

Services Covered by Molina Healthcare

As a Molina Healthcare member, you will receive all medically necessary Medicaid-covered services at no cost to you. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition.

The following lists tell you which services need prior approval (PA) and which do not. Not all services that need prior approval are included in the list. Prior approval is explained in the New Member Information section of your Member Handbook. Your Member Handbook and other member materials are available online at MolinaHealthcare.com/OHMedicaidHandbook.

For more information, or if you have questions, call Member Services at (800) 642-4168 (TTY 711). Call Monday through Friday, 7 a.m. to 8 p.m. Eastern Time. We can explain this information in English or in your primary language. You can ask to get this document for free in other languages or formats, such as large print, braille or audio.

Covered Services at a Glance

Below is a quick list of services and supplies covered by Molina Healthcare.

The services and supplies are listed alphabetically (from A to Z). For more detailed information about covered services, see the List of Covered Services on the following pages.

Key

You can use these symbols to tell if a service may need prior approval, or if there may be limitations to the service.

* - Prior authorization (PA) may be required.

¥ - The service may be limited to a certain number of visits or to certain members.

- Acupuncture – to treat certain conditions* ¥
- Allergy services*
- Ambulance and wheelchair van transportation*
- Autism Spectrum Disorder services*
- Behavioral Health Services (including mental health and substance use disorder treatment services)*
- Certified nurse midwife services
- Certified nurse practitioner services
- Chemotherapy services*
- Chiropractic (back) services* ¥
- Dental services*
- Developmental therapy services for children aged birth to six years* ¥
- Diagnostic services (x-ray, lab)*

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- Doula services
- Durable medical equipment (DME)*
- Emergency services
- Family planning services and supplies
- Federally Qualified Health Center and Rural Health Clinic services
- Free-standing birth center services at a free-standing birth center
- Gynecological services (OB/GYN)*
- Home health services*
- Hospice care (care for terminally ill, e.g., cancer patients)*
- Inpatient hospital services*
- Medical nutrition therapy (MNT) services*
- Nursing facility services*
- Maternity care – prenatal and postpartum including at-risk pregnancy services
- OhioRISE program services ¥
- Outpatient hospital services*
- Pharmacist services/provider-administered drugs (all other pharmacy services are covered by ODM's contracted Single Pharmacy Benefit Manager (SPBM))
- Physical and occupational therapy ¥
- Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source
- Physician services*
- Podiatry (foot) services*
- Preventive mammogram (breast) and cervical cancer (pap smear) screenings
- Primary care provider services
- Private duty nursing services*
- Renal dialysis (kidney disease) services
- Respite services* ¥
- Screening and counseling for obesity ¥
- Services for children with medical handicaps (Title V)* ¥
- Shots (immunizations)
- Specialist services*
- Speech and hearing services, including hearing aids* ¥
- Telehealth services ¥
- Tobacco cessation services, including tobacco cessation counseling and FDA approved medications for tobacco cessation
- Transportation
- Vision (optical) services, including eyeglasses
- Well-child (Healthchek) exams for children under the age of 21
- Yearly well-adult exams

List of Covered Services

Below is the full list of services and supplies covered by Molina Healthcare.

Covered Services	
Services covered by our plan	Limitations and exceptions
Acupuncture – to treat certain conditions	<p>Acupuncture coverage is limited to treatment of:</p> <ul style="list-style-type: none"> • Low back pain • Migraine headaches • Cervical (neck) pain • Osteoarthritis of the hip • Osteoarthritis of the knee • Nausea or vomiting related to pregnancy or chemotherapy • Acute pain after surgery <p>PA is not required for the first 30 visits in a calendar year. PA is required for 31 or more visits in a calendar year.</p>
Allergy services	Some allergy services may require PA.
Ambulance and wheelchair van transportation	PA is not required for emergency transportation. Some non-emergency transportation may need a PA.
Autism Spectrum Disorder services	<p>PA may be required for services requested in excess of state Medicaid plan limits.</p> <p>Services are covered as mandated by 42 U.S.C. 1396d(a) and ORC 1751.84 for members with primary diagnosis of Autism Spectrum Disorder.</p>

Services covered by our plan	Limitations and exceptions
<p>Behavioral Health Services (including mental health and substance use disorder treatment)</p> <ul style="list-style-type: none"> • Assessment • Crisis intervention • Counseling and psychotherapy • Psychiatric medication management • Medication-assisted treatment for addiction • Methadone administration • Emergency Department behavioral health services • Child and Adolescent Needs and Strengths (CANS) assessment • Mobile response stabilization services (MRSS) <p>OhioRISE is a specialized managed care program for youth with complex behavioral health needs. See more under “OhioRISE program services” in this chart.</p>	<p>PA is not required to begin getting services with a network provider.</p> <p>PA is required for intensive services such as partial hospitalization or substance use disorder residential treatment. Contact your provider or Molina Healthcare for more information.</p> <p>You can call the 24-Hour Behavioral Health Crisis Line if you need help right away or are not sure what to do for a mental health problem. Call (888) 275-8750 (TTY 711) at any time.</p>
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chemotherapy services	PA is required.
<p>Chiropractic (back) services</p> <ul style="list-style-type: none"> • Diagnostic x-rays • Adjustments of the spine to correct alignment • Office visits 	<p>For members age 20 and younger, PA is not required for the first 30 visits in a calendar year. After 30 visits, PA is required.</p> <p>For members age 21 and older, PA is not required for the first 15 visits in a calendar year. After 15 visits, PA is required.</p> <p>Office visits are covered when performed by a chiropractor. Molina covers four office visits per calendar year. Please note, the limit of four office visits is counted separately from the limits listed above for adjustments of the spine.</p>

Services covered by our plan	Limitations and exceptions
<p>Dental services</p> <ul style="list-style-type: none"> • Routine cleaning and exam once every 6 months for all ages • Additional dental services, including fillings, crowns, oral surgery, x-rays and root canals • Removal of impacted wisdom teeth and emergency tooth re-implantation for adults • Dentures, partial plates and braces 	<p>Routine services do not require PA. Dental services other than routine care require PA.</p> <p>For members with periodontal disease, who have already received scaling and root planing services: You may be eligible to receive additional periodontal services. You may receive up to 2 periodontal maintenance services per 12 months. You can receive these services up to 24 months after receiving initial periodontal scaling and root planing services.</p> <p>Pregnant members are eligible for one additional cleaning up to 3 months after their due date. This means they are eligible for a total of 3 cleanings within 365 days from the start of their pregnancy.</p>
<p>Developmental therapy services for children aged birth to six years</p>	<p>In an outpatient setting, you get 30 visits in each 12-month period without PA. PA is required after 30 visits in a 12-month period.</p>
<p>Diagnostic services (x-ray, lab)</p>	<p>Selected diagnostic services (including CT Scans, MRIs, MRAs, PET Scans and SPECT) require PA.</p> <p>PA is not required for ultrasounds.</p>
<p>Doula services</p>	<p>PA is not required. During pregnancy and postpartum visits maximum of 12 hours.</p> <p>During labor and delivery maximum of 1 hour.</p> <p>PA may be needed for more time.</p>
<p>Durable medical equipment (DME)</p> <p>The equipment you need for certain medical conditions is covered, such as:</p> <ul style="list-style-type: none"> • Breast pump • Breast milk storage bags • Blood pressure equipment • Wheelchairs • Oxygen equipment • Canes, crutches and walkers 	<p>Some DME items require PA.</p> <p>Plan covers 1 manual breast pump every 2 years.</p> <p>Plan covers 1 electric breast pump every 2 years.</p> <p>PA is not required for milk storage bags.</p>
<p>Emergency services</p> <p>An emergency is a medical problem you think is so serious that it must be treated right away by a doctor. Emergency services are always covered.</p>	<p>PA is not required.</p>

Services covered by our plan	Limitations and exceptions
<p>Family planning services and supplies</p> <ul style="list-style-type: none"> • Exam and medical treatment • Lab and diagnostic tests • Family planning methods (IUD, injections, implants) • Supplies (condom, foam, film, diaphragm, cap) • Treatment for sexually transmitted infections (STIs) 	<p>PA is not required.</p>
<p>Federally Qualified Health Center and Rural Health Clinic services</p> <ul style="list-style-type: none"> • Office visits for primary care and specialist services • Physical therapy services • Speech pathology and audiology services • Dental services • Podiatry services • Vision services • Chiropractic services • Transportation services • Mental health services 	<p>PA is not required.</p>
<p>Free-standing birth center services at a free-standing birth center</p> <p>You can call Member Services to see if there are any qualified centers in your area.</p>	<p>PA is not required.</p>
<p>Gynecological services (OB/GYN)</p> <ul style="list-style-type: none"> • Pelvic exam and pap test 	<p>Preventive services do not require PA. Other services may require PA.</p>
<p>Home health services</p> <ul style="list-style-type: none"> • Home health aide and/or nursing services • Physical therapy, occupational therapy, and speech therapy • Private duty nursing • Home infusion therapy • Medical and social services • Medical equipment and supplies 	<p>PA is required after the initial evaluation plus the first 6 visits.</p>

Services covered by our plan	Limitations and exceptions
<p>Hospice care (care for terminally ill, e.g., cancer patients)</p> <p>While you are receiving hospice care, Molina Healthcare will also cover:</p> <ul style="list-style-type: none"> • Drugs to treat symptoms and pain • Short-term respite care • Home care • Nursing facility care 	<p>Some hospice care services may require PA.</p>
<p>Inpatient hospital services</p> <ul style="list-style-type: none"> • Semi-private room, or private room if medically necessary • Meals, including special diets • General and special nursing care • Costs of special care units, such as intensive care • Drugs and medications prescribed in accord with our Preferred Drug List • Lab tests • X-rays • Needed surgical and medical supplies, including anesthesia • Physical, occupational and speech therapy • Operating and recovery room services • Inpatient substance abuse services 	<p>Inpatient hospital services (except for emergency admissions) and elective admissions, including pregnancy delivery services, and all inpatient surgeries, require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.</p>
<p>Medical nutrition therapy (MNT) services</p>	<p>Some medical supplies require PA. PA is required in a home health setting.</p>
<p>Nursing facility services</p> <ul style="list-style-type: none"> • A semi-private room, or a private room if medically necessary • Meals, including special diets • Nursing services • Physical, occupation and speech therapy • Drugs you get as part of your plan of care • Medical and surgical supplies • Lab tests • X-rays • Equipment, such as wheelchairs <p>Nursing facility stays are covered unless ODM determines that you will return to fee-for-service. If you need nursing services, call Member Services for information on available providers.</p>	<p>Nursing facility services require PA.</p>

Services covered by our plan	Limitations and exceptions
<p>Maternity care – prenatal and postpartum including at-risk pregnancy services</p> <ul style="list-style-type: none"> • Prenatal care • Postpartum care • At-risk pregnancy care management 	PA is not required.
<p>OhioRISE program services</p> <ul style="list-style-type: none"> • Care Coordination • Mobile response stabilization services (MRSS) • Intensive home-based treatment (IHBT) • Behavioral health respite • Psychiatric residential treatment facility (PRTF) (Coming in January 2023) 	<p>A member may be eligible for OhioRISE services if they:</p> <ul style="list-style-type: none"> • Are younger than age 21; and • Meet a functional needs threshold for behavioral health care, as identified by the Child and Adolescent Needs and Strengths (CANS) tool
<p>Outpatient hospital services</p> <ul style="list-style-type: none"> • Services in an emergency department or outpatient clinic • Outpatient surgery • Chemotherapy • Lab and diagnostic tests • Mental health care • X-rays • Medical supplies, such as splints and casts 	Some outpatient services require PA.
Pharmacist services/provider-administered drugs (all other pharmacy services are covered by ODM's contracted Single Pharmacy Benefit Manager (SPBM))	PA is not required.
Physical and occupational therapy	In an outpatient setting, you get 60 visits in each 12-month period for any physical and occupational therapy services without PA.
Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source	PA is not required.
Physician services	<p>Routine and preventive care visits do not require PA with a network primary care physician.</p> <p>Some services may require PA.</p>

Services covered by our plan	Limitations and exceptions
<p>Podiatry (foot) services</p> <ul style="list-style-type: none"> • Diagnosis of injuries and diseases of the foot • Surgical treatment • Routine foot care 	Some podiatry services require PA.
Preventive mammogram (breast) and cervical cancer (pap smear) screenings	PA is not required.
<p>Primary care provider services</p> <p>Your PCP will provide all routine care services, such as:</p> <ul style="list-style-type: none"> • Yearly well exams • Healthcheck • Preventive screenings • Immunizations • Colds/flu • Sore throat • Earache • Rash • Joint pain • Pregnancy tests 	PA is not required.
Private duty nursing services	PA required.
<p>Renal dialysis (kidney disease) services</p> <ul style="list-style-type: none"> • Inpatient and outpatient dialysis treatments • Home dialysis supplies 	PA is not required.
<p>Respite services are covered for members age 20 and younger who:</p> <ul style="list-style-type: none"> • Have significant long-term care needs • Have significant behavioral health needs 	Respite services require PA. The plan covers up to 100 hours of respite services per year, per member.
Screening and counseling for obesity	PA is not required. Screening and counseling for obesity requires a referral by a provider.
Services for children with medical handicaps (Title V)	Some services require PA.

Services covered by our plan	Limitations and exceptions
<p>Shots (immunizations)</p> <ul style="list-style-type: none"> • Vaccines for children age 20 and younger • Flu shots • Hepatitis B vaccine • COVID-19 vaccines 	<p>PA is not required.</p>
<p>Specialist services</p> <p>Consultation, diagnosis and treatment by specialist provider</p>	<p>Office visits to see a specialist do not require PA. Some specialist services do require PA.</p>
<p>Speech and hearing services, including hearing aids</p> <ul style="list-style-type: none"> • Hearing and balance tests • Hearing aids, batteries and accessories • Speech therapy 	<p>In an outpatient and home setting, you get 30 visits in each 12-month period for any combination of speech and audiology therapy services without PA. PA is required after 30 visits in a 12-month period.</p> <p>Some hearing aids may require PA.</p>
<p>Telehealth services</p> <p>Virtual visits with health providers using your smartphone, tablet, or computer.</p>	<p>Check with your health care provider to see if they offer telehealth services.</p> <p>Adult Molina Healthcare members can get virtual care from Teladoc. No appointment is needed to get a virtual visit with a doctor through Teladoc.</p>
<p>Tobacco cessation services, including tobacco cessation counseling and FDA approved medications for tobacco cessation.</p> <p>Call the Ohio Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669) and speak with an intake specialist to help quit tobacco.</p>	<p>PA is not required.</p>

Services covered by our plan	Limitations and exceptions
<p>Transportation</p> <p>Rides to and from places where you get covered services at no cost to you, including:</p> <ul style="list-style-type: none"> • If you must travel more than 30 miles to see a network provider • Extra benefit of 30 one-way trips every calendar year to the doctor, dentist, WIC and Medicaid renewal appointments <p>Call (866) 642-9279 2 business days before your appointment to schedule a ride.</p>	<p>PA is not required.</p>
<p>Vision (optical) services, including eyeglasses</p> <ul style="list-style-type: none"> • One eye exam every 12 months • Replacement frames and lenses every 12 months due to normal wear and tear or when medically necessary. • Expanded selection of frames to choose from at no cost to you 	<p>PA is not required.</p> <p>Contact lenses are covered as needed if medically necessary.</p> <p>IMPORTANT: If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you his or her normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request.</p>
<p>Well-child (Healthchek) exams for children under the age of 21</p> <p>Checkups, immunizations and other health services</p>	<p>PA is not required.</p>
<p>Yearly well-adult exams</p>	<p>PA is not required.</p>

Prescription Drugs

Molina Healthcare members will use Gainwell to process prescription claims and will need to refer to the Gainwell member handbook for assistance. The Gainwell member handbook is in Appendix A of your Molina Member Handbook. You can view the Molina Member Handbook online at MolinaHealthcare.com/OHMedicaidHandbook.

To contact Gainwell about your pharmacy benefits, call (833) 491-0344. The Pharmacy Benefit phone number is also listed on your Molina member ID card.

To find a pharmacy near you, visit spbm.medicaid.ohio.gov.

Your Extra Benefits

Molina Healthcare also offers extra services and/or benefits to our members. The Your Extra Benefits booklet explains these extra services. You can view the Your Extra Benefits booklet online at MolinaHealthcare.com/OHMedicaidHandbook.

Molina Healthcare offers reward programs like Molina Rewards 4 Health, which reward members for getting certain health visits on time or meeting their health goals.

Visit MolinaHealthcare.com/OHMedicaidMember for more information.