying State Plan problems and correcting them prospectively.

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT

Page 27  
Attachments 3.1-A, page 3  
Description for Attachment 3.1-A, pages 1, 2, 7, 9, and 13  
Attachments 3.1-B, page 3  
Description for Attachment 3.1-B, pages 1, 2, 7, 9, and 13  
Attachments 3.1-E

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If Applicable)

Page 27  
Attachments 3.1-A, page 3  
Description for Attachment 3.1-A, pages 1, 2, 7, 9, and 13  
Attachments 3.1-B, page 3  
Description for Attachment 3.1-B, pages 1, 2, 7, 9, and 13  
NEW

10. SUBJECT OF AMENDMENT

TO PROVIDE COVERAGE FOR CHIROPRACTOR SERVICES (CHIROPRACTIC MANIPULATION SESSIONS) AND  
FOR SKIN, BONE, AND CORNEAL TRANSPLANTS SERVICES.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPE NAME

RICARDO A. COLÓN-PADILLA, CPA

14. TITLE

EXECUTIVE DIRECTOR

15. DATE SUBMITTED

SEPTEMBER 29, 2014

16. RETURN TO

PUERTO RICO MEDICAID PROGRAM  
PUERTO RICO DEPARTMENT OF HEALTH  
PO BOX 70184  
SAN JUAN PR 00936-8184

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

DECEMBER 17, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

MICHAEL MELENDEZ

22. TITLE

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS

OFFICIAL

HCFA-PM-87-6 (BERC)  
April 1987

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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Citation

42 CFR 441.30  
AT-78-90

3.1 (f) (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 included 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.

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 88-2

Approval Date: 12/11/14

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

- b. Optometrists' services  
☒ Provided ☐ No limitation ☒ With limitations\* ☐ Not Provided
- c. Chiropractors' services  
☒ Provided ☐ No limitation ☒ With limitations\* ☐ Not Provided
- d. Other practitioners' services  
☒ Provided ☐ No limitation ☒ 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 the area.  
☐ Provided ☐ No limitation ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan
- b. Home health aide services provided by a home health agency.  
☐ Provided ☐ No limitation ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan
- c. Medical supplies, equipment, and appliances suitable for use in the home.  
☐ Provided ☐ No limitation ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan

\* Description provided on Attachment.

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/17/14

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services rendered while the beneficiary is not covered.
- b. Services which result from illnesses or injuries not covered.
- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ and tissue transplants, except as provided in Attachment 3.1-E.
- l. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy, and natural medicine.
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

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Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 8/17/14

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitations

- p. Cosmetic surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical-surgical services and complications associated with this procedure, regardless of their medical justification.
- q. Services, diagnostics tests and/or treatments ordered and/or provided by naturopaths, naturists, and iridologists.
- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

| <u>CODE</u> | <u>DESCRIPTION</u>                                                                                                                                                                                                      |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59840       | Induced abortion, by dilation and curettage                                                                                                                                                                             |
| 59841       | Induced abortion, by dilation and expulsion                                                                                                                                                                             |
| 59850       | Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines);                                                      |
| 59851       | Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with dilation and curettage and/or evacuation.       |
| 59852       | Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with hysterectomy (failed intra-amniotic injection). |

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 8/17/14

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

---

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

- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
- 6b. Optometrist services are limited to vision evaluations and exams.
- 6c. Chiropractic services as determined medically necessary.  
Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit for physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, and cosmetic plastic surgeons.
- 7. Home Health Services  
No FFP is claimed for Home Health Services.

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Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/17/14

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

- 11.a. Physical therapy and or chiropractor services as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit for chiropractic care. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 12.a. Prescribed drugs  
The PRHIA maintains a drug Formulary as the official formulary of drugs provided by the Health Reform Plan coverage, which contains most of the vast majority of therapeutic alternative categories available. A preferred drug list (PDL) is also maintained as a cost-effective utilization tool in rendering prescription benefits under the Health Reform Plan. The MCOs, MBHOs and Direct Providers that are contracted agree to conduct the pharmacy billing and claims through the PRHIA's contracted Pharmacy benefits manager. Under exceptional circumstances, a drug not included in the Formulary could be covered only through exceptional circumstances and procedure set forth below.

Limitations and conditions of the prescription services

- a. Contraceptives drugs are covered only for the treatment of menstrual dysfunction or for conditions not related to birth control under the Health Reform Plan. For birth control purposes, the contraceptives are provided by the Department of Health of Puerto Rico.
- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretrovirals but excluding Protease inhibitors. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/15/14

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

13d. Rehabilitative services

The rehabilitative services provided are ambulatory. Except for physical therapy, all rehabilitative services such as: respiratory, occupational, and speech therapies services are unlimited.

Physical therapy and/or chiropractic services (chiropractic manipulation sessions) as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined for chiropractic care and physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.

19. Ambulatory treatment, hospitalization and other TB related services and case management are covered under the Special Coverage.

20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section, or any other complication; hospitalization beyond minimum stay terms in case of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.

The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.

24.a. Transportation

Limited to ambulance services in emergency cases, ground, maritime, and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area.

For non emergency transportation the Commonwealth follows the methods described in attachment 3.1-D of this plan.

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Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/17/14

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

- b. Optometrists' services  
☒ Provided ☐ No limitation ☒ With limitations\* ☐ Not Provided
- c. Chiropractors' services  
☒ Provided ☐ No limitation ☒ With limitations\* ☐ Not Provided
- d. Other practitioners' services  
☒ Provided ☐ No limitation ☒ 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 the area.  
☐ Provided ☐ No limitation ☐ With limitations\*  
☒ Not Provided under the PRHIA Health Reform Plan
- b. Home health aide services provided by a home health agency.  
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- c. Medical supplies, equipment, and appliances suitable for use in the home.  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

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- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ and tissue transplants, except as provided in Attachment 3.1-E.
- l. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy, and natural medicine.
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
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- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

| <u>CODE</u> | <u>DESCRIPTION</u>                                                                                                                                                                                                      |
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| 59840       | Induced abortion, by dilation and curettage                                                                                                                                                                             |
| 59841       | Induced abortion, by dilation and expulsion                                                                                                                                                                             |
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|                                    |                                     |
|------------------------------------|-------------------------------------|
| Transmittal No.: <u>14-008</u>     | Effective Date: <u>July 1, 2014</u> |
| Supersedes TN No.: <u>03-001-A</u> | Approval Date: <u>12/17/14</u>      |

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
- 6b. Optometrist services are limited to vision evaluations and exams.
- 6c. Chiropractic services as determined medically necessary.  
Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit for physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, and cosmetic plastic surgeons.
- 7. Home Health Services  
No FFP is claimed for Home Health Services.

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Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/17/14

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

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- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretrovirals but excluding Protease inhibitors. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

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**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

13d. Rehabilitative services

The rehabilitative services provided are ambulatory. Except for physical therapy, all rehabilitative services such as: respiratory, occupational, and speech therapies services are unlimited.

Physical therapy and/or chiropractic services (chiropractic manipulation sessions) as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined for chiropractic care and physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.

19. Ambulatory treatment, hospitalization and other TB related services and case management are covered under the Special Coverage.

20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section, or any other complication; hospitalization beyond minimum stay terms in case of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.

The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.

24.a. Transportation

Limited to ambulance services in emergency cases, ground, maritime, and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area.

For non emergency transportation the Commonwealth follows the methods described in attachment 3.1-D of this plan.

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Attachment 3.1-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Skin, bone, and corneal transplants are covered.

All other organ and tissue transplants are not covered including (i) expenses brought about by such transplants of organs and tissues not covered in the State Plan, and (ii) hospitalization, complications, and chemotherapy related to transplants not covered in the State Plan.

Maintenance prescriptions and required clinical laboratories for the continuity of a stable health condition, as well as any emergencies which could alter the effects of the previous procedure, are covered.

Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).

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