

(Note: This chart is an overview only.)

Type of Service	Program Description**	Prior Authorization or Other Requirements*
13d.1 <u>(Intentionally left blank)</u> Adult day health care	Covered when requested by a physician for elderly persons or other adults with mental or physical impairments which handicap daily living activities, require treatment, or rehabilitative services but which are not of such a serious nature as to require 24-hour nursing care.	Prior authorization is required. Requests for authorization must be accompanied by a multidisciplinary team assessment which ascertains the individual's pathological diagnosis, physical disabilities, functions, abilities, psychological status, and social and physical environment.
13d.2 Chronic dialysis services	Covered as an outpatient services when provided by renal dialysis centers or community hemodialysis units. Includes physician services, medical supplies, equipment, drugs, and laboratory tests.	Prior authorization is required for the facility but not the physician. Initial authorization may be granted up to three months. Reauthorization may be granted up to 12 months.
	Home dialysis and continuous ambulatory peritoneal dialysis are covered.	Inpatient hospitalization for patients undergoing dialysis requires prior authorization.
13d.3 Outpatient heroin detoxification services	Daily treatment is covered through the 21 st day.	Prior authorization is required. Additional charges may be billed for services medically necessary to diagnose and treat diseases which the physician believes are concurrent with, but not part of, the outpatient heroin detoxification services.
13d.4 Rehabilitative mental health services for seriously emotionally disturbed children	See 4b EPSDT program coverage.	Medical necessity is the only limitation.

* Prior authorization is not required for emergency service.

** Coverage is limited to medically necessary services.

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