

CHANGE NOTICE FOR MANUAL NO. 17- 05, COVERED SERVICES UPDATE

DATE: 06/13/05

Manual: Family and Children's Medicaid
Change No: 17- 05, Covered Services Update
To: County Directors of Social Services
Effective: July 1, 2005

I. BACKGROUND

In an effort to provide counties with current Medicaid coverages and services, the Medicaid Covered Services section was incorporated into the eligibility manual. This policy is intended to provide current Medicaid coverages and services; however, it is not an all inclusive listing. Since Medicaid coverages and services are constantly being changed, to give recipients the best possible medical assistance, we encourage counties to contact DMA when recipients request services not listed.

II. CONTENT OF CHANGE

The purpose of this change notice is to update the policy manual with current Medicaid coverages and services. Additions, clarifications, and/or removal of requirements for coverages and services were made. Major changes include:

- A. Change the term Health Check "screenings" to "examinations".**
- B. Added requirements to and clarified requirements for the 24 medical visits per year requirement.**
- C. Removed "renal transplants" from the prior approval exemption list.**
- D. Clarified "treatment of" infertility as a non-covered service.**
- E. Changed "physician's responsibility" to "provider's responsibility" in prior approval sections.**
- F. Added some supplies and equipment to Nursing Facility Covered Services and deleted others.**
- G. Added transportation to Nursing Facility Services.**
- H. Psychiatric and Psychological Services**

1. Added five new service provider types.
2. Added to services restrictions not counting toward the 24 limit:
 - a. Visits to the listed provider types are not limited to age, and
 - b. Visits for recipients over 21 to a Mental Health practitioner.

I. Referral requirements were clarified in all areas.

J. Updated the periodicity schedule.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective July 1, 2005.

IV. MAINTENANCE OF MANUAL

MA-3540, Covered Services

A. Remove: MA-3540, Table of Contents, pages 1–3

Insert: [MA-3540](#), Table of Contents, pages 1–3 dated 07/01/05

B. Remove: MA-3540, pages 1- 57

Insert: [MA-3540](#), pages 1 – 59 dated 07/01/05

If you have questions regarding this information, please contact your Medicaid Program Representative.

Mark T. Benton
Interim Director

[This material was researched and written by Susan Ryan, Policy Consultant, Medicaid Eligibility Unit.]