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Molina Healthcare of Washington (MHW) Benefits Index

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Abortion	<p>Excluded is voluntary termination of pregnancy. Covered through Medicaid Fee-For-Service. (Apple Health Contract 16.7.3.4)</p> <p>Covered is involuntary termination of pregnancy (miscarriage). Services include follow-up treatment for any problems discovered. (HCA Apple Health Medical Benefits Book, page 14)</p>
Acupuncture	Excluded - HCA does not reimburse for services performed by acupuncturists. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 10, WAC 182-531-0250 (2 a))
Alcoholism	See Chemical Dependency
Ambulance Transportation	<p>Covered is ground ambulance transportation for emergency medical conditions including, basic and advanced life support services and other required transportation costs such as tolls and fares. In addition ambulance transportation is covered for non-emergencies to transport an enrollee who must be carried on a stretcher, who may require medical attention en route or when it is necessary to transport an enrollee between facilities to receive a contracted service (Apple Health Contract 16.5.23, HCA Ambulance-ITA Medicaid Provider Guide page 13)</p> <p>Effective 5/1/2013 emergency airlift transportation is covered by Fee-For-Service program.</p>
Antigen (Allergy Serum)	Covered are antigen allergens, antigen preparation and its administration (Apple Health Contract 16.5.16.1.2, HCA Physician-Related Services/Healthcare. Professional Services Medicaid Provider Guide page 110)
Applied Behavioral Analysis (ABA)	<p>Covered is the Initial Clinical Evaluation by a Center of Excellence for children with a diagnosis of autism spectrum disorder for evaluation of the appropriateness of Applied Behavioral Analysis (ABA) as part of the child's plan of care. ABA treatment services are provided under separate contract with the HCA; however, the Plan remains responsible for care coordination activities for children receiving ABA services.(Apple Health Contract 16.5.8)</p> <p>Fee-For-Service program covers ABA services for children age 20 years and younger diagnosed with autism spectrum disorder. (Mental Health Services for Children, Psychiatric and Psychological Services Medicaid Provider Guide page 27)</p>
A.D.D. (Attention Deficit Disorder)	<p>Covered as a medical condition if treated by PCP, pediatrician or neurologist.</p> <p>Covered under mental health benefit if treated by a psychiatrist or other mental health professional.</p>
Autologous Blood	See Blood Products
Biofeedback	Covered is biofeedback therapy when determined medically necessary specifically for, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry for incontinence. (HCA Apple Health Medical Benefits Book, page 11)

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Birthing Centers/Home Births	Covered are deliveries in a birthing center or at home. (Apple Health Contract 16.4.3-16.4.4. HCA Planned Home Births and Births in Birthing Centers Medicaid Provider Guide page 9)
Birth Control	<p>Covered are:</p> <ul style="list-style-type: none"> • Over-the-counter (OTC) family planning drugs, devices, and drug-related supplies without a prescription when the Agency determines it necessary for client access and safety. • Contraceptive patches, contraceptive rings, and oral contraceptives. There is no required minimum for how many cycles of emergency contraception may be dispensed. Includes but is not limited to DepoProvera and Norplant. • Birth control methods/contraceptive drugs authorized in one-year supply dispensed at one time unless an enrollee requests a smaller supply or the prescribing physician instructs that the patient must receive a smaller supply. The Plan shall authorize on-site dispensing of the prescribed birth control methods\contraceptive drugs at family planning clinics. <p>(Apple Health Contract 16.5.16.3 & 16.5.16.7, HCA Prescription Drug Program Medicaid Provider Guide page 56)</p> <p>See Prescriptions See Family Planning</p>
Blood Products	Covered are Blood factors, VII, VIII, and IX and the anti-inhibitor provided to enrollees with a diagnosis of hemophilia or von Willebrand disease when the enrollee is receiving services in an inpatient setting. Otherwise excluded- covered by Fee-For-Service. (Apple Health Contract 16.5.3.4, HCA Healthy Options Medical Benefits Book, page 11, Physician-Related Services/ Health Care Professional Services Medicaid Provider Guide pages 183-186)
Braces (Orthopedic)	See Durable Medical Equipment, Prosthetics and Supplies
Braces (Orthodontics)	See Dental Care

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Breast Implant Removal	<p>Excluded are cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness.</p> <p>Covered if medically necessary.</p> <p>Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 17, WAC 182-531-0150)</p>
Breast Reductions	See Plastic Surgery
Bulimia	See Mental Health
Cardiac Rehab	Covered is outpatient cardiac rehab CPT codes 93798 or G0422 with continuous ECG monitoring only when billed with specific diagnosis codes. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 116-117)
Chemical Dependency	<p>Excluded- Substance abuse treatment services covered through the Division of Behavioral Health and Recovery (DBHR) (HCA Chemical Dependency Medicaid Provider Guide, page B.3)</p> <p>When an enrollee has alcohol and/or chemical dependency and/or mental health diagnosis, the Plan is responsible for contracted services whether or not the enrollee is also receiving alcohol and/or chemical dependency and/or mental health treatment. (Apple Health Contract 16.5.2)</p>
Chemotherapy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 118-119)
Childbirth Classes	Covered through Medicaid Fee-For-Service (HCA Childbirth Education Medicaid Provider Guide page B.1)
Chiropractic Care	<p>Covered are chiropractic services for children age 20 years and younger when referred as a result of an EPSDT exam. (HCA Chiropractic Services for Children Medicaid Provider Guide pages 4-5)</p> <p>Covered are Osteopathic Manipulative Therapy (OMT) services only when provided by an osteopathic physician. 10 manipulations (CPT Codes 98925-98929) are covered per calendar year (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 140)</p>
Circumcision of Newborns	Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 15)

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
	Covered if medically necessary. HCA covers circumcisions (CPT codes 54150, 54160, and 54161) only with medical ICD-9-CM diagnosis codes 605 (Phimosis), 607.1 (Balanoposthitis), or 607.81 (Balanitis Xerotica) (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 39)
Cleft Palate	Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 15)
Colonoscopy	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health Contract 16.1.1.1)
Complications of Excluded Services	Complications resulting from an excluded service are also excluded for a period of 30 calendar days following the occurrence of the excluded service not counting the date of service. Thereafter complications resulting from an excluded service are a covered service when they would otherwise be a covered service under the provisions of this Contract. (Apple Health Contract 16.7.2)
Counseling	See Mental Health
Court Ordered Treatment	Excluded
Custodial Care	See Home Health Care/Home Health Aide
Dental Care	Effective 1/1/14 Dental services covered through WA Medicaid Fee-For Service for all adults and children (Apple Health Contract 14.4.1.3 , HCA Dental Related Services Medicaid Provider Guide page 8)
Diabetes Education	Covered (HCA Diabetes Education Medicaid Provider Guide B.1, C.1)
Diabetic Supplies	See Prescriptions
Dialysis	Covered is hemodialysis or other appropriate procedures to treat renal failure including equipment needed in the course of treatment. (Apple Health Contract 16.5.22, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 120, HCA Kidney Center Services Medicaid Provider Guide, page 5)
Diapers (Adult)	See Durable Medical Equipment, Prosthetics and Supplies
Durable Medical Equipment (DME), Prosthetics and Supplies	<p>Covered are durable medical equipment and supplies: including but not limited to: wheelchairs, hospital beds, respiratory equipment; prosthetic and orthotic devices; casts, splints, crutches, trusses, and braces (WAC 182-501-0065)</p> <p>Covered are durable medical equipment and supplies: including but not limited to DME; surgical appliances; orthopedic appliances and braces; prosthetic and orthotic devices; breast pumps; incontinence supplies for enrollees over three (3)</p>

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
	<p>years of age; and medical supplies. Incontinence supplies shall not include non-disposable diapers unless the enrollee agrees. (Apple Health Contract 16.5.19)</p> <p>Covered is fitting prosthetic and orthotic devices. (Apple Health Contract 16.5.9.11)</p> <p>Some limits apply (See HCA Prosthetic and Orthotic Devices Medicaid Provider Guide, HCA Wheelchairs, DME and Supplies Medicaid Provider Guide, and HCA Nondurable Medical Supplies and Equipment Medicaid Provider Guide)</p> <p>Glucometer test strips are not covered through DME benefit. Test strips must be provided by member's local pharmacy.</p> <p>Excluded are hairpieces or wigs, shoe lifts less than one inch, arch supports and non-orthopedic shoes, physician office visit supplies such as tongue depressors and surgical gloves, prosthetic devices dispensed for cosmetic reasons, home improvements and structural modifications including but not limited to saunas, whirlpools, hot tubs and automatic doors, devices intended to amplify voices, Health club memberships, ergonomic equipment, personal comfort items etc. (WAC 182-543-6000, HCA Wheelchairs, DME and Supplies Medicaid Provider Guide pages 148-149)</p> <p>See Oxygen See Formula (Enteral/Parenteral Nutrition)</p>
Eating Disorders	<p>Covered if medically necessary</p> <p>See Mental Health See Nutritional Counseling See Weight Loss Treatments</p>
Emergency Room and Out of Area Care	<p>Covered are emergency services:</p> <p>In service area – The plan shall cover enrollees for all medically necessary services included in the scope of services covered by the contract. (Apple Health Contract 16.1.1)</p> <p>Effective 3/1/2013 covered are emergency room visits with a mental health primary diagnosis.</p> <p>Out of service area – The plan shall cover emergency, post stabilization, urgent care and services that are neither</p>

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
	<p>emergent nor urgent but are medically necessary and cannot wait until enrollee’s return to the service area. (Apple Health Contract 16.1.14.1)</p> <p>The plan will provide all inpatient and outpatient emergency services in accord with 42 CFR 438.114 (prudent layperson). (Apple Health Contract 16.5.5.1.1)</p> <p>The plan is not responsible for coverage of any services when an enrollee is outside the US and its territories and possessions (e.g. Puerto Rico is a territory). Exception: emergent and routine care is covered in British Columbia under certain circumstances (Apple Health Contract 16.1.14.1.4, WAC 182-501-0184).</p>
Experimental Treatment or Devices	<p>Plans are to use criteria to determine whether an experimental or investigational service is medically necessary. (Apple Health Contract 11.4)</p> <p>Medicaid medical necessity determinations for its Fee-For-Service program described in WAC 182-501-0165.</p>
Eye Exams, Routine Refractions	<p>Covered are eye examinations and refraction and fitting services with the following limitations:</p> <ul style="list-style-type: none"> • Once every 24 months for asymptomatic clients 21 years of age or older; • Once every 12 months for asymptomatic clients 20 years of age or younger <p>Covered are additional examinations and refraction services outside the limitation described above when:</p> <ul style="list-style-type: none"> • The provider is diagnosing or treating the client for a medical condition that has symptoms of vision problems or disease; • The client is on medication that affects vision; or • The service is necessary due to lost or broken eyeglasses/contacts <p>(Apple Health Contract 16.5.12, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide page 130)</p> <p>Enrollees may self-refer to participating providers for these services</p>
Eye Glasses	<p>Excluded are eyeglass frames, lenses and fabrication services for adults age 21 years and over.</p> <p>Covered for children under age 21 through HCA’s Fee-For-Service.</p> <p>Associated fitting and dispensing services covered for all members.</p>

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	(HCA Vision Hardware for Clients 20 Years of Age and Younger Medicaid Provider Guide pages 20-25) For children - Eyeglasses, Contact Lenses, & hardware fittings are covered separately under the Fee-For-Service program.(Apple Health Contract 16.7.3.3)
Family Planning	Covered are family planning services provided or referred by a participating provider or practitioner. (Apple Health Contract 16.5.9.4) See Birth Control
Fertility Drugs	Excluded is care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for donor ovum, sperm, womb, and reversal of vasectomy or tubal ligation (HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide page 17, WAC 182-531-0150)
Formula (Enteral/Parenteral Nutrition)	Infant formula for oral feeding is covered by the Women, infants and Children (WIC) program in the Department of Health. Medically necessary nutritional supplements for infants are covered under Healthy Options (Apple Health Contract 16.7.3.22) PCP should call WIC at 1-800-841-1410. If not on WIC formulary, Plan responsible. Covered are oral and tube fed enteral nutrition for eligible children age 20 years of age and younger. Excluded is oral enteral nutrition products for adults age 21years of age and older. (HCA Enteral Nutrition Medicaid Provider Guide page 3) Covered is parenteral nutrition. (HCA Home Infusion Therapy/ Parenteral Nutrition Medicaid Provider Guide, page 9) Parenteral and enteral nutrition supplied through specialized DME providers.
Gastroplasty	Covered is the initial health care assessment for entry to the weight loss surgical program. (See stage one in WAC 182-531-1600). If criteria met, the provider must request prior authorization from HCA before referring client to stage two of the Bariatric surgery authorization process. (WAC 182-531-1600 (7)) Covered by Fee-For-Service are surgical procedures for weight loss or reduction when approved by HCA in accord with WAC 182-531-0200. The plan has no obligation to cover surgical procedures for weight loss or reduction. (Apple Health Contract 16.7.3.16, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 182)
Genetic Services	Covered are genetic services when medically necessary for diagnosis of a medical condition. (Apple Health Contract 16.5.9.13, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide page 124)

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
	See Prenatal Genetic Counseling
Glucometers	See Prescriptions
Habilitative Services	<p>Covered for Apple Health Adult members only who have a congenital or genetic condition. Children: No limitation; Adults: Twenty-four (24) units for physical, occupational and speech therapy) and subject to limitation extensions as determined medically necessary via prior authorization.</p> <p>Habilitative services do not include:</p> <ul style="list-style-type: none"> • Day habilitation services designed to provide training, structured activities and specialized services to adults; • Chore services to assist with basic needs; • Vocational services; • Custodial services; • Respite Care; • Recreational care; • Residential Treatment; • Social Services; • Educational services. <p>(Apple Health Contract 16.5.28, Habilitative Services Medicaid Provider Guide)</p>
Health Education	<p>Covered is enrollee health education (Apple Health Contract 16.5.9.13)</p> <p>Covered under EPSDT. (HCA EPSDT Medicaid Provider Guide page 7)</p> <p>See Diabetes Education See Nutritional Counseling</p>

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Hearing Aids	<p>Excluded are hearing aid devices, including fitting, follow-up care and repair. (Apple Health Contract 16.7.3.8)</p> <p>Covered through Medicaid Fee-For-Service for children 20 years of age and younger who complete a hearing evaluation, including an audiogram and/or developmentally appropriate diagnostic physiologic test performed and/or interpreted by a hearing healthcare professional. (HCA Hearing Hardware for Clients 20 Years or Younger Medicaid Provider Guide page 3)</p> <p>See Implants</p>
Hearing Exam	Covered when medically necessary. (HCA Apple Health Medical Benefits Book, page 13)
Home Birth	See Birthing Centers/Home Birth
Home Health Care/ Private Duty Nursing	<p>Covered are acute home health services. (Apple Health Contract 16.5.18, HCA Home Health Services (Acute Care Services) Medicaid Provider Guide page 8)</p> <p>Covered is private duty nursing for children in the Medically Intensive Children’s Program who are voluntarily enrolled in Apple Health managed care (Apple Health Contract 16.5.9.6)</p> <p>Excluded are community based services (e.g. COPES and Personal Care Services) covered through the Aging and Disability Services Administration (ADSA). (Apple Health Contract 16.7.3.18)</p>
Hospice Care	Covered when a client, a physician, or an authorized representative under RCW 7.70.065 initiates hospice care. The client’s physician must provide certification that the client is terminally ill and certify that the client has a life expectancy of six months or less and is appropriate for hospice care. Hospice care is provided in the client’s temporary or permanent place of residence. (Apple Health Contract 16.5.20, HCA Hospice Services Medicaid Provider Guide, page 7)
Hospitalization	<p>Covered are hospital inpatient services (WAC 182-531-0100, Inpatient Hospital Services Medicaid Provider Guide)</p> <p>Covered are inpatient services provided by a Nursing Facility, Skilled Nursing Facility or other acute care setting, when services are determined medically necessary and nursing facility services are not covered by DSHS’ Aging and Long Term Supports Administration, or provided when the Plan determines that nursing facility care is more appropriate than acute hospital care. (Apple Health Contract 16.5.3)</p> <p>Inpatient services at Certified Public Expenditure (CPE) hospitals for Categorically Needy- Blind and Disabled (HOBD) members identified by Health Care Authority are covered by Medicaid Fee-For-Service. (Apple Health Contract 5.17.3 and 16.7.3.1) Associated professional claims are covered by MHW.</p> <p><u>CPE Hospitals:</u></p>

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	University of Washington Medical Center Harborview Medical Center Cascade Valley Hospital Evergreen Hospital and Medical Center Kennewick General Hospital Olympic Medical Center Samaritan Hospital – Moses Lake Skagit County Hospital District #2 – Island Skagit Valley Hospital Valley General Hospital – Monroe Valley Medical Center - Renton
Immunizations	See Vaccinations
Implants	Covered are medically necessary services (Apple Health Contract 16.1.1). Excluded are cochlear implants for adults 21 years and older. Covered are cochlear implants for children under age 21. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page63 and WAC 182-531-0200(4) (c)) Effective 11/1/13 Covered are batteries for cochlear implants (Hearing Hardware for Clients 20 years of Age or Younger Medicaid Provider Guide pages 5 & 7)
Impotence	Excluded is care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for donor ovum, sperm, womb, and reversal of vasectomy or tubal ligation. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide, page 17, WAC 182-531-0150)

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Incarcerated Members (In Jail or Prison)	Excluded is any service provided to an enrollee while an inmate of a correctional facility except as provided herein. The Plan will provide inpatient hospital services to enrollees who were inmates of correctional facilities but are admitted to the hospital for an overnight stay. When an enrollee who was an inmate of a correctional facility is admitted to the hospital, the Plan will submit all necessary information to HCA regarding the admission. HCA will determine if the enrollee is eligible for coverage of the hospital stay. If HCA determines that the enrollee is eligible for coverage, the Plan is responsible for the hospital stay and all associated services. (Apple Health Contract 16.5.27)
Infertility	See Impotence
Keratotomy/ Kerato-Plasty (Refractive Lensectomy)	See Plastic Surgery
Laboratory Tests	Covered is performing and/or reading diagnostic tests (Apple Health Contract 16.5.9.5)
Learning Disorders	See Neurodevelopmental Therapy
Lifetime Maximum Benefit Limit	There is no life time maximum limitation on Plan payments.
Mammogram	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health Contract 16.1.1, HCA Physician Related Services/Health Care Professional Services Medicaid Provider Guide page 80)
Mammaplasty	See Plastic Surgery
Massage Therapy	Covered during physical therapy and occupational therapy treatment only. (HCA Outpatient Rehabilitation Medicaid Provider Guide page 13) Otherwise excluded - HCA does not reimburse for services performed by massage therapists, (HCA Physician Related Services/Health Care Professional Services Medicaid Provider Guide page 17, WAC 182-531-0250 (2a))
Maternity Care	See Prenatal Care

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Mental Health	<p>Covered is outpatient mental health. Plan to assist in transitioning to RSN when access to care standards have been met. (Apple Health Contract 16.5.13).</p> <p>Excluded are mental health services separately purchased for all Medicaid clients by the DSHS Behavioral Health and Service Integration Administration (BHSIA) including inpatient psychiatric services (Apple Health Contract 16.7.3.13)</p> <p>Effective 3/1/2013 covered are emergency room visits with a mental health primary diagnosis. If the member is admitted inpatient with a primary mental health diagnosis, the entire stay will be covered Fee-For-Service.</p> <p>Covered are Psychotropic medications when prescribed by a medical or mental health professional, when he or she is prescribing medications within his or her scope of practice with appropriate authorization. (Apple Health Contract 16.5.16.1.5)</p> <p>When an enrollee has alcohol and/or chemical dependency and/or mental health diagnosis, the Plan is responsible for contracted services whether or not the enrollee is also receiving alcohol and/or chemical dependency and/or mental health treatment. (Apple Health Contract 16.5.2)</p>
Military Coverage (VA Benefits)	Until the Health Care Authority ends the enrollment of an enrollee who has comparable coverage the services and benefits available under the contract shall be secondary to any other medical coverage. (Apple Health Contract 16.8.1.1)
Naturopathy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 8, WAC 182-531-0250 (1g))
Neurodevelopmental Therapy – Long Term PT, OT and Speech	<p>Excluded are health care services provided by a neurodevelopmental center recognized by Department of Health. (Apple Health Contract 16.7.3.11)</p> <p>Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy: services for the restoration or maintenance of a function affected by an enrollee's illness, disability, condition or injury, or for the amelioration of the effects of a developmental disability when provided by a facility that is not a HCA recognized neurodevelopmental center. The Plan may refer children to a Department of Health (DOH) recognized neurodevelopmental center for the services as long as appointment wait time standards and access to care standards of the HO contract are met (Apple Health Contract 16.5.15)</p>

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Nicorette Gum	See Smoking Cessation
Norplant-Implantable Contraceptives	See Birth Control
Nursing Homes	See Skilled Nursing Facilities
Nutritional Counseling/Therapy	<p>Covered is nutritional counseling or specific conditions such as diabetes, high blood pressure, and anemia (Apple Health Contract 16.5.9.14).</p> <p>CPT: 97802 – 97804 covered for children only per Molina Healthcare decision</p> <p>See Medical Nutrition Therapy Medicaid Provider Guide See Weight Loss Treatments</p>
Obesity Treatments	<p>See Nutritional Counseling See Weight Loss Treatments</p>
Occupational Therapy	See Physical Therapy
Oral surgery	See Dental Care
Organ/Tissue Transplants	<p>Covered are tissue and organ transplants: Heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, kidney-pancreas, cornea, small bowel, and peripheral blood stem cell.. (Apple Health Contract 16.5.10)</p> <p>The transplant procedures must be performed in a hospital designated by HCA as a "center of excellence" for transplant procedures. Covered are skin grafts and corneal transplants at any hospital when medically necessary. Covered are organ procurement fees and donor searches (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 187-188)</p> <p>Per MHW Medical Director transplant coverage decisions are complex. Providers must contact Plan to obtain specific information. Some transplants are well proven by medical research. Others are not and may not work for an enrollee's situation. The provider needs to contact the Plan about each situation.</p>
Orthotics	See Durable Medical Equipment, Prosthetics and Supplies

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Out of Area Care	See Emergency Room and Out of Area Care
Outpatient Surgery	<p>Covered are facility costs of surgical procedures that can be performed safely on an ambulatory basis in an ambulatory surgery center. (HCA Ambulatory Surgery Centers Medicaid Provider Guide, page 1)</p> <p>Covered are outpatient hospital services provided by acute care hospitals (licensed under Chapter 70.41 RCW). (Apple Health Contract 16.5.4)</p> <p>Covered are services provided at ambulatory centers. (Apple Health Contract 16.5.7)</p>
Over-Age Dependents	Not applicable, WA Medicaid determines eligibility.
Oxygen	Covered is respiratory equipment, services and supplies. (Apple Health Contract 16.5.19, HCA Respiratory Care Medicaid Provider Guide, page 1)
Pain Clinics	Covered is one inpatient hospital stay, up to 21 consecutive days, once per lifetime. The plan may cover plan-contracted facilities. (WAC 182-550-2400)
Physical Exams	See Preventive Care
Physical Therapy	<p>Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health Contract 16.7.3.11)</p> <p>Unlimited outpatient rehabilitation for children 20 years of age and younger</p> <p>Adults 21 years of age or older receive the following:</p> <ul style="list-style-type: none"> • Physical Therapy: 24 units (approx. 6 hours) • Occupational Therapy: 24 units (approx. 6 hours) • Speech Therapy: 6 units (total of 6 untimed visits) <p>(HCA Outpatient Rehabilitation Medicaid Provider Guide pages 4-6)</p>

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Plastic & Reconstructive Surgery	<p>Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness.</p> <p>Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 15, Apple Health Contract 16.5.9.8, WAC 182-531-0150)</p>
Podiatry	<p>Covered are services for children under age 21.</p> <p>Excluded is foot care for adults age 21 and older to treat chronic acquired conditions of the foot such as, but not limited to:</p> <ul style="list-style-type: none"> • Removal of warts, corns, or calluses; • Trimming of nails and other regular hygiene care • Treatment of flat feet; • Treatment of high arches • Bunions and tailor's bunion • Adult acquired flatfoot <p>Covered is treatment of the lower extremities only when there is an acute condition, an exacerbation of a chronic condition, or presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease and evidence that the treatment will prevent, cure or alleviate a condition in the client that causes pain resulting in inability to perform activities of daily living, acute disability, or threatens to cause the loss of life or limb, unless otherwise specified.</p> <p>(HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 206-212)</p>
Pre-existing Conditions	The plan is responsible for covering medically necessary services.(Apple Health Contract 16.1.1.1)
Prenatal Care	Covered are maternity care, delivery, and newborn care services. (Apple Health Contract 16.5.9.3, WAC 182-531-0100, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 149-163)
Prenatal Genetic Counseling	Excluded is prenatal diagnosis genetic counseling is provided to enrollees to allow enrollees and their PCPs to make informed decisions regarding current genetic practices and testing. Covered by HCA Fee-For-Service. (Apple Health

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
	<p>Contract 16.7.3.17, Prenatal Diagnosis Genetic Counseling Medicaid Provider Guide)</p> <p>See Genetic Services</p>
Prescriptions	<p>Excluded are pharmaceutical products prescribed by any provider related to services provided under a separate contract with HCA. (E.g. substance abuse treatment (Apple Health Contract 16.7.3.14)</p> <p>Covered are prescription drug products according to a HCA approved formulary from participating rebate eligible manufacturers. The Plan's formulary shall include all therapeutic classes in the Health Care Authority's Fee-For-Service drug file and a sufficient variety of drugs in each therapeutic class to meet enrollees' medically necessary health care needs. The plan shall provide contracted pharmacies and providers with its formulary and info about how to request non-formulary drugs. (Apple Health Contract 16.5.16.2)</p> <p>Covered are Psychotropic medications when prescribed by a medical or mental health professional, when he or she is prescribing medications within his or her scope of practice with appropriate authorization. (Apple Health Contract 16.5.16.1.5)</p> <p>Covered are birth control methods/contraceptive drugs authorized in one-year supply dispensed at one time unless an enrollee requests a smaller supply or the prescribing physician instructs that the patient must receive a smaller supply. The Plan shall authorize on-site dispensing of the prescribed birth control methods\contraceptive drugs at family planning clinics. (Apple Health Contract 16.5.16.7)</p> <p>Covered drug products shall include family planning drugs, devices, and drug-related supplies, prescription vitamins and mineral products, drug-related devices and drug-related supplies as an outpatient pharmacy benefit, preservatives, flavoring and/or coloring agents, only when used as a suspending agent in a compound, over-the-counter and prescription drugs to promote smoking cessation. (HCA Prescription Drug Program Medicaid Provider Guide, pages 23-24)</p> <p>Glucometers are covered under MHW policy that provides TrueTrack or True Result glucometer. Requests for other glucometers require prior authorization through Pharmacy on Pharmacy Request Form to demonstrate why member must use other meter.</p> <p>Glucometer test strips are only covered under the prescription benefit and must be provided by member's <u>local</u> pharmacy.</p>

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
	Insulin Pens for children up to age 21 without requiring authorization, and auto-approval of insulin pens for pregnant women (Apple Health Contract 16.5.16.1.4)
Preventive Care	Covered is preventive care (HCA Healthy Options Medical Benefit Book, page 12) Covered are medical examinations, including wellness exams for adults and EPSDT for children, immunizations. (Apple Health Contract 16.5.9.1)
Prosthetic Limbs	See Durable Medical Equipment, Prosthetics and Supplies
Pulmonary Rehab	Excluded- Pulmonary ICD9 diagnosis codes 786.52 (symptoms involving respiratory system and other chest symptoms) & 496 (chronic airway obstruction not elsewhere classified) HCPCS codes G0424 appear as # (not covered). (Physician and Related Services Fee Schedule, Outpatient Prospective Payment System and Outpatient Hospitals fee schedule)
Psychiatric Disorders	See Mental Health
Radial Keratotomy	See Plastic Surgery
Radiology	Covered are radiology, and other medical imaging services, screening and diagnostic services and radiation therapy (Apple Health Contract 16.5.11). Covered are radiology services such as but not limited to CT scans, PET scans, MRI, ultrasound, mammograms, heart catheterizations and nuclear medicine. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide pages 80-86)
Reconstructive Surgery	See Plastic Surgery

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Covered are Screening, Brief Intervention and Referral to Treatment (SBIRT) services for enrollees known to have or at high risk for substance abuse, to include alcohol and drugs with or without anxiety or depression. (Apple Health Contract 16.5.29, Physician Related Services/Health Care Professional Services Medicaid Provider Guide pages 168-172).
Second Opinions	The Plan must authorize a second opinion regarding the enrollee's health care from a qualified health care professional within the plan's network, or provide authorization for the enrollee to obtain a second opinion outside the plan's network, if the plan's network is unable to provide for a qualified health care professional. (Apple Health Contract 15.1)
Skilled Nursing Facilities	<p>Covered are inpatient services provided by a Nursing Facility, Skilled Nursing Facility or other acute care setting, when services are determined medically necessary and nursing facility services are not covered by DSHS' Aging and Long Term Supports Administration, or provided when the Plan determines that nursing facility care is more appropriate than acute hospital care. (Apple Health Contract 16.5.3)</p> <p>Call Aging and Disability Services Administration at (360) 725-2300 and ask for the number of the local Home & Community Service (HCS) office. HCS arranges for the ADSA assessment.</p>
Sleep Disorders	Covered as a medical condition.
Smoking Cessation	<p>Covered are smoking cessation services including but not limited to:</p> <ul style="list-style-type: none"> • Telephone counseling and follow-up support calls through the quit line; • Nicotine patches or gum through the quit line, if appropriate; • Prescription medications recommended by the quit line. The client will then be referred back to their provider for a prescription, if appropriate. <p>(HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide pages 22-28)</p> <p>MHW policy- Covered for all members 18 and over. Limit three enrollments per lifetime unless pregnant (Benefits Determination Committee 11/21/2003).</p>
Speech Therapy	See Physical Therapy
Spinal Manipulations	See Chiropractic Care

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Sterilization (Tubal Ligation or Vasectomy)	<p>Covered for enrollees over age 21. The plan shall assure all sterilizations and hysterectomies performed under the contract are in compliance with 42 CFR 441 Subpart F and that the HCA Sterilization Consent Form or its equivalent is used. (Apple Health Contract 15.2, HCA Physician Related Services/ Healthcare Professional Services Medicaid Provider Guide 60, Sterilization Supplemental Medicaid Provider Guide, page 1)</p> <p>Excluded are sterilizations for enrollees under age 21 or those that do not meet other federal requirements (42 CFR 441 Subpart F). (Apple Health Contract 16.7.3.10). Covered through Medicaid Fee-For-Service - HCA sterilization consent form must be completed see above.</p> <p>Excluded is reversal of vasectomy or tubal ligation. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide page 17)</p>
Supplies (Non-Durable)	See Durable Medical Equipment, Prosthetics and Supplies
TMJ	Covered is medically necessary services (Apple Health Contract 16.1.1)
Transplants	See Organ Transplants
Travel Immunizations	See Vaccinations
Urgent Care	Covered are urgent care services associated with the presentation of medical signs that require immediate attention but are not life threatening. (Apple Health Contract 16.1.14.1.2)
Vaccinations (Immunizations)	<p>Covered are immunizations. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide pages 79-80)</p> <p>Covered is shingles vaccine for enrollees over age 60 yrs. (Apple Health Contract 16.5.9.2)</p> <p>Covered is Human Papillomavirus (HPV)</p> <ul style="list-style-type: none"> • Ages 9-18 # 90649 SL (SL shows received through DOH program for kids.) • Ages 19-6 #90649 no SL modifier & #90471 for administration. <p>(HCA Prescription Drug Program Medicaid Provider Guide page 48, HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 147)</p>

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2014	Apple Health (HO, HOBD, CHIP and Apple Health Adult)
Vasectomy	See Sterilization
Vitamins	Covered are Therapeutic vitamins and iron prescribed for prenatal and postnatal care. (Apple Health Contract 16.5.16.1.3) Covered are prescription vitamins and mineral products, when prescribed for clinically documented deficiencies, prenatal vitamins and fluoride varnish for children under the early and periodic screening, diagnosis and treatment (EPSDT) program. (HCA Prescription Drug Program Medicaid Provider Guide page 25)
Vision Therapy	Covered is vision therapy. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 132)
Vocational Rehabilitation	Long term in-depth vocational rehabilitation is covered through DSHS Fee-For-Service under the Division of Vocational Rehabilitation (http://www.dshs.wa.gov/dvr/). Short term- See Physical Therapy
Weight Loss Drugs	Excluded are drugs prescribed for weight loss or gain (HCA Prescription Drug Program Medicaid Provider Guide 27) See Weight Loss Treatments
Weight Loss Treatments	Excluded is weight reduction and control services, procedures, treatments, devices, drugs, products, gym memberships, equipment for the purpose of weight reduction, or the application of associated services. (WAC 182-531-0150, HCA Physician-Related/Healthcare Professional Services Medicaid Provider Guide, page 18) See Gastroplasty See Nutritional Counseling