

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6. Other Practitioners Services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

a. Podiatrists' services

- (1) Foot care is covered only for specific medical conditions that must be treated by a podiatrist.
- (2) Reimbursement is according to Attachment 4.19-B III. Physicians' Services.

b. Optometrists' services

- (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
- (2) Exceptions will be considered for all individuals based on medical necessity.
- (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

d. Other practitioners' services

- (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: naturopathic physicians (services are limited to physician-related primary care services), physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, dentist, chiropractors (for EPSDT only), opticians, licensed non-nurse midwives, and dental health aide therapists (under the supervision required and within the scope of practice authorized under federal, state, or tribal law. The supervisor assumes professional responsibility for the services provided by the therapists and the supervisor bills for services furnished by the therapists). These practitioners are limited to services within their scope of practice and specialty area.
- (2) Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.
- (3) Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a): Licensed Psychologists; Licensed Psychiatric Advanced Nurse Practitioners; Licensed Independent Clinical Social Workers; Licensed Advance Social Workers; Licensed Marriage and Family Therapists; and Licensed Mental Health Counselors.

The practitioners listed above who want to diagnose and treat clients eighteen years of age and younger must have a minimum of two years' experience in the diagnosis and treatment of clients eighteen years of age and younger, including one year of supervision by a mental health professional trained in child and family mental health.

Mental health payment rates methodology is in accordance with Attachment 4.19-B.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

6. Other Practitioners Services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

a. Podiatrists' services

- (1) Foot care is covered only for specific medical conditions that must be treated by a podiatrist.
- (2) Reimbursement is according to Attachment 4.19-B III. Physicians' Services.

b. Optometrists' services

- (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
- (2) Exceptions will be considered for all individuals based on medical necessity.
- (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

d. Other practitioners' services

- (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: naturopathic physicians (services are limited to physician-related primary care services), physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, denturists, , opticians, licensed non-nurse midwives, and dental health aide therapists (under the supervision required and within the scope of practice authorized under federal, state, or tribal law. The supervisor assumes professional responsibility for the services provided by the therapists and the supervisor bills for services furnished by the therapists). These practitioners are limited to services within their scope of practice and specialty area.
- (2) Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.
- (3) Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a): Licensed Psychologists; Licensed Psychiatric Advanced Nurse Practitioners; Licensed Independent Clinical Social Workers; Licensed Advance Social Workers; Licensed Marriage and Family Therapists; and Licensed Mental Health Counselors.

The practitioners listed above who want to diagnose and treat clients eighteen years of age and younger must have a minimum of two years' experience in the diagnosis and treatment of clients eighteen years of age and younger, including one year of supervision by a mental health professional trained in child and family mental health.

Mental health payment rates methodology is in accordance with Attachment 4.19-B.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON**POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)**

VI. Dental Services and Dentures

- A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule for dentures and dental services that are provided within their specific scope of practice by dentists, dental hygienists, denturists and dental health aide therapists (under the supervision required and within the scope of practice authorized under federal, state, or tribal law. The supervisor assumes professional responsibility for the services provided by the therapists and the supervisor bills for services furnished by the therapists) throughout the state. There are no geographical or other variations in the fee schedule.
- B. The usual and customary charge is defined as that fee usually charged for a given service by an individual dentist, dental hygienist, dental health aide therapist, or denturist to private patients (e.g., that provider's usual fee) and which fee is within the range of usual fees charged by dentists, dental hygienists, dental health aide therapists, or denturists of similar training and experience.
- C. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of dentures, dental services and dental hygiene.

See 4.19-B I, General, #G for the agency's website where the fee schedules are published.

The agency's fee schedule rate was set as of July 1, 2017, and is effective for services provided on or after that date.

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