

310-T PHYSICIAN SERVICES

EFFECTIVE DATE: March 3, 2017

REFERENCES: Division Medical Policy Manual Policies 310-N, 310-V, 320-M, and 400.

The Division of Developmental Disabilities (Division) covers physician services for all members eligible for ALTCS within certain limits based on member age and eligibility. Physician services include medical assessment, treatment, and surgical services performed in the office, clinic, hospital, home, nursing facility, or other location by a licensed doctor of medicine or osteopathy.

Physician services are covered as appropriate to the member's medical need and the physician's scope of practice. Refer to Chapter 400 of this Policy Manual, for criteria related to covered services for members under the age of 21.

Physical examinations and well visits for members are covered to:

- A. Determine risk of disease.
- B. Provide early detection.
- C. Establish a prevention or treatment plan.
- D. Monitor health status.

Limitations

- A. Services Not Directly Related to Medical Care - The Division does not cover physician services routinely performed and not directly related to the medical care of a member (e.g., physician visits to a nursing facility for the purpose of 30-60 day certification).
- B. Moderate Sedation - The Division does not cover moderate sedation (i.e., conscious sedation) performed by the physician performing the underlying procedure for which sedation is desired, or by another provider except as described below, for the adult population.

The Division does cover monitored anesthesia care, including all levels of sedation, provided by qualified anesthesia personnel (physician anesthesiologist or certified registered nurse anesthetist) for the adult population and members under the age of 21. Anesthesia services (except epidurals) require the continuous presence of the anesthesiologist or certified registered nurse anesthetist.

- C. Allergy Immunotherapy – The Division does not cover allergy immunotherapy including desensitization treatments administered via subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or via other routes of administration, for persons age 21 years and older. However, the Division covers allergy immunotherapy for members under the age of 21 who are under Early Periodic Screening, Diagnosis and Treatment (EPSDT), when medically necessary.

Exceptions

- A. Allergy Testing – The Division does not cover allergy testing, including testing for common allergens, for persons age 21 years and older *unless* the member has either sustained an anaphylactic reaction to an unknown allergen or has exhibited such a severe allergic reaction (e.g., severe facial swelling, breathing difficulties, epiglottal swelling, extensive [not localized] urticaria) where it is reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. In the above instances, the Division covers allergy testing to identify the unknown allergen where such identification may help the member avoid repeat exposures to that particular allergen. The Division covers allergy testing for persons under the age of 21 under EPSDT when medically necessary.
- B. Self-administered epinephrine – The Division covers self-administered epinephrine for all members with a history of previous severe allergic reactions, whether or not the specific cause of that reaction has been identified.

For prescription medication coverage exceptions, refer to Policy 310-V in the Policy Manual.

- C. Medical Marijuana – The Division does not cover office visits or any other services that are primarily for determining whether a member would benefit from medical marijuana. Refer to Policy 320-M in this Policy Manual.

Genetic Subspecialists

Genetic subspecialists are subject to the limitations described in Policy 310-N, Genetic Testing Provisions subsection in this Policy Manual.