

Location	Benefit Covered	Coverage Code	Copayment Required?	Prior Approval Required	Limit on services days	Reimbursement Methodology
United States	Yes - 55 No -		Yes - 24 No - 31			
Alabama	Yes	CN	\$1/office visit		14 ambulatory visits/year irrespective of setting, visits included in physician visit limitation - limit does not apply to family planning	Fee for service, some services paid 85% of physician fee
Alaska	Yes	CN				Fee for service at 85% of physician fee
Arizona	Yes	CN & MN				Fee for service at 90% of physician fee
Arkansas	Yes	CN & MN			12 visits/year irrespective of setting included in limits for other specified practitioners	Fee for service at 80% of physician fee
California	Yes	CN & MN			Limited to services within scope of practice, physician supervision required	Fee for service