

# Medi-Cal Provides a Comprehensive Set of Health Benefits That May Be Accessed as Medically Necessary

<b>Ambulatory Patient Services</b> <ul style="list-style-type: none"> <li>Physician services</li> <li>Hospital outpatient &amp; outpatient clinic services</li> <li>Outpatient surgery (includes anesthesiologist services.)</li> <li>Podiatry</li> <li>Chiropractic</li> <li>Allergy care</li> <li>Treatment therapies (chemotherapy, radiation therapy, etc.)</li> <li>Dialysis/hemodialysis</li> </ul>	<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class.</li> <li>Beneficiaries may receive up to a 100-day supply of many medications.</li> </ul>
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>Emergency Room services</li> <li>All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including dental services, as certified by the attending physician or other appropriate provider.</li> <li>Ambulance services</li> </ul>	<b>Rehabilitative &amp; Habilitative Services and Devices</b> <ul style="list-style-type: none"> <li>Physical therapy</li> <li>Occupational therapy</li> <li>Speech therapy</li> <li>Acupuncture</li> <li>Cardiac rehabilitation</li> <li>Pulmonary rehabilitation</li> <li>Skilled Nursing Facility services (90 days)</li> <li>Medical supplies, equipment, and appliances (including implanted hearing devices)</li> <li>Durable medical equipment</li> <li>Orthotics/prostheses</li> <li>Hearing aids</li> <li>Home Health Services</li> </ul>
<b>Hospitalization</b> <ul style="list-style-type: none"> <li>Inpatient hospital services</li> <li>Anesthesiologist services</li> <li>Surgical services (bariatric, reconstructive surgery, etc.)</li> <li>Organ &amp; tissue transplantation</li> </ul>	<b>Laboratory Services</b> <ul style="list-style-type: none"> <li>Outpatient laboratory and X-ray services <ul style="list-style-type: none"> <li>Various advanced imaging procedures are covered based on medical necessity.</li> </ul> </li> </ul>
<b>Maternity and Newborn Care</b> <ul style="list-style-type: none"> <li>Prenatal care</li> <li>Delivery and postpartum care</li> <li>Breastfeeding education</li> <li>Nurse midwife services</li> <li>Licensed midwife services</li> </ul>	<b>Preventive &amp; Wellness Services and Chronic Disease Management</b> <ul style="list-style-type: none"> <li>Preventive services and vaccines recommended by: <ul style="list-style-type: none"> <li>United States Preventive Services Task Force (grade A &amp; B)</li> <li>Advisory Committee for Immunization Practices</li> <li>Health Resources and Services Administration's Bright Futures <ul style="list-style-type: none"> <li>For women by the Institute of Medicine</li> </ul> </li> </ul> </li> <li>Family planning services</li> <li>Smoking cessation services</li> <li>Behavioral health treatment for children under 21</li> </ul>
<b>Mental health and Substance Use Disorder (SUD) Services, including Behavioral Health Treatment</b> <ul style="list-style-type: none"> <li>Outpatient Mental Health services</li> <li>Outpatient Specialty Mental Health services</li> <li>Inpatient Specialty Mental Health services</li> <li>Outpatient Substance Use Disorder services <ul style="list-style-type: none"> <li>Residential Treatment services</li> </ul> </li> <li>Voluntary Inpatient Detoxification</li> </ul>	<b>Pediatric Services, Including Oral and Vision Care</b> <p>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. EPSDT provides periodic screenings to determine health care needs and, in addition to the standard Medi-Cal benefits, a beneficiary under the age of 21 may receive extended services as medically necessary.</p>
<b>OTHER:</b>	
<b>Dental</b>	<ul style="list-style-type: none"> <li>Emergency dental services</li> <li>Dentures</li> <li>Dental implants and implant-retained prostheses</li> <li>Basic preventive, diagnostic and repair services</li> <li>EPSDT and pregnant women receive extended dental benefits.</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>Routine eye exams once in 24 months</li> <li>Eyeglasses for eligible individuals under the age of 21 and pregnant women through postpartum</li> </ul>
<b>Non-Emergency Medical Transportation Services</b>	<p>Ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation is required for obtaining needed medical care for a Medi-Cal benefit.</p>
<b>Long Term Services and Supports</b>	<ul style="list-style-type: none"> <li>Skilled Nursing Facility services (91+days)</li> <li>Personal Care Services</li> <li>Self-Directed Personal Assistance Services</li> <li>Community First Choice Option</li> <li>Home and Community Based Services</li> </ul>