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California Code Of Regulations
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Title 22@ Social Security
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Division 3@ Health Care Services
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Subdivision 1@ California Medical Assistance Program
|->
Chapter 4@ Prepaid Health Plans
|->
Article 3@ OPERATIONAL REQUIREMENTS
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Section 53210@ Scope of Services
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**53210 Scope of Services** 

## (a)

Except as provided in Section 14257 of the Welfare and Institutions Code, each plan shall provide the following health care services: (1) Physician services. (2) Hospital outpatient department services. (3) Laboratory and X-ray services. (4) Pharmaceutical services and prescribed drugs. (5) Hospital inpatient care. (6) Skilled nursing facility care. (7) A continuing program of preventive health care services, appropriate to the needs of the projected plan population, which: (A) Satisfies the requirements of Title 10, California Administrative Code, Section 1300.67(f). (B) Includes the provision of Child Health and Disability Prevention Program services to members under the age of 21 in accordance with the provisions of Title 17, California Administrative Code, Sections 6800-6874.

**(1)** 

Physician services.

(2)

Hospital outpatient department services.

(3)

Laboratory and X-ray services.

(4)

Pharmaceutical services and prescribed drugs.

**(5)** 

CA

Hospital inpatient care.

(6)

Skilled nursing facility care.

**(7)** 

A continuing program of preventive health care services, appropriate to the needs of the projected plan population, which: (A) Satisfies the requirements of Title 10, California Administrative Code, Section 1300.67(f). (B) Includes the provision of Child Health and Disability Prevention Program services to members under the age of 21 in accordance with the provisions of Title 17, California Administrative Code, Sections 6800-6874.

(A)

Satisfies the requirements of Title 10, California Administrative Code, Section 1300.67(f).

(B)

Includes the provision of Child Health and Disability Prevention Program services to members under the age of 21 in accordance with the provisions of Title 17, California Administrative Code, Sections 6800-6874.

(b)

In addition to the health care services specified in (a), above, each plan shall provide the full scope of services set forth in this subdivision in Chapter 3, Article 4, beginning with Section 51301, and in Chapter 11, beginning with Section 59998, unless certain services are specifically excluded under the terms of the contract.

(c)

The Director shall establish the scope and duration of services to be covered by any plan contract.

(d)

A plan may elect to provide services which are not included in Section 14053, Welfare and Institutions Code. A plan shall obtain the prior approval of the Director if such services are provided at a cost to members. Each member shall be notified of the scope of such additional services offered by the plan and the charges therefor: (1) During the enrollment process. (2) Any time the scope of such services is changed. (3) Prior to rendering such services.

**(1)** 

During the enrollment process.

**(2)** 

Any time the scope of such services is changed.

(3)

Prior to rendering such services.

(e)

Each plan shall meet the requirements of Sections 51163 and 51305.1 through 51305.7 of this subdivision, in providing needed human reproductive sterilization services.