

Revised: June 1996  
Approval: W.W.L.

## **Radiation Therapy/Oncology**

### Benefit Coverage (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51311)

Examinations, tests and therapeutic services ordered by a licensed practitioner within his/her scope of practice, for the prevention, diagnosis and treatment of illness or injury are covered, certain services may require prior authorization per contracted IPA.

### Benefit Exclusion

Experimental or investigational therapies are not covered.

### Examples of Covered Benefits

1. All medically necessary, acceptable therapies or combination of therapies.

### Examples of Non-Covered Benefits

1. Experimental therapies.
2. Investigational therapies.

## **Radiology Services**

### Benefit Coverage (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51311)

Examinations, tests and therapeutic services ordered by a licensed practitioner, within his/her scope of practice, for the prevention, diagnosis and treatment of illness or injury are covered. Authorization may be required for certain services per the contracted IPA.

### Benefit Exclusion

Routine, annual chest x-rays are not a covered benefit.

### Examples of Covered Benefits

1. Diagnostic radiological procedures (CT, MRI).
2. Diagnostic ultrasonic procedures.
3. Noninvasive cardiovascular studies.
4. Procedures involving fluoroscopy.
5. Procedures involving the use of contrast media.
6. Procedures requiring the administration or injection of a substance into the patient.
7. Routine screening procedures as medically indicated.
8. Pre-surgical diagnostic tests.
9. IVP (Intravenous pyelogram).
10. Routine x-rays as medically indicated (chest, KUB, extremities).

### Examples of Non-Covered Benefits

1. Routine, annual chest x-rays.

## **Reconstructive Surgery**

### **Definition**

Reconstructive Surgery means surgery performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to do either of the following:

1. To improve function.
2. To create a normal appearance, to the extent possible.

### **Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51305, subd. (i))

Reconstructive surgery as defined above is a covered benefit. Members under age 21 requiring reconstructive surgery should be referred to California Children's Services (CCS).

### **Benefit Exclusion**

Reconstructive surgery for cosmetic purposes only (e.g., breast augmentation, rhinoplasty) is not covered.

### **Examples of Covered Benefits**

1. External mammary prostheses made of silicone or other similar materials after a medically necessary mastectomy. "Mastectomy" means the surgical procedures for the removal of all or part of the breast for medically necessary reasons.
2. If a medically necessary mastectomy is performed to only one breast, reconstructive surgery or a prosthesis to achieve reasonable symmetry is covered.
3. Surgery to correct an anatomical function impairment after a traumatic injury (e.g., reimplantation of a severed finger).
4. Reconstructive surgery after trauma to improve function or create a normal appearance to the extent possible.
5. Reconstructive surgery for Members with congenital defects to improve function or to create a normal appearance to the extent possible.

**Reconstructive Surgery** (continued)

**Examples of Non-Covered Benefits**

1. Breast augmentation.
2. Rhinoplasty.
3. Liposuction.

**See: Cosmetic Surgery**

**Mammoplasty, Reductive**

## **Rehabilitation (P.T., O.T., Speech, Cardiac)**

### **Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51309)

Physical therapy services shall include physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medication.

Occupational and speech therapy services shall include therapy evaluation, treatment planning, treatment, instruction and consultative services.

Provision of the services is with the expectation that the patient will improve significantly in a reasonable and generally predictable period of time or to establish an effective maintenance program in connection with a specific disease state and that the service is reasonable and medically necessary for the treatment of the patient's condition.

All physical therapy, occupational therapy and speech therapy can be subject to prior authorization.

### **Benefit Exclusion** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51309)

Services, which do not require the skills of a physical therapist, occupational therapist, or speech therapist, shall not be covered or authorized.

### **Examples of Covered Benefits**

1. Physical therapy and/or speech therapy in outpatient setting or home.
2. Occupational therapy in the home only when being provided in conjunction with physical therapy, speech therapy or skilled nursing care.
3. Occupational therapy in an outpatient hospital or clinic.
4. Cardiac rehabilitation only when a monitored exercise program is medically necessary following a heart attack or the patient has Congestive Heart Failure (CHF).
5. Physical therapy following knee or hip surgery.
6. Speech therapy for the following:
  - a. Stroke.
  - b. Surgery or injury to the mouth or throat.
7. Initial gait evaluation and training.

## **Rehabilitation (P.T., O.T., Speech, Cardiac)** (continued)

### Examples of Non-Covered Benefits

1. Therapy for chronic, long-term problems where slow, minimal progress or maintenance is anticipated rather than significant improvement such as:
  - a. Chronic strains.
  - b. Chronic low back pain.
  - c. Maintenance therapy of spinal cord injuries.
2. Speech therapy for lispings or stuttering.
3. Repetitious exercises to improve gait, maintain strength and endurance and assist in walking which can be provided by non-skilled persons.
4. Conditions where no measurable improvement may be expected.