

Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes solely cosmetic surgery		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	Remove
OLP: Chiropractic	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Att. 3.1-A Item 6.C.	None	
Scope Limit:		
See Att. 3.1-A Item 6.C.	the specific name of the source plan if it is not the base	
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C.	<u>.</u>	D
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan:	Source:	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C. Benefit Provided: OLP: Podiatry	Source: State Plan 1905(a)	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C. Benefit Provided:	Source:	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C Benefit Provided: OLP: Podiatry Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C Benefit Provided: OLP: Podiatry Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C. Benefit Provided: DLP: Podiatry Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C. Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only. Excludes flat foot; sublinail trimming, and preventative hygiene.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C. Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only. Excludes flat foot; submail trimming, and preventative hygiene. Other information regarding this benefit, including the second content of the second c	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None Suxations of foot not requiring surgery; corns, calluses,	Remove
See Att. 3.1-A Item 6.C. Other information regarding this benefit, including benchmark plan: Coverage is in accordance with Att. 3.1-A Item 6.C. Benefit Provided: OLP: Podiatry Authorization: None Amount Limit: None Scope Limit: Non-routine foot care only. Excludes flat foot; submail trimming, and preventative hygiene. Other information regarding this benefit, including the second content of the second c	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None Suxations of foot not requiring surgery; corns, calluses,	Remove