

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

1. The utilization control committee of an acute hospital facility shall determine the medical necessity for admission and continued stay for all recipients. Extension of hospital stay shall be requested when a patient is awaiting placement in a long-term facility.

- 2a. Outpatient psychiatric services for substance abuse treatment (SAT) services that are medically necessary shall be provided with no limits on the number of visits. The providers for SAT services are psychiatrists, psychologists, licensed social workers in behavioral health, and advance practice registered nurses (APRN) in behavioral health. Setting where services will be delivered are in outpatient hospital/clinic including methadone clinics, and physician/provider offices. Only professional fees are paid when services are provided in an outpatient clinic setting and are paid at or below the Medicare fee schedule rate. SAT services that are medically necessary shall be reimbursed with the existing approved Medicaid Fee Schedule located in Attachment 4.19-B, Section 1., Hawaii Medicaid Fee Schedule, item (a) and (d) and Section 2., Medicaid Payment for Other Non-Institutional Items and Services are determined as Follows, item (i), or PPS methodology.

- 2c. FQHC and RHC services are congruent with the general scope and limitations to services of Hawaii's Medicaid program.

FQHC and RHC services shall be delivered exclusively by the following health care professionals who are licensed by, and a resident of, the State of Hawaii:
 - i. Physician (Doctor of Medicine, Doctor of Osteopathy, Doctor of Dentistry, Doctor of Optometry, and Doctor of Podiatry);
 - ii. Physician Assistant;
 - iii. Nurse Practitioner;
 - iv. Nurse Midwife;
 - v. Visiting Nurse;
 - vi. Clinical Social Worker;
 - vii. Clinical Psychologist; or
 - viii. Licensed dieticians

3. Prior authorization is required for the following services:

Radiology:
 - MRI (magnetic resonance imaging)
 - MRA (magnetic resonance angiography)
 - PET (positron emission tomography)
Laboratory:
 - Reference lab tests that cannot be done in Hawaii and not specifically billable by clinical labs in Hawaii
 - Disease specific new technology lab tests
 - Chromosomal analysis
Payment for laboratory services made only for tests performed by standard procedures and techniques commonly accepted by the medical community.

- 4a. Authorization by the Department's medical consultant is required for level of care and admission to a NF.

- 4b. All services listed under 1905(a) of the Social Security Act are available to EPSDT eligible individuals when medically necessary, even though the services are not covered in this plan. Service limitations may be exceeded when determined by the State to be medically necessary.

TN No. 12-004
Supersedes
TN No. 11-007

Approval Date:

SEP 20 2012

Effective Date: 07/01/2012

6a. Podiatry services are provided with the following limitations:

- 1) Hospital inpatient services and appliances costing more than \$100.00 require prior approval by the department.

6b. Routine eye exams provided by qualified optometrists are authorized once in a one-year period for individuals under the age of twenty-one years and once in a two-year period for adults age twenty-one years and older. Visit done more frequently may be prior authorized and covered when medically necessary. Emergency eye care shall be covered without prior authorization. The following limitations apply:

- 1) Approval required for contact lenses, subnormal visual aids costing more than \$50.00 and to replace glasses or contacts within one year for individuals under the age of twenty-one years and within two years for adults age twenty-one and older. Medical justification required for bifocal lenses.
- 2) Trifocal lenses are covered only for those currently wearing these lenses satisfactorily and for specific job requirements.
- 3) Bilateral plano glasses covered as safety glasses for persons with one remaining eye.
- 4) Individuals with presbyopia who require no or minimal distance correction shall be fitted with ready made half glasses instead of bifocals.

6d. Services of a Psychologist are provided with the following limitations:

- 1) Testing is limited to a maximum of 4 hours once every 12 months or to 6 hours, if a comprehensive test is justified.
- 2) Prior authorization is required for all psychological testing except for tests that are requested by the department's professional staff.

The providers for SAT services are psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), marriage and family therapists (MFT), and licensed mental health counselors (MHC), in behavioral health. Settings where services will be delivered are in outpatient hospitals/clinics including methadone clinics, and physician/provider offices. Only professional fees are paid when services are provided in an outpatient or clinic setting and are paid at or below the Medicare fee schedule rate.

SAT services that are medically necessary shall be provided with no limits on the number of visits in accordance with the parity law. SAT services that are medically necessary shall be reimbursed with the existing approved Medicaid fee Schedule or PPS methodology.

TN No. 12-004
Supersedes
TN No. 11-007

Approval Date: **SEP 20 2012** Effective Date: 07/01/2012

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

Smoking cessation counseling and pharmacotherapy recommended in the most current Public Health Service guideline shall be limited to two quit attempts per year. A minimum of four in person counseling sessions provided by trained and licensed providers practicing within their scope of practice shall constitute each quit attempt. Two effective components of counseling, practical counseling and social support delivered as part of the treatments is emphasized. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.

Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), marriage and family therapists (MFT), and licensed mental health counselors (MHC) in behavioral health.

7a to d. Home health services mean the following items and services, provided to a recipient at his/her place of residence on physician's order as part of a written plan of care:

- (1) Nursing services (as defined in the State Nurse Practice Act and subject to the limitations set forth in 42 CFR 440.70(b)(1));
- (2) Home health aide service provided by a home health agency;
- (3) Medical supplies, equipment, and appliances suitable for use in the home (subject to an annual review by a physician of need for the service); and
- (4) Physical therapy, occupational therapy, or speech pathology and audiology services, provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services.

Home health services shall be reimbursed on the basis of "per visit"; Daily home visits permitted for home health aide and nursing services in the first two weeks of patient care if part of the written plan of care; No more than three visits per week for each service for the third week to the seventh week of care; No more than one visit a week for each service from the eighth week to the fifteenth week of care; No more than one visit every other month for each service from the sixteenth week of care. Services exceeding these parameters shall be prior authorized by the medical consultant or it's authorized representative. Medical social services not covered.

Medical supplies, equipment and appliances require prior authorization by the department when the cost exceeds \$50.00 per item.

Physical and occupational therapy and services for speech, hearing and language disorders are subject to the limitations set forth in #11.

Initial physical therapy and occupational therapy evaluations do not require prior approval. However, physical and occupational therapy and reevaluations require approval of the medical consultant providing diagnosis, recommended therapy including frequency and duration, and for chronic cases, long term goals and a plan of care.

All speech, hearing, and language evaluations and therapy require authorization by the medical consultant including rental or purchase of hearing aids.

9. Limitations on the amount, duration or scope of clinic services are the same as the limitations included for state plan outpatient services listed in Attachment 3.1-A and 3.1-B of the state plan, not to include inpatient services (hospital, nursing facility, psychiatric facility services for individuals under 22 years of age, emergency hospital services). Physicians that provide direction/supervision of others in the clinic assume professional responsibility for the care of the patients.

TN No. 12-004
Supersedes
TN No. 11-007

Approval Date: **SEP 20 2012** Effective Date: 07/01/2012

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

11a to c. Medically necessary physical and occupational therapy and services for speech, hearing and language disorders are limited to patients who are expected to improve in a reasonable period of time with therapy. Prior authorization is required.

Provider qualifications meet the federal requirements under 42 C.F.R. §440.110.

Duplicate services provided under 4b will not be authorized or approved.

TN No. 12-004
Supersedes
TN No. 11-007

Approval Date: **SEP 20 2012** Effective Date: 07/01/2012

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B

- (4) The maximum quantity of any medication to be paid equals the larger of a one month supply or one hundred units. The State may implement stricter quantity restrictions to help ensure proper utilization and reduce billing errors.
- (5) In compliance with Section 1927(b)(2) of the Social Security Act, the fiscal agent is engaged to report to each manufacturer not later than sixty days after the end of each calendar quarter and in a form consistent with a standard reporting format established by the Secretary, information on the total number of dosage units of each covered outpatient drug dispensed under the plan during the quarter and shall promptly transmit a copy of such report to the Secretary as instructed by CMS.

12b. Partial dentures limited to fill the space due to the loss of one or more anterior teeth and to fill the space due to the loss of two or more posterior teeth exclusive of third molars. Temporary dentures allowed only when teeth have been extracted recently with prior authorization and subject to maximums or prosthetics.

Only one prosthetic appliances in any five year period is allowed for a maximum of one for each type, partial and full dentures, per arch per recipient; lifetime. This is allowed when present or previous dentures cannot be repaired or adjusted.

Denture relines are limited to once per denture every two years.

Dentures are authorized only when provided under EPSDT.

12c. Prosthetic devices require prior authorization when the cost of purchase, repair or manufacture exceeds \$50.00.

TN No. 12-004
Supersedes
TN No. 11-007

Approval Date: **SEP 20 2012** Effective Date: 07/01/2012