

Chemical Dependency Rehabilitation

Benefit Coverage (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51328, 51341.1)
(DHCS Contract 04-35765, Amend. 10, Exhibit A, Attach. 11, § 7)

Health care services necessary to treat chemical dependency, including acute detoxification are covered in the inpatient setting only during the treatment of an underlying medical condition covered under the Medi-Cal Managed Care program.

Benefit Exclusion

Alcohol and drug treatment services, including outpatient heroin detoxification are covered through the Short-Doyle Medi-Cal (SD/MC) or Medi-Cal Fee-For-Service (FFS) programs.

Examples of Covered Benefits

1. In-patient treatment of alcoholism or drug dependence is covered if there is an underlying medical condition requiring acute, 24-hour monitoring (e.g., Myocardial Infarction, CVA, etc.).

Examples of Non-Covered Benefits

1. All drug and/or alcohol detoxification where there are no medical complications.
2. Outpatient detoxification services.

See: Detoxification

Revised: July 2000
Approval: WVA

Chemotherapy

Benefit Coverage (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51303)

All acceptable chemotherapy regimens are covered if performed by a qualified provider of service when medically necessary and when prior authorization, if required by the contracted IPA, has been obtained.

NOTE: Children less than 21 years of age receiving chemotherapy must be referred to California Children's Services (CCS).

Benefit Exclusion

Experimental and investigational therapies are not covered services.

Examples of Covered Benefits

1. All medically necessary, acceptable therapies or combination of therapies, when ordered by a treating physician and prior authorization obtained if required.

Examples of Non-Covered Benefits

1. Experimental therapies.
2. Investigational therapies.

See: Experimental Services and Investigational Treatment

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Child Health and Disability Prevention Program (CHDP)

Benefit Coverage

CHDP is the preventive health program for early identification and referral for treatment of children with potentially harmful conditions and it ensures the provision of periodic health assessments to all patients from birth to age 21. The health assessments are based on the following schedule:

under 1 month	6 years
1 month	8 years
2 months	10 years
4 months	11 years
6 months	12 years
9 months	13 years
12 months	14 years
15 months	15 years
18 months	16 years
24 months	17 years
3 years	18 years
4 years	19 years
5 years	20 years

All CHDP services are part of the PCP services and should be performed by the patient's PCP. (Health & Saf. Code, §§ 124025, 120475, 124040)

Benefit Exclusion

None Listed.

Child Health and Disability Prevention Program (CHDP) (continued)

Examples of Covered Benefits

1. Periodic health assessments, which include:
 - a. Comprehensive health and developmental history.
 - b. Physical examination.
 - c. Nutritional assessment.
 - d. Vision screening.
 - e. Dental screening.
 - f. Hearing screening.
 - g. Immunizations, appropriate to the age of the child.
 - h. Laboratory tests (i.e., Tuberculin, Sickle Cell, urinalysis, blood counts).
 - i. Lead testing.
 - j. Health education.

See: Immunizations

Chiropractic

Definition (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51073, 51304, 51308)
(DHCS Contract 04-35765, Amend. 10, Exhibit E, Attach. 1, § 25L)

Chiropractic services mean services a chiropractor may perform under California laws limited to treatment involving manual manipulation of the spine.

Benefit Coverage

Not a covered benefit under Medi-Cal Managed Care.

Benefit Exclusion

Chiropractic services are not covered through the Medi-Cal Managed Care Program. Chiropractic services may be available to youth up to age 21 through the Medi-Cal Fee-For-Service (FFS) program.

Examples of Non-Covered Benefits

1. All chiropractic services, including treatment of the spine by manual manipulation and chiropractic professional services.
2. X-rays when part of a chiropractic service.

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Circumcision

Benefit Coverage

Circumcisions are only covered by IEHP when medically necessary.

Benefit Exclusion

All circumcisions requested for parental or patient preference, or cosmetic reasons are not covered. Routine circumcision of newborns is not covered by IEHP.

Examples of Covered Benefits

1. Circumcision is covered when medically necessary due to associated penile conditions.

Examples of Non-Covered Benefits

1. Female circumcisions.
2. Requests for circumcision without the basis of medical necessity.
3. Routine circumcisions for newborns.

See: Newborn Child Coverage

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Corrective Appliances

See: **Prosthetics/Orthotics**
Durable Medical Equipment (DME)

Cosmetic Surgery

Definitions (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51305, subd. (i))

Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.

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.

NOTE: Children less than 21 years of age receiving reconstructive surgery must be referred to California Children's Services (CCS).

Benefit Coverage

Cosmetic surgery is not a covered benefit.

Examples of Covered Benefits

1. Medically necessary nasal septoplasty (excluding rhinoplasty) if there is a documented airway blockage and if appropriate non-surgical measures have been exhausted or if there is documented recurrent one-sided purulent sinusitis related to a deviated septum.
2. Reconstructive surgery following a medically necessary mastectomy to include implants and a special brassiere, if required.
3. Reconstructive surgery after trauma to improve function or create a normal appearance to the extent possible.

Examples of Non-Covered Benefits

1. Face Lifts.
2. Liposuction.
3. Bilateral Mammoplasty (cosmetic).
4. Tattoo Removal.
5. Rhinoplasty.

See: Reconstructive Surgery