

TITLE 22 MEDICAL ASSISTANCE PROGRAM

§51001

(Register 88, No. 15-4-9-88) (P. 1238.77)

CHAPTER 3. HEALTH CARE SERVICES Article 1.3. General Provisions

51001. Beneficiary.

As used in this Chapter, the term “beneficiary” means any person certified as eligible for services under the Medi-Cal program. NOTE: Authority cited: sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14000 and 14005, Welfare and Institutions Code.

HISTORY:

1. Amendment filed 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).
2. Amendment filed 6-22-87; operative 7-22-87 (Register 87, No. 27).

51002. Beneficiary Billing.

(a) A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program’s scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to:

(1) Collect payments due under a contractual or legal entitlement pursuant to Section 14000(b) of the Welfare and Institutions Code.

(2) Bill a long-term care patient for the amount of his liability.

(3) Collect co-payment pursuant to Welfare and Institutions Code Section 14134. NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code; Section 133.5 of Chapter 102, Statutes of 1981; and Section 2 of Chapter 237, Statutes of 1981. Reference: Section 14134, Welfare and Institutions Code.

HISTORY:

1. Amendment filed 1-18-74; effective thirtieth day thereafter (Register 74, No. 3). For prior history, see Register 72, No. 5.
2. Amendment filed 8-8-78; effective thirtieth day thereafter (Register 78, No. 32).
3. New subsection (2) (3) filed 11-17-81 as an emergency; effective upon filing (Register 81, No. 47). A certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 3-17-82.
4. Certificates of Compliance transmitted to OAL 3-16-82 and filed 4-16-82 (Register 82, No. 16).

51003. Prior Authorization.

(a) “Prior authorization”, “reauthorization”, or “approval” means authorization granted by a designated Medi-Cal Consultant in advance of the rendering of a service, unless otherwise specifically stated, after appropriate medical, dental or other review. The responsibilities of the Medi-Cal Consultant shall not be delegated, except to the extent provided under Sections 51013 and 51014.

(b) Retroactive approval of requests for prior authorization may be granted only under the following conditions:

(1) When certification of the Medi-Cal beneficiary’s eligibility by the county welfare department was delayed;

(2) When “other coverage” (i.e., Medicare or other health insurance programs) denied payment of a claim for services;⁴ CPSP Provider Handbook

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(3) When communication with the Medi-Cal Consultant could not be established and provision of the required service should not have been delayed; under this condition the request for retroactive authorization must be received by the Medi-Cal Consultant within 10 working days after the service is provided or initiated.

(4) When a patient does not identify himself to the provider as a Medi-Cal beneficiary by deliberate concealment or because of physical or mental incapacity to so identify himself;

(A) The request for retroactive authorization shall be accompanied by a statement from the provider certifying that the patient did not identify himself and the date the patient was so identified, provided such date is within one year after the month in which service was rendered.

(B) The request for retroactive authorization shall be submitted within 60 days following the certified date of beneficiary identification.

(5) When the Department determines that the provider was prevented from submitting a timely request for reauthorization because of a reason that meets one of the criteria specified in paragraph (A), (B) or (C). The provider shall submit factual documentation deemed necessary by the Department with the reauthorization request. Any additional documentation requested by the Department shall be submitted within 60 days of the request. The documentation shall verify that the late submission was due to:

(A) A natural disaster which has:

1. Destroyed or damaged the provider's business office or records.
2. Substantially interfered with a provider's agent's processing of the provider's Treatment Authorization Requests (TARs).

(B) Delay caused by other circumstances beyond the control of the provider which have been reported to the appropriate law enforcement or fire agency when applicable. Circumstances which shall not be considered beyond the control of the provider include but are not limited to:

1. Negligence by employees.
2. Misunderstanding of program requirements.
3. Illness or absence of any employee trained to prepare TARs.
4. Delays caused by the United States Postal Service or any private delivery service.

(6) When the Department has imposed postservice prepayment audits as set forth in Section 51159(b), for emergency services pursuant to Section 51056(b) (2), by requiring providers to utilize the procedures for obtaining authorization on a retroactive basis.

(c) "Reauthorization" means authorization of a request received by the Medi-Cal Consultant before the expiration of the previous authorization for a service being rendered.

(d) All authorization requests shall include adequate information and justification for the service requested for the beneficiary.

(e) Authorization may be granted only for Medi-Cal benefits that are medically necessary and do not exceed health care services received by the public generally for similar medical conditions. The "Manual of Criteria for Medi-Cal Authorization" published by the Department in January 1982, last amended in March 1988 and herein incorporated by reference in its entirety, shall be the basis for the professional judgments of Medi-Cal consultants in their decision on authorizations for services or conditions listed in the Manual. Such authorization shall be valid for the number of days specified in this chapter. The consultant may grant authorization for up to a maximum of one year when the treatment as authorized is clearly expected to continue unmodified for up to or beyond one year.⁵ CPSP Provider Handbook

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(Register 88, No. 15-4-9-88) (P. 1239)

(f) Authorization may be granted only for the lowest cost item or service covered by the program that meets the patient's medical needs.

(g) A provider may appeal the decision of Medi-Cal Consultant on a TAR. Such an appeal shall be received by the administrator of the Medi-Cal field office which denied the initial request within 60 calendar days from the date of provider notification of the Medi-Cal Consultant's decision.

(1) The appeal shall be submitted in writing to the administrator of the local Medi-Cal field office.

(2) If the administrator of the local Medi-Cal field office finds no basis for altering the original decision of the Medi-Cal consultant, the provider shall be informed in writing, within 60 calendar days of receipt of the appeal, of the local Medi-Cal field office administrator's decision, the basis therefore, and the provider's right to resubmit the appeal to the Field Services Headquarters.

(3) An appeal to the Field Services Headquarters shall be initiated within 30 calendar days from the date of provider notification of the local Medi-Cal field office administrator's decision. The Department shall act on the appeal and inform the provider directly of the Department's decision, and the basis therefore, within 60 calendar days from the receipt of the appeal submitted to the Field Services Headquarters. NOTE: Authority cited: Section 10725, 1405, 15124.5, 14132.5, 14133, Welfare and Institutions Code; and Sections 208.3 and 1267.7, Health and Safety Code; and Section 57(c), chapter 328, Statutes of 1982. Reference: Sections 14053, 14087, 14103.6, 14132, 14132.5, 14133, 14133.1, 14133.25 and 14133.3, Welfare and Institutions Code.

HISTORY:

1. Editorial correction of subsection (e) filed 3-29-84 as an emergency; designated effective 4-1-84 (Register 84, No. 15).
2. Editorial correction of HISTORY NOTE No. 1 (Register 85, No. 27). For prior history, see Register 84, No. 2.
3. Amendment of subsection (e) filed 7-2-85; designated effective 8-1-85 pursuant to Government Code Section 11346.2(d) (Register 85, No. 27).
4. Amendment of subsection (b) (3) filed 8-13-85; effective thirtieth day thereafter (Register 85, No. 33).
5. Amendment of subsection (e) filed 11-15-85; effective thirtieth day thereafter (Register 85, No. 46).
6. Amendment of subsection (e) filed 1-17-86; effective upon filing pursuant to Government Code Section 11346.2(d) (Register 86, No. 3).
7. Amendment of subsection (e) filed 6-3-86 as an emergency; effective upon filing (Register 86, No. 23). A Certificate of compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-1-86.
8. Amendment of subsection (e) refilled 11-3-86 as an emergency; effective 10-1-86 (Register 86, No. 45). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 1-29-87.
9. Change without regulatory effect of subsection (a) (Register 86, No. 49).
10. Amendment of subsection (e) filed 11-12-86; effective thirtieth day thereafter (Register 86, No. 49).
11. Certificate of Compliance including amendment of subsection (e) as to 11-3-86 order filed 1-20-87 (Register 87, No. 4).
12. Amendment of subsection (e) filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days of emergency language will be repealed on 6-17-87.
13. Amendment of subsection (e) refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
14. Certificate of Compliance filed 9-17-87 (Register 87, No. 38).
15. Amendment of subsection (e) filed 10-27-87 as an emergency; operative 10-27-87 (Register 87, No. 44). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 2-24-88.
16. Certificate of Compliance including amendment of subsection (e) transmitted to OAL 2-24-88 and filed 3-22-88 (Register 88, No. 15). 6 CPSP Provider Handbook

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§51050

(Register 87, No. 44-10-31-87) (P. 1244.4)

Article 2. Definitions

51051. Provider of Services.

(a) "Provider of services" means any individual, partnership, clinic, group, association, corporation, institution, or public agency designated in (b) below, meeting applicable standards for participation with the Medi-Cal program.

(b) Providers of services are:

Acupuncturists
Assistive Device and Sick Room Supply
Dealers Audiologists
Blood Banks
Child Health and Disability Prevention
Providers Christian Science Facilities
Christian Science Practitioners
Clinical Laboratories
Comprehensive Perinatal Providers
Dental School Clinics
Dentists
Dispensing Opticians
Hearing Aid Dispensers
Home Health Agencies
Hospices
Hospital Outpatient Departments
Hospitals
Intermediate Care Facilities
Intermediate Care Facilities for the Developmentally Disabled
Nurse Anesthetists
Nurse Midwives
Nurse Practitioners
Occupational Therapists
Ocularists
Optometrists
Orthotists
Organized Outpatient Clinics
Outpatient Heroin Detoxification Providers
Pharmacies/Pharmacists
Physical therapists Physicians
Podiatrists
Portable X-ray Services
Prosthetists Providers of Medical Transportation
Psychologists
Rehabilitation Centers
Renal Dialysis Centers and Community Hemodialysis Units
Rural Health Clinics
Short-Doyle Medi-Cal Providers Skilled Nursing Facilities
Speech Therapists

NOTE: Authority cited: Sections 10725, 14100.1, 14105 and 14124.5, Welfare and Institutions Code.
Reference: Sections 14100.1, 14105, 14115.6, 14124.5, 14132, 14132.4, and 14134.5, Welfare and Institutions Code. 7 CPSP Provider Handbook

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(Register 88, No. 15-4-9-88) (P. 1245)

HISTORY:

1. Amendment of subsection (b) filed 6-23-77; effective thirtieth day thereafter (Register 77, No. 26). For prior history, see Register 76, No. 2.
2. Amendment of subsection (b) filed 8-1-78 as an emergency; effective upon filing (Register 78, No. 31).
3. Certificate of Compliance transmitted to OAL 11-28-78 and filed 11-29-78 (Register 78, No. 48).
4. Amendment filed 3-2-79; effective thirtieth day thereafter (Register 79, No. 9).
5. Amendment of subsection (b) filed 4-30-81; effective thirtieth day thereafter (Register 81, No. 18).
6. Amendment of subsection (b) filed 12-21-83; effective thirtieth day thereafter (Register 83, no. 52).
7. Amendment of subsection (b) filed 8-13-86; effective upon filing (Register 86, No. 33).
8. Amendment of subsection (b) filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
9. Amendment of subsection (b) refilled 6-5-87; operative 6-17-887 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
10. Amendment of subsection (b) filed 7-23-87; operative 8-22-87 (Register 87, No. 31).
11. Certificate of Compliance as to 6-5-87 order filed 9-17-87 (Register 87, No. 38).
12. Amendment of subsection (b) filed 10-27-87 as an emergency; operative 10-27-87 (Register 87, No. 44). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 2-24-88.
13. Certificate of Compliance transmitted to OAL 2-24-88 and filed 3-22-88 (Register 88, No. 15). 8 CPSP Provider Handbook

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(Register 87, No. 38-9-19-87) (P. 1262.14)

51179. Comprehensive Perinatal Services.

“Comprehensive perinatal services” means obstetric, psychosocial, nutrition, and health education services, and related case coordination provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 1434.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled as an emergency 6-5-87; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38). 9 CPSP Provider Handbook

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§51179.1

(Register 87, No. 38-9-19-87) (P. 1262.14.1)

51179.1. Comprehensive Perinatal Provider.

“Comprehensive perinatal provider” means any general practice physician, family practice physician, obstetrician/gynecologist, pediatrician, a group, any of whose members are one of the above-named physicians, or any preferred provider organization, organized outpatient clinic, or any other clinic holding a valid Medi-Cal provider number, approved by the Department to provide comprehensive perinatal services. NOTE: Authority cited: Section 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled as an emergency 6-5-87; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance field 9-17-87 (Register 87, No. 38).

51179.2. Comprehensive Perinatal Nutrition Services.

“Comprehensive perinatal nutrition services” means direct patient care nutrition services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10. NOTE: Authority cited: section 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38).

51179.3. Comprehensive Perinatal Psychosocial Services.

“Comprehensive perinatal psychosocial services” means direct patient care psychosocial services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38). 10 CPSP Provider Handbook

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§51179.4

(Register 87, No. 38-9-19-87) (P. 1262.14.2)

51179.4. Comprehensive Perinatal Health Education Services.

“Comprehensive perinatal health education services” means direct patient care health care education services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38).

51179.5. Personal Supervision.

“Personal supervision” means evaluation, in accordance with protocols, by a licensed physician, of services performed by others through direct communication, either in person or through electronic means. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132, and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 33).

51179.6. Case Coordination.

“Case coordination” means organizing the provision of comprehensive perinatal services, and includes, but is not limited to, supervision of all aspects of patient care including antepartum, intrapartum, and postpartum. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132, and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section filed 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance wiled 9-17-87 (Register 87, No. 38).

51179.7. Comprehensive Perinatal Practitioner.

(a) “Comprehensive Perinatal Practitioner” means any one of the following:

(1) A physician who is either:

(A) A general practice physician, or

(B) A family practice physician, or

(C) A pediatrician, or

(D) An obstetrician-gynecologist. 11 CPSP Provider Handbook

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(Register 87, No. 38-9-19-87) (P. 1262.14.3)

(2) A Certified Nurse Midwife as defined in Section 51170.2

(3) A Registered Nurse who is licensed as such by the Board of Registered Nursing and who has one year experience in the field of maternal and child health.

(4) A Nurse Practitioner as defined in Section 51170.3.

(5) A Physician's Assistant as defined in Section 51170.1.

(6) A social worker who either:

(A) Holds a Master's Degree or higher in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has on year of experience in the field of Maternal and Child Health, or

(B) Holds a Master's Degree in psychology or Marriage, Family and Child counseling and has one year of experience in the field of Maternal and Child Health, or

(C) Holds a Baccalaureate Degree in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year experience in the field of Maternal and Child Health.

(7) A health educator who either has:

(A) A Master's Degree (or higher) in Community or Public Health Education form a program accredited by the Council on Education for Public Health and who has one year of experience in the field of Maternal and Child Health, or

(B) A Baccalaureate Degree with a major in Community of Public Health Education and who has one year of experience in the field of Maternal and Child Health.

(8) A childbirth educator who is:

(A) Licensed as a Registered Nurse by the Board of Registered Nursing and has one year experience in a program which complies with the "Guidelines for Childbirth Education" (last published in 1981), herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, South West, Suite 300 East, Washington, D.D., 20024-2588 or

(B) A Certified Childbirth Educator who has completed a training program and is currently certified to teach that method of childbirth education by the American Society for Psychoprophylaxis in Obstetrics, or Bradley, or the International Childbirth Education Association.

(9) A dietician who is registered, or is eligible to be registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association, with one year of experience in the field of perinatal nutrition.

(10) A comprehensive perinatal health worker who:

(A) Is at least 18 years of age, is a high school graduate or equivalent, and has at least one year of full-time paid practical experience in providing perinatal care;

(B) Provides services in a clinic that is either licensed or exempt from licensure under Section 1200 et seq. and 1250 et seq. of the Health and Safety Code, under the direct supervision of a comprehensive perinatal practitioner as defined in Section 51179.7(a) (1).12 CPSP Provider Handbook

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(Register 87, No. 38-9-19-87) (P. 1262.14.4)

(11) A licensed vocational nurse who is licensed under Section 2516 of the Business and Professions Code and who has one year of experience in the field of Maternal and Child Health. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, NO. 38).

51179.8. Individualized Care Plan.

“Individualized Care Plan” means a document developed by a comprehensive perinatal practitioner(s) in consultation with the patient. The plan consists of four components; obstetrical, nutritional, health education, and psychosocial. Each component includes identification of risk conditions, prioritization of needs, proposed interventions including methods, timeframes, and outcome objectives, proposed referrals and staff persons’ respective responsibilities, based on the results of assessments. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days of emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including repealer of former Section 51179.8, and renumbering and amendment of Section 51179.9 to Section 51179.8 filed 9-17-87 (Register 87, No. 38).

51179.9. Protocol.

“Protocol” means written procedures for providing psychosocial, nutrition, and health education services and related case coordination. Protocols shall be approved by the Comprehensive Perinatal Provider as defined in Section 51179.7(a) (1) and the Comprehensive Perinatal Practitioners as defined in Sections 51179.7(a) (6) (A) or 51179.7(a) (6) (B), and Section 51179.7(a) (7) (A) and Section 51179.7(a) (9). Protocols shall be developed, approved, and adopted within six months of the effective date of provider approval as a Comprehensive Perinatal Provider. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including renumbering of former Sections 51179.9 to Sections 51179.3, and renumbering and amendment of Section 51179.10 to Section 51179.9 filed 9-17-87 (Register 87, No. 38).

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§51249

(Register 88, No. 15-4-9-88) (P. 1264.7)

Article 3. Standards for Participation

51249. Application Process for Comprehensive Perinatal Providers.

(a) Except where a capitated health system contract entered into by Department provides otherwise, to become a comprehensive perinatal provider as defined in Section 51179.1, the Medi-Cal enrolled provider shall complete and submit a Department approved application form entitled Application for Certification As A Comprehensive Perinatal Provider Under Medi-Cal to the local health department or designated State agent for review. The designated agent may include counties or other non-profit organizations as designated by the Director of the Department. Applications shall be available from the local Comprehensive Perinatal Services Program Coordinator or the State Maternal and Child Health Branch, 714 P Street, Sacramento, CA 95814

(b) The department shall utilize the following criteria in evaluating application.

(1) Provider's ability to provide the services specified in Section 51348 through the provider's own service or through subcontractors.

(2) Training and experience of providers rendering services specified in Section 51348.

(3) Quality of care rendered by providers as evidenced by history of:

(A) Revocations, suspensions, or restrictions by a licensing authority.

(B) The extent of training received in the provision of comprehensive perinatal care which has been approved by the State.

(c) The Department shall have responsibility for the final decision and for notifying the provider of acceptance or rejection of the application.

(d) The Department shall:

(1) Within 60 calendar days from receipt of the application, inform the applicant in writing that the application is complete and acceptable or that the application is deficient and what specific information or clarification is necessary.

(2) Within 60 calendar days from receipt of an application which is complete upon initial submission, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.

(3) Within 60 calendar days from receipt of any information or clarification necessary to make an application complete, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.

(4) Send written notification to be applicant upon approval or denial for participation as a comprehensive perinatal provider. The written notification of the denial shall contain the basis for the denial.¹⁴ CPSP Provider Handbook

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(Register 88, No. 15-4-9-88) (P. 1264.8)

(e) An applicant whose application has been denied shall have 30 calendar days from the date of the receipt of written notification of the denial to submit a written appeal to the Department. This written appeal shall contain factual statements as to why the applicant meets the criteria which have been cited as the basis for the denial of the application. The Department shall issue a written decision within 60 calendar days of receipt of the applicant's appeal. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code; and Section 15376(a) and (b), Government Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment of subsection (a) filed 9-17-87 (Register 87, No. 38). 15 CPSP Provider Handbook

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TITLE 22 MEDICAL ASSISTANCE PROGRAM

§51348

(Register 88, No. 24-6-11-88) (P. 1294.2.12)

Article 4. Scope and Duration of Benefits

51348. Comprehensive Perinatal Services.

(a) Comprehensive perinatal services, as defined in Section 51179, are covered to the extent specified in this section. Prior authorization is required for nutrition, psychosocial and health education services, which exceed the Maximum Frequency amounts as set forth in Section 51504.

(b) Except where a capitated health system contract entered into by the Department provides otherwise, obstetric services in addition to all necessary medical care shall include, but are not limited to:

(1) A written assessment of each patient's obstetric component.

(2) Preparation of the individualized care plan obstetric status.

(c) Except where a capitated health system contract entered into by the Department provides otherwise, nutrition services shall include but are not limited to:

(1) Written assessments of each patient's nutritional status.

(A) A complete initial nutrition assessment shall be performed at the initial visit or within four weeks thereafter and shall include: anthropometric data, biochemical data, clinical data, and dietary data.

(B) A nutrition reassessment using updated information shall be offered to each client at least once every trimester and the individualized care plan revised accordingly.

(2) Preparation of the individualized care plan nutritional component that address:

(A) The prevention and/or resolution of nutrition problems.

(B) The support and maintenance of strengths and habits oriented toward optimal nutritional status, and;

(3) Dispensing, as medically necessary, prenatal vitamin/mineral supplement to each client.

(4) Treatment and intervention directed toward helping the patient understand the importance of, and maintain good nutrition during pregnancy and lactation, with referrals as appropriate.

(5) Postpartum reassessment, development of a care plan, and interventions.

(d) Except where a capitated health system contract entered into by the Department provides otherwise, health education services shall include, but are not limited to:

(1) Client orientation including, but not limited to provision of detailed information regarding the services to be provided, what to do in case of an emergency, and:

(2) Written assessment of each patient's health education status.

(A) A complete initial education assessment shall be performed at the initial visit or within four weeks thereafter and shall include an evaluation of: current health practices; past experience with health care delivery systems; prior experience with and knowledge about pregnancy, prenatal care, delivery, postpartum self-care, infant care, and safety; client's expressed learning need; formal education and reading level; learning methods most effective for the client; educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff; languages spoken and written; mental, emotional, or physical disabilities that affect learning; mobility/residency; religious/cultural influences that impact upon perinatal health; and client and family or support person's motivation to participate in the educational plan. 16 CPSP Provider Handbook

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§51348

(Register 88, No. 24-6-11-88) (P. 1294.2.13)

(B) An education reassessment using updated information shall be offered to each client every trimester and the individualized care plan revised accordingly.

(3) Preparation of the individualized care plan health education component that addresses:

(A) Health education strengths.

(B) The prevention and/or resolution of health education problems and/or needs and medical conditions and health promotion/risk reduction behaviors which can be ameliorated and/or resolved through education.

(C) The goals to be achieved via health education interventions.

(D) Health education interventions based on the patient's identified needs, interests, and capabilities, and particularly directed toward assisting the patient to make appropriate, well-informed decisions about her pregnancy delivery, and parenting, with referrals, as appropriate.

(4) Postpartum assessment, development of care plan, and interventions.

(e) Except where a capitated health care system contract entered into by the Department provides otherwise, psychosocial services shall include, but are not limited to:

(1) Written assessments of each patient's psychosocial status.

(A) A complete initial assessment of psychosocial functioning shall be performed at the initial visit or within four weeks thereafter and shall include review of: current status including social support system; personal adjustment to pregnancy; history of previous pregnancies; patient's goals for herself in this pregnancy; general emotional status and history; wanted or unwanted pregnancy, acceptance of the pregnancy; substance use and abuse; housing/household; education/employment; and financial/material resources.

(B) A psychosocial reassessment using updated information shall be offered to each client every trimester, and the individualized care plan revised accordingly.

(2) Preparation of the individualized care plan psychosocial component that addresses:

(A) The prevention and/or resolution of psychosocial problems.

(B) The support and maintenance of strengths in psychosocial functioning, and:

(C) The goals to be achieved via psychosocial interventions.

(3) Treatment and intervention directed toward helping the patient understand and deal effectively with the biological, emotional, and social stresses of pregnancy with referrals, as appropriate.

(4) Postpartum reassessment, development of a care plan, and interventions.

(f) Review and revision of the care plan shall occur during the antenatal, intrapartum, and postpartum periods on a regular basis and will be based on repeated and ongoing assessments and evaluation of the client's status.

(g) Nutrition, psychosocial, and health education services as defined in Sections 51179.2, 51179.3, and 51179.4 shall be provided by a comprehensive perinatal practitioner as defined under Section 51179.7.

(h) Each Comprehensive Perinatal Provider shall perform the duties of, or shall have on staff or employ or contract with one or more comprehensive perinatal practitioners as defined in Section 51179.7, to provide interdisciplinary services. 17 CPSP Provider Handbook

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§51348.1

(Register 88, No. 24-6-11-88) (P. 1294.2.14)

(i) Each Comprehensive Perinatal Provider shall inform the beneficiary what services will be provided, who will provide these services, where to obtain the services, when the services will be delivered, and procedures to follow in case of emergency.

(j) The Comprehensive Perinatal Provider shall refer patients, as appropriate, to services not specifically made part of comprehensive perinatal services, as defined in Section 51179. These services shall include, but are not limited to, those provided by the following programs: Women, Infants, and Children Supplemental Foods, Child Health and Disability Prevention, Family Planning, Genetic Disease, and Dental.

(k) The Comprehensive Perinatal Provider shall complete and forward to the Department, upon request, a Perinatal Data Form in a format prescribed by the Department for each patient served. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, NO. 38).

51348.1. Comprehensive Perinatal Standards of Care.

(a) Services shall be provided in conformance with:

(1) "Standards for Obstetric-Gynecologic Services, Sixth Edition", herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, Couth West, Suite 300 East, Washington D.C., 20024-2588.

(2) Newborn Screening Regulations as set forth in Title 17, California Administrative Code, Section 6500 et seq.

(3) Hemolytic Disease of the Newborn Requirements as set forth in Title 17, California Administrative Code, Section 6510 et seq. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance filed 9-17-87 (Register 87, No. 38). 18 CPSP Provider Handbook

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§51349

(Register 87, No. 44-10-31-87) (P. 1294.3)

51348.2. Patient Rights.

Patient participation in the comprehensive perinatal services program shall be voluntary. Each eligible patient shall be informed about the services available in the program, the potential risks and benefits of participation, and alternative obstetric care if she chooses not to participate in the program.

Prior to the administration of any assessment, drug, procedure, or treatment, the patient shall be informed of potential risks or hazards which may adversely affect her or her unborn infant during pregnancy, labor, birth or postpartum and the alternative therapies available to her. The patient has a right to consent or refuse the administration of any assessment, drug, procedure or treatment.

(c) The patient has the right to be treated with dignity and respect, to have her privacy and confidentiality maintained, to review her medical treatment and record with her physician or practitioner, to be provided explanations about tests and clinic procedures, to have her questions answered about her care, and to participate in the planning and decisions about her management during pregnancy, labor and delivery. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance filed 9-17-87 (Register 87, No. 38). 19 CPSP Provider Handbook

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§51503.2

(Register 88, No. 20-5-14-88) (P. 1300.2.4.2)

51504. Comprehensive Perinatal Services.

(a) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for comprehensive perinatal obstetric, nutrition, psychosocial, and health education services shall be made only to comprehensive perinatal providers defined in Section 51179.1.

(b) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for comprehensive perinatal obstetric, services shall not exceed the maximum allowances for similar services established in Sections 51503, 51509 or 515093.1, whichever is applicable, plus the following amounts.

(1) An additional \$50.00 shall be allowed for the initial comprehensive medical office visit when provided within 16 weeks of the last menstrual period.

(2) An additional \$100.00 in total shall be allowed for the tenth and all subsequent prenatal office visits when billing occurs on a "by-visit" basis.

(c) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for pathology services shall not exceed the maximum a allowances established in Section 51529.

(d) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement of comprehensive perinatal nutrition, psychosocial, and health education services shall not exceed the maximum allowances listed in this section. Reimbursement shall be claimed only for time spent rendering covered patient care services while in direct personal contact with the patient. Reimbursement shall not be claimed for similar services provided under the Maternal and Child Health program. 20 CPSP Provider Handbook

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TITLE 22 MEDICAL ASSISTANCE PROGRAM

§51504

(Register 88, No. 20-5-14-88) (P. 1300.2.5)

(e) Reimbursement for the combined perinatal assessment procedure listed in subsection

(1) shall be allowed only when all three indicated assessments and the initial comprehensive medical examination have been performed.

(1) Maximum allowances for comprehensive perinatal nutrition, psychosocial, and health education assessment:

Procedure Maximum

Code Allowance

Z6500 Initial comprehensive nutrition, psychosocial, and health education assessments and development of care plan, first 30 minutes each assessment (total of 90 minutes), including ongoing coordination of care. \$135.83

(2) Maximum allowances for comprehensive perinatal nutrition services:

Z6200 Initial nutrition assessment and development of care plan, first 30 minutes \$16.83

Z6202 Initial nutrition assessment and development of care plan, each subsequent 15 minutes (Maximum of 1 1/2 hours) 8.41

Z6204 Follow-up antepartum nutrition assessment, treatment and/or intervention, individual, each 15 minutes (Maximum of 2 hours) 8.41

Z6206 Follow-up antepartum, nutrition assessment, treatment, and/or intervention, group, per patient, each 15 minutes (Maximum of 3 hours) 2.81

Z6208 Postpartum nutrition assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum of 1 hour) 8.41

Z6210 Prenatal vitamin-mineral supplement, 300-day supply 39.96

(3) Maximum allowances for comprehensive perinatal psychosocial services:

(4) Maximum allowances for comprehensive perinatal health education services:

Z6300 Initial psychosocial assessment and development of care plan, first 30 minutes \$16.83

Z6302 Initial psychosocial assessment and development of care plan, each subsequent 15 minutes (Maximum of 1 1/2 hours) 8.41

Z6304 Follow-up antepartum psychosocial assessment, treatment and/or intervention, individual, each 15 minutes (Maximum of 3 hours) 8.41

Z6306 Follow-up antepartum psychosocial assessment, treatment and/or intervention, group, per patient, each 15 minutes (Maximum of 4 hours) 2.81

Z6308 Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum of 1 1/2 hours) 8.41 21 CPSP Provider Handbook

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TITLE 22 MEDICAL ASSISTANCE PROGRAM

§51504

(Register 88, No. 20-5-14-88) (P. 1300.2.6)

Procedure Maximum

Code Allowance

Z6400 Client orientation, each 15 minutes (Maximum of 2 hours) 8.41

Z6402 Initial health education assessment and development of care plan, first 30 minutes 16.83

Z6404 Initial health education assessment and development of care plan, each subsequent 15 minutes (Maximum of 2 hours) 8.41

Z6406 Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (Maximum of 2 hours) 8.41

Z6408 Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (Maximum of 2 hours) 2.81

Z6410 Perinatal education, individual, each 15 minutes (Maximum of 4 hours) 8.41

Z6412 Perinatal education, group, per patient, each 15 minutes (Maximum of 18 hours) 2.81

Z6414 Post partum health education assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum of 1 hour) 8.41

<General Materials (GM) - References, Annotations, or Tables>

Note: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14075, 14077, 14105 and 14134.5, Welfare and Institutions Code; Statutes of 2000, Chapter 52, Items 4260- 101-0001 and 0890. Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14075, 14077, 14105 and 14134.5, Welfare and Institutions Code; Statutes of 2000, Chapter 52, Items 4260-101-0001 and 0890.

HISTORY:

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment of subsection (d) filed 9-17-87 (Register 87, No. 38).
4. Amendment of subsection (b) filed 5-9-88 as an emergency; operative 5-15-88 (Register 88, No. 20). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-12-88.
5. Certificate of Compliance including amendment of subsection (b)(2) transmitted to OAL 9-1-88 and filed 10-3-88 (Register 88, No. 42).
6. Amendment of subsections (e)(1)-(e)(4) filed 9-25-92 as an emergency; operative 10-1-92 (Register 92, No. 40). A Certificate of Compliance must be transmitted to OAL 1-25-93 or emergency language will be repealed by operation of law on the following day.
7. Certificate of Compliance as to 9-25-92 order transmitted to OAL 1-22-93 and filed 3-9-93 (Register 93, No. 11).
8. Amendment of subsections (e)(1)-(2) and (e)(4), new subsection (f) and amendment of Note filed 7-16-2002; operative rates for services provided on or after 8-1-2000 pursuant to Stats. 2000, c. 52, Items 4260-101-0001 and 0890 (Register 2002, No. 29).
9. Certificate of Compliance as to 7-16-2002 order, including repealer of subsection (f), transmitted to OAL 11-12-2002 and filed 12-24-2002 (Register 2002, No. 52).19