

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

9. Clinic services.

- ☒ Provided ☐ No limitations ☒ With limitations*
☐ Not Provided

10. Dental services.

- ☐ Provided ☐ No limitations ☐ With limitations*
☒ Not Provided

STATE <u>Texas</u>	A
DATE REC'D <u>6-25-12</u>	
DATE APPV'D <u>9-20-12</u>	
DATE EFF <u>6-1-12</u>	
HCFA 179 <u>12-27</u>	

11. Physical therapy and related services.

a. Physical therapy.

- ☒ Provided ☐ No limitations ☒ With limitations*
☐ Not Provided

b. Occupational therapy.

- ☐ Provided ☐ No limitations ☐ With limitations*
☒ Not Provided

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

- ☒ Provided ☐ No limitations ☒ With limitations*
☐ Not Provided

*Description provided on attachment

~~SUPERSEDES~~ TN 90-06

TN: 12-27

Approval Date: 9-20-12

Effective Date: 6-1-12

Supersedes TN: 90-06

6.d. Other Practitioners' Services

SUPERSEDES: TN 05-09

STATE	<u>TEXAS</u>
DATE REC'D	<u>6-25-12</u>
DATE APPV'D	<u>9-20-12</u>
DATE EFF	<u>6-1-12</u>
HOFA 179	<u>12-27</u>

A

TN: 12-27

Approval Date: 9-20-12

Effective Date: 6-1-12

Supersedes TN: 05-09

11.c. Services for individuals with speech, hearing or language disorders (provided by or under the supervision of a speech pathologist or audiologist).

a) Services

Services are limited to a hearing evaluation.

b) Providers

A hearing evaluation must be provided by a qualified audiologist who meets the requirements of CFR § 440.110(c)(3) and in accordance with applicable state and federal law or regulation.

Providers must meet all federal and state licensing laws and regulations applicable to provision of the service.

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HCFA 179	<u>12-27</u>

A

SUPERSEDES: TN: 88-21

TN: 12-27

Approval Date: 9-20-12

Effective Date: 6-1-12

Supersedes TN: 88-21

STATE	<u>TEXAS</u>
DATE REC'D	<u>6-25-12</u>
DATE APPV'D	<u>9-20-12</u>
DATE EFF	<u>6-1-12</u>
MSFA 179	<u>12-27</u>

12.c. Prosthetics

a) Definition

Prosthetics outlined in this section of the state plan include orthotic devices and prosthetic devices.

Orthotic and prosthetic devices are defined as replacement, correction, or support devices prescribed by the physician or other licensed practitioner of the healing arts within the scope of professional practice as defined by Texas law to:

- (1) artificially replace a missing portion of the body;
- (2) prevent or correct physical deformity or malfunction; or
- (3) support a weak or deformed portion of the body.

Hearing aids are considered prosthetic devices and defined as an electronic device that amplifies sound to compensate for impaired hearing.

External breast prosthesis is defined as an external prosthetic device that is used to replace breast tissue and to produce a symmetrical appearance of the breasts.

b) Services

(1) *Hearing Aids.*

Hearing aids are a benefit for all Medicaid eligible recipients when medically necessary. Medical necessity for a hearing aid must be determined through an examination conducted by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law.

(2) *External Breast Prostheses.*

External breast prostheses are a benefit for all Medicaid eligible recipients with a history of medically necessary mastectomy procedure(s). This benefit includes external breast prostheses for the breast(s) on which medically necessary mastectomy procedure(s) have been performed. Medical necessity for an external breast prosthesis must be determined through an examination, conducted by a physician licensed to practice medicine or osteopathy in the state where and when the service is performed.

TN: 12-27

Approval Date: 9-20-12

Effective Date: 6-1-12

Supersedes TN: 12-24

SUPERSEDES: TN- 12-24

12.c. Prosthetics, continued

c) Providers

Hearing aids must be furnished by an audiologist or by approved hearing aid fitter and dispenser providers. Providers must meet all federal and state licensing laws and regulations applicable to provision of the service.

External breast prostheses are a benefit of the Texas Medicaid Program when provided by a licensed prosthetist or prosthetist/orthotist licensed by the state and in accordance with applicable state and federal laws and regulations.

These devices may also be provided by physicians or other licensed practitioners of the healing arts within the scope of professional practice as defined by Texas law.

SUPERSEDES: TN: 12-24

STATE	<u>Texas</u>	A
DATE REC'D	<u>6-25-12</u>	
DATE APPV'D	<u>9-20-12</u>	
DATE EFF	<u>6-1-12</u>	
HCFA 179	<u>12-27</u>	

TN: 12-27

Approval Date: 9-20-12

Effective Date: 6-1-12

Supersedes TN: 12-24

Revision: HCFA-PM-86-20
SEPTEMBER 1986

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State of Texas
Attachment 3.1-B
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
TO MEDICALLY NEEDLY GROUP(S): Pregnant Women, Children, Caretaker Relatives

8. Private duty nursing services.

☒ Provided ☐ No limitations ☒ With limitations* ☐ Not Provided

9. Clinic services.

☒ Provided ☐ No limitations ☒ With limitations* ☐ Not Provided

10. Dental services.

☐ Provided ☐ No limitations ☐ With limitations* ☒ Not Provided

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided ☐ No limitations ☒ With limitations* ☐ Not Provided

b. Occupational therapy.

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c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☒ Provided ☐ No limitations ☒ With limitations* ☐ Not Provided

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided ☐ No limitations ☒ With limitations* ☐ Not Provided

b. Dentures.

☐ Provided ☐ No limitations ☐ With limitations* ☒ Not Provided

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SUPERSEDES: TN: 90-06

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SUPERSEDES: TN- 88-21

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