

Health Care Practice Tip – January 2020

Restoration of Critical Medi-Cal Benefits

Starting January 1, 2020, Medi-Cal benefits that were suspended for over ten years, including optical, audiology, podiatry, speech therapy, and incontinence creams and washes, are restored.¹

Adult dental [was restored](#) on January 1, 2018 and acupuncture was restored July 1, 2016. Chiropractic services remain suspended. All benefits always remained covered as pregnancy-related services, and for children under age 21 pursuant to [EPSDT](#), residents of skilled nursing and intermediate care facilities for the developmentally disabled (ICF/DD). *Remember: for children under age 21, EPSDT may provide coverage for medically-necessary services beyond any frequency limitations of these restored benefits.*

Once the [State Plan Amendment](#) (SPA) is approved, the effective date (January 1, 2020) will apply – so DHCS is moving forward with timely implementation. In February, DHCS plans to send a [beneficiary postcard](#) with each household's quarterly Jackson v. Rank mailing (it's that big packet with "[Your Hearing Rights](#)" and other inserts that Medi-Cal households get every quarter and may not always read).² The postcard includes the list of restored benefits and a reminder about Medi-Cal's transportation benefits.

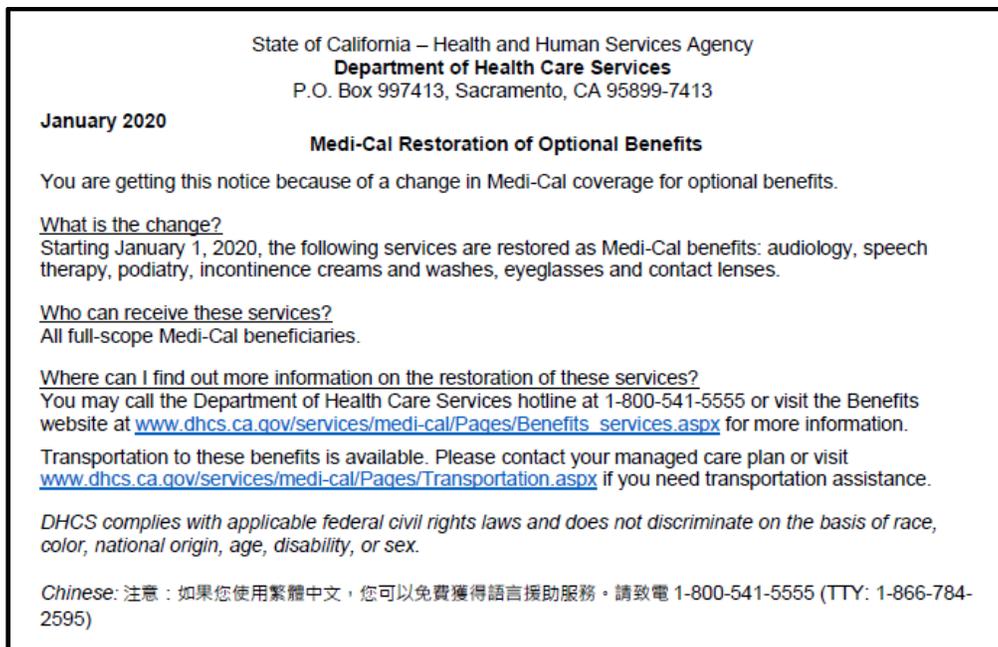


Image of DHCS postcard to be included in February 2020 Jackson v. Rank quarterly mailing to all Medi-Cal households notifying them of restored Medi-Cal benefits and covered transportation.

¹ Welf. & Inst. Code § 14131.10.

² [Your Hearing Rights: A Guide to Medi-Cal Fair Hearings mailer.](#)

Providers may submit claims for all restored benefits beginning with dates of service no sooner than January 1, 2020. Even while the SPA remains pending, DHCS will pay all claims according to normal utilization controls for the restored benefits. We expect DHCS to follow the same utilization limits and prior authorization controls that were in place before these benefits were cut in 2009, with one exception: the twice-monthly limit for podiatry services no longer applies.³ DHCS issued several [Provider Bulletins](#) to announce these benefits restorations, and updated the relevant [Provider Manual](#) sections. Below is a summary of the coverage limitations for these restored benefits:

Optical

- Optical benefits now include eye exams, eyeglasses (frames and prescription lenses), contact lenses, low vision aids (including electronic devices), and artificial eyes.⁴
- Medi-Cal covers single vision or bifocal eyeglasses once every two years. For beneficiaries who cannot use bifocals “satisfactorily because of non-adaptation or safety reasons,” Medi-Cal may cover two pairs of single-vision eyeglasses.⁵
- For all restored optical services, DHCS requires a written prescription from a physician or optometrist.
- Treatment Authorization Requests (TARs) are required for most common eye appliances, including deluxe frames (V2025), specialty bifocals (V2299), lenses (V2782 and V2783), extended-wear contact lenses, low vision aids (V2600, V2610 and V2615), and other items.⁶
- If eyeglasses were lost, broken, stolen, or otherwise made unusable for reasons beyond the Medi-Cal beneficiary’s control, Medi-Cal may cover replacements after the beneficiary submits a signed statement.⁷

Provider Manual sections: [Eye Appliances](#), [Eyeglass Lenses](#), [Eyeglass Frames](#), [Contact Lenses](#), [Low Vision Aids](#), and [Prosthetic Eyes](#).

Audiology

- Restored audiology services include hearing aids, evaluations, cochlear implantation and supplies, and other hearing services.⁸
- Coverage requires a written referral from a licensed practitioner acting within the scope of their practice.⁹
- Some (but not all) beneficiaries may have a \$1,510 maximum fiscal year cap on hearing aid benefit services.¹⁰
- TARs are required, except for initial and six-month evaluations.¹¹

³ Welf. & Inst. Code § 14133.07 supersedes the two-visit monthly limitation in 22 C.C.R. § 51304(a) (referencing 22 C.C.R. § 51310).

⁴ 22 C.C.R. §§ 51317(d) (frames), 51317(c) (lenses), 51317(e) (contact lenses), 51317(f) (low vision aids such as handheld and mounted devices), 51317(g) (prosthetic eyes); see also [DHCS’s Medi-Cal Vision Benefits webpage](#).

⁵ [Provider Manual, Eye Appliances \(eye app\)](#) at page 3.

⁶ For a full list of covered eye appliances and TAR requirements, see [Provider Manual, Eyeglass Lenses \(eyeglass lens\)](#), [Eyeglass Frames \(eyeglass fram\)](#), [Contact Lenses \(contact lens\)](#), [Low Vision Aids \(low vision\)](#), and [Prosthetic Eyes \(prosth\)](#).

⁷ 22 C.C.R. § 51317(d)(1). DHCS explicitly provides for eyeglass replacement for reasons *other than* loss, theft or destruction in circumstances beyond a recipient’s control when the beneficiary submits a signed statement certifying “certify a loss, breakage or damage was beyond the recipient’s control and must include the circumstances of the loss or destruction and the steps taken to recover the lost item.” See [Provider Manual, Eye Appliances \(eye app\)](#) at page 4.

⁸ For a full list of the covered audiology services, see [Provider Manual, Medicare Non-Covered Services: HCPCS Codes \(medi non hcp\)](#) and [Audiological Services \(audio\)](#).

⁹ 22 C.C.R. § 51309(a); [Provider Manual, Audiological Services \(audio\)](#) at page 2.

¹⁰ Welf. & Inst. Code § 14131.05. Exempt beneficiaries include residents of skilled nursing care facilities, recipients of ICF/DD facilities, children under the EPSDT standard, Program of All-Inclusive Care for the Elderly (PACE) beneficiaries, beneficiaries receiving pregnancy-related services, and members of SCAN and AIDS Healthcare Foundation plans. *Id.*; see also [Provider Manual, Hearing Aids \(hear aid\)](#) at page 1. For more information, DHCS has beneficiary-friendly [Hearing Aid Benefit Cap FAQs](#).

¹¹ [Provider Manual, Audiological Services \(audio\)](#) at page 3.

- Audiology services delivered in an outpatient setting are limited to a maximum of two per month.¹²
- Like for eyeglasses, if hearing aids are lost, broken, stolen, or otherwise made unusable for reasons beyond the Medi-Cal beneficiary's control, Medi-Cal may cover replacements. If the costs would exceed any applicable fiscal year cap, the beneficiary may need to submit a signed statement and undergo an audiometric report. To replace stolen hearing aids, beneficiaries must submit a copy of a police report.¹³

Provider Manual sections: [Audiological Services](#), [Hearing Aids](#).

Podiatry

- Restored podiatry services include office visits to treat conditions of the feet, ankles or tendons that insert into the foot, that are associated with chronic medical diseases, or that significantly impair walking ability.¹⁴
- Podiatry services are no longer limited to twice monthly, and no longer require TAR procedures beyond what DHCS requires for physicians and surgeons.¹⁵
- TAR approval is required, except for certain podiatric office visits and immediate or emergency podiatry surgery services.¹⁶

Provider Manual section: [Podiatry Services](#).

Speech Therapy

- Restored speech therapy services include speech evaluation and therapy services.¹⁷
- Coverage requires a written referral from a physician or dentist.¹⁸
- Services in an outpatient setting are limited to a maximum of two services per month.¹⁹

Provider Manual sections: [Speech Therapy](#), [Speech Therapy: Billing Codes and Reimbursement Rates](#).

Incontinence Creams & Washes

- Restored coverage for incontinence creams and washes includes ointments, pastes, creams, cleansers, and other washes.²⁰
- A written prescription and TAR are required. But not all *supplies* require TARs, including disposable undergarments and underpads.²¹ TARs may be required for prescriptions that exceed quantity and cost limitations.
- Coverage is generally excluded for beneficiaries younger than age five, except when medically necessary under EPSDT.

Provider Manual sections: [Incontinence Medical Supplies](#), [List of Contracted Incontinence Creams and Washes](#).

¹² *Id.*

¹³ [Provider Manual, Hearing Aids \(hear aid\)](#) at page 2.

¹⁴ See 22 C.C.R. § 51310(a); [Provider Manual, Podiatry Services \(podi\)](#).

¹⁵ Welf. & Inst. Code § 14133.07 supersedes the two-visit monthly limitation in 22 C.C.R. § 51304(a) (referencing 22 C.C.R. § 51310).

¹⁶ 22 C.C.R. § 51310(a).

¹⁷ For a full list of covered speech therapy services, see [Provider Manual, Speech Therapy: Billing Codes and Reimbursement Rates \(speech cd\)](#).

¹⁸ 22 C.C.R. § 51309(a).

¹⁹ [Provider Manual, Speech Therapy \(speech\)](#) at page 3.

²⁰ For a full list of covered incontinence creams and washes, see [Provider Manual, List of Contracted Incontinence Creams and Washes \(incont cr list\)](#).

²¹ All creams and washes require authorization. The [List of Contracted Incontinence Medical Supplies](#) includes information about which supplies require authorization.

What's Next?

By mid-February, DHCS should discontinue the [Optional Benefits Exclusion](#) Provider Manual section. Updates to the beneficiary-facing [myMedi-Cal guide](#) are forthcoming. And although restored benefits are scheduled to sunset at the end of 2021, the [2020-21 Governor's Proposed Budget](#) extends them through December 31, 2023. Meanwhile, the legislature's intent remains "to consider alternative solutions to restore these optional benefits if the suspension takes effect."²²

Please contact [Linda](#) and [David](#) if we can help with access to these important restored benefits!

²² Welf. & Inst. Code § 14131.10.