

6. Medical care and any other type of Remedial Care

A. Podiatry services are provided to both the categorically needy and medically needy in accordance with the following limitations.

- (1) Coverage. The Medical Assistance (Medicaid) Program will cover medical and/or surgical services provided to eligible Medicaid recipients by licensed, participating podiatrists when such services fall within the scope of the practice of podiatry except as otherwise provided for herein. The scope of coverage generally parallels the coverage available under the Medicare program with the addition of wart removal.
- (2) Exclusions from Coverage; Exceptions. The following areas of care are not covered except as specified.

Treatment of flatfoot: services directed toward the care or correction of such a service are not covered.

Treatment of subluxations of the foot: surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure as an isolated entity within the foot are not covered; this exclusion of coverage does not apply to reasonable and necessary diagnosis and treatment of symptomatic conditions such as osteoarthritis, bursitis (including bunion), tendonitis, etc., that result from or are associated with partial displacement of foot structures, or to surgical correction that is an integral part of the treatment of a foot injury or that is undertaken to improve the function of the foot or to alleviate an induced or associated symptomatic condition.

Orthopedic shoes and other supportive devices for the feet are not covered under this program element.

Routine foot care: services characterized as routine foot care are generally not covered; this includes such services as the cutting or removal of corns or calluses, the trimming of nails) and other hygienic and preventive maintenance care in the realm of self—care such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory and bedfast patients, and any services performed in the absence of localized illness, injury or symptoms involving the foot. Notwithstanding the preceding, payment may be made for routine foot care such as

cutting or removing corns, calluses or nails when the patient has a systemic disease of sufficient severity that unskilled performance of such procedures would be hazardous; the patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet. Although not intended as a comprehensive list, the following metabolic, neurological, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying systemic conditions contemplated and which would justify coverage; where the patient's condition is one (1) of those designated by an asterisk (*), routine procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy for such a condition, and this doctor's name must appear on the claim form:

- *Diabetes mellitus;
 - Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis);
 - Buerger's disease (thromboangitis obliterans);
 - Chronic thrombophlebitis;
 - Peripheral neuropathies involving the feet:
1. *Associated with malnutrition and vitamin deficiency, such as: malnutrition (general, pellagra); alcoholism; malabsorption (celiac disease, tropical sprue); and pernicious anemia;
 2. *Associated with carcinoma;
 3. *Associated with diabetes mellitus;
 4. *Associated with drugs and toxins;
 5. *Associated with multiple sclerosis;
 6. *Associated with uremia (chronic renal disease);
 7. Associated with traumatic injury;
 8. Associated with leprosy or neurosyphilis; and
 9. Associated with hereditary disorders, such as: hereditary sensory radicular neuropathy, angiokeratoma corporis; and diffusum (Fabry's), amyloid neuropathy.

Services ordinarily considered routine are also covered if are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections. Diagnostic and treatment services for foot infections are also covered as they are considered outside the scope of "routine."

- (3) Provision relating to Special Diagnostic Tests. Plethysmography is a recognized tool for the preoperative podiatric evaluation of the diabetic patient or one who has intermittent claudication or other signs or symptoms indicative of peripheral vascular disease which would have a bearing on the patient's candidacy for foot surgery. The method of plethysmography determines program coverage.

Covered methods include:

- Segmental, including regional, differential, recording oscillometer, and pulse volume recorder;
- Electrical impedance; and
- Ultrasonic measure of blood flow (Doppler).

Noncovered methods include:

- Inductance;
- Capacitance;
- Strain gauge;
- Photoelectric; and
- Mechanical oscilometry.

Venous occlusive pneumoplethysmography would be appropriate only in the setting of a hospital vascular laboratory.

(6) Medical care and Any Other Type of Remedial Care

- B. Optometry services are only provided to recipients under age twenty-one (21).
- C. Chiropractic services are provided with the following limitations
 - (1) Twenty-six (26) chiropractic visits per year for all recipients (this limit may be exceeded based on medical necessity with prior authorization).

6. Medical Care and Any Other Type of Remedial Care

d. Other practitioner's services

Advanced Practice Registered Nurse (APRN) Services

- (1) An APRN covered service shall be a medically necessary service provided within the legal scope of practice of the APRN and furnished through direct practitioner-patient interaction so long as that service is eligible for reimbursement by Kentucky Medicaid.
- (2) APRN's participating as nurse-midwives or nurse anesthetists shall comply with the service requirements of those components for participation and reimbursement, as appropriate.
- (3) An APRN desiring to participate in the Medical Assistance Program shall:
 - (a) Meet all applicable requirements of state laws and conditions for practice as a licensed APRN;
 - (b) Enter into a provider agreement with the Department for Medicaid Services to provide services;
 - (c) Accompany each participation application with a current copy of the APRN's license; and
 - (d) Provide and bill for the services in accordance with the terms and conditions of the provider participation agreement.
- (4) Administration of anesthesia by an APRN is a covered service.
- (5) The cost of the following injectables administered by an APRN in a physician or other independent practitioner's office shall be covered:
 - a. Rho (D) immune globulin injection;
 - b. Injectable anticancer chemotherapy administered to a recipient with a malignancy diagnosis contained in the Association of Community Cancer Centers Compendia-Based Drug Bulletin, as adopted by Medicare;
 - c. Depo- Provera contraceptive injection;
 - d. Penicillin G and ceftriaxone injectable antibiotics; and
 - e. Epidural injections administered for pain control.
- (6) An outpatient laboratory procedure by an APRN who has been certified in accordance with 42 CFR, Part 493 shall be covered.

-
- (7) An obstetrical and gynecological service provided by an APRN shall be covered as follows:
- a. An annual gynecological examination;
 - b. An insertion of an intrauterine device (IUD), including the cost of the device, or removal of the IUD;
 - c. The insertion of an implantable contraceptive capsule, including the cost of the contraceptive capsule and related supplies, or removal of the capsule;
 - d. Prenatal care.
 - e. A routine newborn service to an infant born to a Kentucky Medicaid eligible recipient; and
 - f. A delivery service, which shall include:
 1. Admission to the hospital;
 2. Admission history;
 3. Physical examination,
 4. Anesthesia;
 5. Management of uncomplicated labor;
 6. Vaginal delivery; and
 7. Postpartum care.
- (8) An EPSDT screening service provided in compliance with a periodicity schedule developed in conjunction with the American Academy of Pediatrics Recommendations for Preventive Pediatric Health shall be covered.
- (9) A limitation on a service provided by a physician as described in Attachment 3.1- A. pages 7.21, 7.21(a) and 7.21(a)(o) shall also apply if the service is provided by an APRN.
- (10) The same service provided by an APRN and a physician on the same day within a common practice shall be considered as one (1) covered service.
- (11) Tobacco Cessation Counseling Services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

Medicaid shall provide coverage for all United States Food and Drug Administration approved tobacco cessation medication, all forms of tobacco cessation services recommended by the United States Preventive Services Task Force, including, but not limited to individual, group and telemedicine counseling or any combination thereof.

There will be no requirements for counseling before medication may be prescribed, limits on the duration of services or co-payments or other out-of-pocket cost sharing, including deductibles.

Utilization management, prior authorization or step therapy may only be imposed for a treatment that exceeds the duration recommended by the United States Public Health Service clinical practice guidelines on treating tobacco use and dependence or for services associated with more than two (2) attempts to quit within a twelve (12) month period.

Commonwealth Global ChoicesOther Licensed Practitioners' Services (continued)

- (d) Ophthalmic dispensers' services, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:
 - (1) Telephone contacts are not covered;
 - (2) Contact lens are not covered;
 - (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.

- (e) Pharmacist -Licensed pharmacists may perform all services pursuant to their scope of practice and approved by the Kentucky Board of Pharmacy
 - 1. All services are limited to pharmacist's scope of practice and to the extent permitted by applicable statutes and regulations
 - 2. Includes the administration of the H1N1 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 - 3. Includes the administration of COVID 19 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 - 4. Includes the ordering and administration of the COVID-19 screening and serological antibody tests by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program

6. Medical Care and Any Other Type of Remedial Care

- a. Podiatry services are provided to both the categorically needy and medically needy in accordance with the following limitations.

- (1) Coverage. The Medical Assistance (Medicaid) Program will cover medical and/or surgical services provided to eligible Medicaid recipients by licensed, participating podiatrists when such services fall within the scope of the practice of podiatry except as otherwise provided for herein. The scope of coverage generally parallels the coverage available under the Medicare program with the addition of wart removal.
- (2) Exclusions from Coverage; Exceptions. The following areas of care are not covered except as specified.

Treatment of flatfoot: services directed toward the care or correction of such a service are not covered.

Treatment of subluxations of the foot: surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure as an isolated entity within the foot are not covered; this exclusion of coverage does not apply to reasonable and necessary diagnosis and treatment of symptomatic conditions such as osteoarthritis, bursitis (including bunions), tendonitis, etc., that result from or are associated with partial displacement of foot structures, or to surgical correction that is an integral part of the treatment of a foot injury or that is undertaken to improve the function of the foot or to alleviate an induced or associated symptomatic condition.

Orthopedic shoes and other supportive devices for the feet are not covered under this program element.

Routine foot care: services characterized as routine foot care are generally not covered; this includes such services as the cutting or removal of corns or calluses, the trimming of nails, and other hygienic and preventive maintenance care in the realm of self-care such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory and bedfast patients, and any services performed in the absence of localized illness, injury or symptoms involving the foot. Notwithstanding the preceding, payment may be made for routine foot care such as

cutting or removing corns, calluses or nails when the patient has a systemic disease of sufficient severity that unskilled performance of such procedures would be hazardous; the patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet. Although not intended as a comprehensive list, the following metabolic, neurological, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying systemic conditions contemplated and which would justify coverage; where the patient's condition is one (1) of those designated by an asterisk (*), routine procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy for such a condition, and this doctor's name must appear on the claim form:

- *Diabetes mellitus;
- Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis);
- Buerger's disease (thromboangitis obliterans);
- Chronic thrombophlebitis;
- Peripheral neuropathies involving the feet:
 1. *Associated with malnutrition and vitamin deficiency, such as: malnutrition (general, pellagra); alcoholism; malabsorption (celiac disease, tropical sprue); and pernicious anemia;
 2. *Associated with carcinoma;
 3. *Associated with diabetes mellitus;
 4. *Associated with drugs and toxins;
 5. *Associated with multiple sclerosis;
 6. *Associated with uremia (chronic renal disease);
 7. Associated with traumatic injury;
 8. Associated with leprosy or neurosyphilis; and
 9. Associated with hereditary disorders, such as: hereditary sensory radicular neuropathy, angiokeratoma corporis; and diffusum (Fabry's), amyloid neuropathy.

Services ordinarily considered routine are also covered if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections. Diagnostic and treatment services for foot infections are also covered as they are considered outside the scope of "routine."

- (3) Provision relating to Special Diagnostic Tests. Plethysmography is a recognized tool for the preoperative podiatric evaluation of the diabetic patient or one who has intermittent claudication or other signs or symptoms indicative of peripheral vascular disease which would have a bearing on the patient's candidacy for foot surgery. The method of plethysmography determines program coverage.

Covered methods include:

- Segmental, including regional, differential, recording oscillometer, and pulse volume recorder;
- Electrical impedance; and
- Ultrasonic measure of blood flow (Doppler).

Noncovered methods include:

- Inductance;
- Capacitance;
- Strain gauge;
- Photoelectric; and
- Mechanical oscillometry.

Venous occlusive pneumoplethysmography would be appropriate only in the setting of a hospital vascular laboratory.

-
- (6) Medical care and Any Other Type of Remedial Care
- B. Optometry services are only provided to recipients under age twenty-one (21).
 - C. Chiropractic services are provided with the following limitations
 - (1) Twenty-six (26) chiropractic visits per year for all recipients (this limit may be exceeded based on medical necessity with prior authorization).

6. Medical Care and Any Other Type of Remedial Care

d. Other practitioner's services

Advanced Practice Registered Nurse (APRN) Services

- (1) An APRN covered service shall be a medically necessary service provided within the legal scope of practice of the APRN and furnished through direct practitioner-patient interaction so long as that service is eligible for reimbursement by Kentucky Medicaid.
- (2) APRN's participating as nurse-midwives or nurse anesthetists shall comply with the service requirements of those components for participation and reimbursement, as appropriate.
- (3) An APRN desiring to participate in the Medical Assistance Program shall:
 - (a) Meet all applicable requirements of state laws and conditions for practice as a licensed APRN;
 - (b) Enter into a provider agreement with the Department for Medicaid Services to provide services;
 - (c) Accompany each participation application with a current copy of the APRN's license: and
 - (d) Provide and bill for services in accordance with the terms and conditions of the provider participation agreement.
- (4) Administration of anesthesia by an APRN is a covered service.
- (5) The cost of the following injectables administered by an APRN in a physician or other independent practitioner's office shall be covered:
 - (a) Rho (D) immune globulin injection;
 - (b) Injectable anticancer chemotherapy administered to a recipient with a malignancy diagnosis contained in the Association of Community Cancer Centers Compendia-Based Drug Bulletin, as adopted by Medicare;
 - (c) Depo-Provera contraceptive injection;
 - (d) Penicillin G and ceftriaxone injectable antibiotics; and
 - (e) Epidural injections administered for pain control.
- (6) An outpatient laboratory procedure by an APRN who has been certified in accordance with 42 CFR, Part 493 shall be covered.

-
- (7) An obstetrical and gynecological service provided by an APRN shall be covered as follows:
- (a) An annual gynecological examination;
 - (b) An insertion of an intrauterine device (IUD), including the cost of the device, or removal of the IUD;
 - (c) The insertion of an implantable contraceptive capsule, including the cost of the contraceptive capsule and related supplies, or removal of the capsule;
 - (d) Prenatal care;
 - (e) A routine newborn service to an infant born to a Kentucky Medicaid eligible recipient; and
 - (f) A delivery service, which shall include:
 - 1. Admission to the hospital;
 - 2. Admission history;
 - 3. Physical examination,
 - 4. Anesthesia;
 - 5. Management of uncomplicated labor;
 - 6. Vaginal delivery; and
 - 7. Postpartum care.
- (8) An EPSDT screening service provided in compliance with a periodicity schedule developed in conjunction with the American Academy of Pediatrics Recommendations for Preventive Pediatric Health shall be covered.
- (9) A limitation on a service provided by a physician as described in Attachment 3. I-B, pages 21, 22 and 22.1(a) shall also apply if the service is provided by an ARNP.
- (10) The same service provided by an APRN and a physician on the same day within a common practice shall be considered as one (1) covered service.
- (11) Tobacco Cessation Counseling Services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to quit tobacco.

Medicaid shall provide coverage for all United States Food and Drug Administration approved tobacco cessation medication, all forms of tobacco cessation services recommended by the United States Preventive Services Task Force, including, but not limited to individual, group and telemedicine counseling or any combination thereof.

There will be no requirements for counseling before medication may be prescribed, limits on the duration of services or co-payments or other out-of-pocket cost sharing, including deductibles.

Utilization management, prior authorization or step therapy may only be imposed for a treatment that exceeds the duration recommended by the United States Public Health Service clinical practice guidelines on treating tobacco use and dependence or for services associated with more than two (2) attempts to quit within a twelve (12) month period.

Commonwealth Global ChoicesOther Licensed Practitioners' Services (continued)

- (d) Ophthalmic dispensers' services, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:
- (1) Telephone contacts are not covered;
 - (2) Contact lens are not covered;
 - (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- (e) Pharmacist -Licensed pharmacists may perform all services pursuant to their scope of practice and approved by the Kentucky Board of Pharmacy
1. All services are limited to pharmacist's scope of practice and to the extent permitted by applicable statutes and regulations
 2. Includes the administration of the H1N1 vaccine by a pharmacist who is employed by a pharmacy participating in the Kentucky Medicaid Program
 3. Includes the ordering and administration of the COVID-19 screening and serological antibody tests