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Molina Healthcare of Washington (MHW) Benefits Index All covered services must be <u>MEDICALLY NECESSARY</u> and are <u>SUBJECT TO PREAUTHORIZATION REQUIREMENTS</u> . Reference or page numbers refer to the contract, HCA Medicaid Provider Guides, schedule of benefits or WAC.		
2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Abortion	Excluded is voluntary termination of pregnancy. Covered through Medicaid Fee-For-Service. (Apple Health FIMC Contract 16.12.5.4) Covered is involuntary termination of pregnancy (miscarriage).	X
Acupuncture	Excluded - HCA does not reimburse for services performed by acupuncturists. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 83, WAC 182-531-0250 (2 a))	X
Alcoholism	See Chemical Dependency	See Chemical Dependency
Ambulance Transportation	Covered through Medicaid Fee-For-Service. Emergent Transportation: Covered is ground ambulance transportation for emergency medical conditions. Emergency medical conditions include psychotic episodes necessitating ambulance transportation of a mentally ill member to an evaluation and treatment facility. Covered ground ambulance services include Basic and Advanced Life Support (BLS and ALS) Services, Specialty Care Transport (SCT), and other required transportation costs, such as tolls, fares and extra attendant. Includes emergency airlift transportation. (Apple Health FIMC Contract 16.10.29, HCA Ambulance-ITA Medicaid Provider Guide page 16) Non-Emergent Transportation: Covered is when it is necessary to transport an member between facilities to receive a contracted service and when it is necessary to transport a member, who must be carried on a stretcher, or who may require medical attention en route (RCW 18.73.180) to receive a covered service. (Apple Health FIMC Contract 16.12.5.7, HCA Ambulance-ITA Medicaid Provider Guide page 15)	Covered through Medicaid Fee-For-Service. Emergent Transportation: Covered is ground ambulance transportation for emergency medical conditions. Emergency medical conditions include psychotic episodes necessitating ambulance transportation of a mentally ill member to an evaluation and treatment facility. Covered ground ambulance services include Basic and Advanced Life Support (BLS and ALS) Services, Specialty Care Transport (SCT), and other required transportation costs, such as tolls, fares and extra attendant. Includes, emergency airlift transportation. (Apple Health FIMC

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		Contract 16.12.5.7, HCA Ambulance-ITA Medicaid Provider Guide page 15) Non-Emergent Transportation: Not covered
Antigen (Allergy Serum)	Covered are antigen allergens. (Apple Health FIMC Contract 16.11.3.2.2, HCA Physician-Related Services/Healthcare, Professional Services Medicaid Provider Guide, pages 176-177)	X
Applied Behavioral Analysis (ABA)	Covered is the Initial Clinical Evaluation by a Center of Excellence for children under 21 years of age with a diagnosis, or suspected diagnosis of autism spectrum disorder, or other developmental delay conditions for evaluation of the appropriateness of Applied Behavioral Analysis (ABA) as part of the child's plan of care. (Apple Health FIMC Contract 16.9.8, Exhibit B, WAC 182-531A)	X
A.D.D. (Attention Deficit Disorder)	Covered as a medical condition if treated by PCP, pediatrician or neurologist. Covered under mental health benefit if treated by a psychiatrist or other mental health professional.	Covered under mental health benefit if treated by a psychiatrist or other mental health professional
Autologous Blood	See Blood Products	X
Bariatric Surgery	Covered are surgical procedures (bariatric surgery) for weight loss or reduction consistent with WAC 182-531-1600 and WAC 182-550-2301. (FIMC Contract 16.9.36) HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 116-117 See Weight Loss Treatments	X

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Biofeedback	Covered is bio-feedback training, when determined medically necessary. (Apple Health FIMC Contract 16.9.9.17, Apple Health Member Handbook, page 11)	X
Birthing Centers/Home Births	Covered are deliveries in a birthing center or at home. (Apple Health FIMC Contract 16.8, HCA Planned Home Births and Births in Birthing Centers Medicaid Provider Guide page 9)	X
Birth Control	Covered are: <ul style="list-style-type: none"> • All Food and Drug Administration (FDA) approved contraceptive drugs, devices, and supplies, including emergency contraception, all long acting reversible contraceptives, all over-the-counter (OTC) contraceptives and contraceptive methods which require administration or insertion by a health care professional in a medical setting. Coverage of contraceptive drugs, devices and supplies include: All OTC contraceptives without a prescription. This includes but is not limited to condoms, spermicides, sponges and any emergency contraceptive drug that is FDA-approved to be dispensed over the counter. There are no limits to these OTC contraceptives. OTC contraceptives must be covered without authorization or quantity limits. • Contraceptives when dispensed by either a pharmacy or a Family Planning Clinic at the time of a family planning visit. Contraceptives dispensed by a Family Planning Clinic must be covered under the medical benefit. • Dispensing of 12 months of contraceptives at one time without authorization requirements related to quantity or 	X

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	days supplied. Duration of any authorization for contraceptives for other reasons must be no less than 12 months. (Apple Health FIMC Contract 16.11.3.2.7-16.11.3.2.7.5, HCA Prescription Drug Program Medicaid Provider Guide pages 30-31, 33-34, 58, 96) See Prescriptions See Family Planning	
Blood Products	Covered are Blood factors, VII, VIII, and IX and the anti-inhibitor provided to members with a diagnosis of hemophilia or von Willebrand disease when the member is receiving services in an inpatient setting. Otherwise excluded- covered by Fee-For-Service. (Apple Health FIMC Contract 16.11.3.2.6, Physician-Related Services/ Health Care Professional Services Medicaid Provider Guide pages 246-250)	X
Braces (Orthopedic)	See Durable Medical Equipment, Prosthetics and Supplies	X
Braces (Orthodontics)	Excluded are: orthodontics. (Apple Health FIMC Contract 16.12.5.9) See Dental Care	X
Breast Implant	Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. (Apple Health FIMC Contract 16.10.9.8) Covered if medically necessary. 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	X

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	treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 111, WAC 182-531-0150)	
Breast Reductions	See Plastic Surgery	X
Bulimia	See Mental Health	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 181-183)	X
Chemical Dependency	<p>Covered are medically necessary behavioral health services to enrollees. Covered are clinically appropriate Medicaid Services in the event that the plan does not have available resources to provide GFS services. Within available resources services are covered related to (Behavioral Health Services Wraparound Contract 16.1.1):</p> <ul style="list-style-type: none"> • Prevention, intervention and after-care of behavioral health conditions • Achievement of age-appropriate growth and development • Attainment, maintenance or regaining of functional capacity <p>Covered are medically necessary behavioral health services which may include the following Therapeutic Psychoeducation: (Apple Health FIMC Contract 16.9.15)</p> <ul style="list-style-type: none"> • Chemical Dependency Case Management: Chemical Dependency case management services assist clients in gaining access to needed medical, social, education, and other services. (Apple Health FIMC Contract 16.9.15.1) • Chemical Dependency Outpatient Services: means rehabilitative services including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward 	<p>Covered are medically necessary behavioral health services to enrollees. Covered are clinically appropriate Medicaid Services in the event that the plan does not have available resources to provide GFS services. Within available resources services are covered related to (Behavioral Health Services Wraparound Contract 16.1.1):</p> <ul style="list-style-type: none"> • Prevention, intervention and after-care of behavioral health conditions • Achievement of age-appropriate growth and development

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	<p>enrollees who are harmfully affected by the use of mode-altering chemicals or have been diagnosed with a SUD. (Apple Health FIMC Contract, 16.9.15.2).</p> <ul style="list-style-type: none"> • <u>Opiate Substitution Treatment</u>: means treatment and rehabilitative services for opiate dependent individuals. Services include: methadone treatment, detoxification (up to 180 days), individual and group counseling, HIV education and testing, drug screen urinalysis, and medical evaluation. (Apple Health FIMC Contract 1.163, 16.9.15.3). <p>Apple Health FIMC Member Handbook page 15</p> <p>Covered are all drugs FDA labeled or prescribed as Medication Assisted Treatment (MAT) or maintenance therapy for substance use disorders, with the exception of methadone dispensed directly by opiate substitution treatment programs. The Contractor will cover all MAT according to guidelines and requirements determined by HCA. (Apple Health FIMC Contract 16.10.9.19)</p> <p>See Wraparound Services</p>	<p>X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care</p> <ul style="list-style-type: none"> • Attainment, maintenance or regaining of functional capacity <p>Covered are medically necessary behavioral health services which may include the following</p> <p><u>Therapeutic Psychoeducation</u>: (Apple Health FIMC Contract 16.9.15)</p> <ul style="list-style-type: none"> • <u>Chemical Dependency Case Management</u>: Chemical Dependency case management services assist clients in gaining access to needed medical, social, education, and other services. (Apple Health FIMC Contract 16.9.15.1) • <u>Chemical Dependency Outpatient Services</u>: means rehabilitative services including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward enrollees who are harmfully affected by the use of mode-

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		altering chemicals or have been diagnosed with a SUD. (Apple Health FIMC Contract , 16.9.15.2). <ul style="list-style-type: none"> • <u>Opiate Substitution Treatment</u>: means treatment and rehabilitative services for opiate dependent individuals. Services include: methadone treatment, detoxification (up to 180 days), individual and group counseling, HIV education and testing, drug screen urinalysis, and medical evaluation. (Apple Health FIMC Contract 1.163, 16.9.15.3). Apple Health FIMC Member Handbook page 15 See Wraparound Services
Chemotherapy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages184-185)	X
Childbirth Classes	Covered through Medicaid Fee-For-Service (HCA Childbirth Education Medicaid Provider Guide page 13)	X

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Chiropractic Care	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 14)	X
Circumcision of Newborns	<p>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 35)</p> <p>Covered if medically necessary. Covered are circumcisions (CPT codes 54150, 54160, and 54161) When billed with one of the following diagnosis Phimosis (N47.3-N47.8), Balanoposthitis (N47.0-N47.8, N48.1), or Balanitis Xerotica (N48.0) (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 126)</p>	X
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. (Apple Health FIMC Contract 16.9.9.9, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 35, 295-296)	X
Colonoscopy	<p>Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health FIMC Contract 16.1.1.1)</p> <p>Excluded is tomographic colonography for routine colorectal cancer screening as medically necessary. (HCA Physician-Related</p>	X

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	Services/Healthcare Professional Services Medicaid Provider Guide, page 133)	
Complications of Excluded Services	Covered is medically necessary treatment for complications resulting from an excluded service. (Apple Health FIMC Contract 16.9.38)	X
Counseling	See Mental Health	See Mental Health
Court Ordered Treatment	Covered Covered by Fee-For-Service program is court-ordered transportation services, including ambulance services (Apple Health FIMC Contract 16.12.5.5)	Covered Covered by Fee-For-Service program is court-ordered transportation services, including ambulance services (Apple Health FIMC Contract 16.12.5.5)
Crisis Services	Covered are crisis services administered through the selected Behavioral Health Administrative Services Organization (Apple Health FIMC Contract 9.15).	Covered are crisis services administered through the selected Behavioral Health Administrative Services Organization (Apple Health FIMC Contract 9.15).
Custodial Care	See Home Health Care/Home Health Aide	X
Dental Care	Excluded are services provided by dentists and oral surgeons for dental diagnoses or anesthesia for dental care. Dental services covered through WA Medicaid Fee-For Service for all adults and children (Apple Health FIMC Contract 16.12.5.8, HCA Dental Related Services Medicaid Provider Guide pages 21-23)	X
Diabetes Education	Covered (HCA Diabetes Education Medicaid Provider Guide)	X

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Diabetic Supplies	See Prescriptions	X
Dialysis	Covered is hemodialysis or other appropriate procedures to treat renal failure including equipment needed in the course of treatment. (Apple Health FIMC Contract 16.9.25, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 35, 185-186, HCA Kidney Center Services Medicaid Provider Guide, pages 15-16)	X
Diapers (Adult)	See Durable Medical Equipment, Prosthetics and Supplies	X
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 and any applicable sales tax: including but not limited to DME; surgical appliances; orthopedic appliances and braces; prosthetic and orthotic devices; breast pumps; incontinence supplies for members over three (3) years of age and medical supplies. Incontinence supplies shall not include non-disposable diapers unless the member agrees. (Apple Health FIMC Contract 16.9.21)</p> <p>Covered is fitting prosthetic and orthotic devices. (Apple Health FIMC Contract 16.9.9.13)</p>	X

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	<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 98-101)</p> <p>See Oxygen See Formula (Enteral/Parenteral Nutrition)</p>	
Eating Disorders	<p>Covered if medically necessary</p> <p>See Mental Health</p>	<p>Covered if medically necessary</p> <p>See Mental Health</p>
Emergency Room and Out of Area Care	<p>Covered are emergency services:</p> <p>In service area – The plan shall cover members for all physical and/or behavioral health necessary services included in the scope of services</p>	<p>Covered are emergency services:</p> <p>In service area- The plan shall cover members for all medically</p>

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	<p>covered by the contract. (Apple Health FIMC Contract 16.1.12.4, Behavioral Health Services Wraparound Contract 16.1.1)</p> <p>Out of service area – Physical Health: The plan shall cover emergency, post stabilization, urgent care and services that are neither emergent nor urgent but are medically necessary and cannot wait until members return to the service area. (Apple Health FIMC Contract 16.1.13.1.1-16.1.13.1.3)</p> <p>Out of service area- Behavioral Health: The plan shall cover emergency, post stabilization, urgent care services associated with the presentation of behavioral health conditions that require immediate attention, but are not life threatening, services that are neither emergent nor urgent, bur are medically necessary and cannot wait until Enrollee’s return to the service area. (Behavioral Health Services Wraparound Contract 16.1.6)</p> <p>The plan is not responsible for coverage of any services when a member 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 FIMC Contract 16.12.3, Apple Health FIMC Contract 16.9.5.1 WAC 182-501-0184).</p> <p>See Crisis Services</p>	<p>necessary behavioral health services (Apple Health FIMC Contract 16.1.12.4, Behavioral Health Services Wraparound Contract 16.1.5)</p> <p>Out of service area- Behavioral Health: the plan shall cover emergency, post stabilization, urgent care services associated with the presentation of behavioral health conditions that require immediate attention, but are not life threatening, services that are neither emergent nor urgent, bur are medically necessary and cannot wait until Enrollee’s return to the service area. (Behavioral Health Services Wraparound Contract 16.1.6)</p> <p>The plan is not responsible for coverage of any services when a member is outside the United States of America and its territories and possessions. (Behavioral Health Services Wraparound Contract 16.1.6.1.4).</p>

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		See Crisis Services
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	<p>Covered are all EPSDT screening, diagnostic, and treatment services found to be medically necessary during the EPSDT exam. (Apple Health FIMC Contract 16.10.32.1.4)</p> <p>If a service is determined to be medically necessary under the EPSDT benefit, the Contractor will provide the service, whether or not it is a contracted service, unless it is specifically excluded or prohibited by Federal rules. ETR rules shall apply to any request for a non-covered service for children. (Apple Health FIMC Contract 16.9.28.2)</p> <p>If any EPSDT service exceeds a limit placed on the scope, amount or duration of a service, the Contractor shall use LE procedures to determine medical necessity of the requested services and authorize as indicated. (Apple Health FIMC Contract 16.9.28.3)</p> <p>Covered are screening services which include, but are not limited to: a complete health and developmental history that assess for physical and mental health, developmental disorders, autism and substance use disorder, a comprehensive, unclothed physical exam, immunizations according to age and health history, laboratory tests, including appropriate blood lead screening, health education and anticipatory guidance for both the child and caregiver, and screenings for: vision, dental, substance use conditions, mental health and hearing. (Apple Health FIMC Contract 16.9.28.1.1)</p>	X

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	Covered are diagnostic and treatment services which include vision, dental and hearing services and developmental screenings for all children at 9 months, 18 months, and one between 24 to 36 months of age, autism screening for all children 18 months and 24 months of age, as well as any other services prescribed to correct or ameliorate physical, mental, psychological, medical, developmental or other health conditions discovered by and determined to be medically necessary by a qualified health care provider acting within his or her scope of practice. (Apple Health FIMC Contract 16..9.28.1.3)	
Experimental Treatment or Devices	Plans are to use criteria to determine whether an experimental or investigational service is medically necessary. (Apple Health FIMC Contract 11.7) Medicaid medical necessity determinations for its Fee-For-Service program described in WAC 182-501-0165.	X
Eye Exams, Routine Refractions	Covered are eye examinations and refraction and fitting services with the following limitations: <ul style="list-style-type: none"> • Once every 24 months for asymptomatic members 21 years of age or older; • Once every 12 months for asymptomatic members 20 years of age or younger Covered are additional examinations and refraction services outside the limitation described above when: <ul style="list-style-type: none"> • The provider is diagnosing or treating the member for a medical condition that has symptoms of vision problems or disease; • The member is on medication that affects vision; or 	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
	<ul style="list-style-type: none"> The service is necessary due to lost or broken eyeglasses/contacts (Apple Health FIMC Contract 16.9.12, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide pages 199-200)	
Eye Glasses	Excluded are eyeglass frames, lenses and fabrication services for adults age 21 years and over. Covered for children under age 21 through HCA's Fee-For-Service. Associated fitting and dispensing services covered for all members. (HCA Vision Hardware for Clients 20 Years of Age and Younger Medicaid Provider Guide pages 28-33) For children - Eyeglasses, Contact Lenses, & hardware fittings are covered separately under the Fee-For-Service program. (Apple Health FIMC Contract 16.12.5.3)	X
Family Planning	Covered are: family planning services provided or referred by a participating provider or practitioner. (Apple Health FIMC Contract 16.9.9.4) See Birth Control	X
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 38, WAC 182-531-0150)	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Formula (Enteral/Parenteral Nutrition)	<p>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 Apple Health. (Apple Health FIMC Contract 16.10.22.3)</p> <p>PCP should call WIC at (800) 841-1410. If not on WIC formulary, Plan responsible.</p> <p>Covered are enteral nutrition products and supplies for tube-feeding for all enrollees. (Apple Health FIMC Contract 16.9.19 and HCA Enteral Nutrition Medicaid Provider Guide pages 18-19 and 26-29)</p> <p>Covered are parenteral nutritional supplements and supplies for all enrollees. (HCA Home Infusion Therapy/ Parenteral Nutrition Medicaid Provider Guide, pages 16-28)</p> <p>Parenteral and enteral nutrition supplied through specialized DME providers.</p>	X
Gastroplasty	See Bariatric Surgery	X
Genetic Services	<p>Covered are genetic services when medically necessary for diagnosis of a medical condition. (Apple Health FIMC Contract 16.9.9.18, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 190-193)</p> <p>See Prenatal Genetic Counseling</p>	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Glucometers	See Prescriptions	X
Habilitative Services	Covered for Apple Health Adult FIMC members only who have a congenital or genetic condition. Children: No limitation; Adults: No limitations with qualifying diagnosis Habilitative services do not include: <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; and • Educational services. (Apple Health FIMC Contract 16.9.33, Habilitative Services Medicaid Provider Guide, pages 17-21)	X
Health Education	Covered is member health education (Apple Health FIMC Contract 16.9.9.15) Covered under EPSDT. (HCA EPSDT Medicaid Provider Guide)	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
	See Diabetes Education See Nutritional Counseling	
Hearing Aids	Covered are monaural and binaural hearing aids, including fitting, follow-up care, batteries, and repair for enrollees age 20 and younger. (Apple Health FIMC Contract 16.9.29) Covered for Developmental Disability Administration (DDA) Clients age 21 and older through the DDA are monaural or binaural hearing aids, replacements, and repairs. (HCA Hearing Hardware Medicaid Provider Guide, page 28, WAC 388-845-1810) See Implants	X
Hearing Exam	Covered when medically necessary.	X
Home Birth	See Birthing Centers/Home Birth	X
Home Health Care/ Private Duty Nursing	Covered are acute home health services. (Apple Health FIMC Contract 16.9.20, HCA Home Health Services (Acute Care Services) Medicaid Provider Guide pages 17-20) Covered is medical intensive children's private duty nursing for children age seventeen (17) and younger. (Apple Health FIMC Contract 16.9.9.7) Excluded is long-term private duty nursing for members 18 and over. These services are covered by DSHS, Aging and Long-Term Services Administration (Apple Health FIMC Contract 16.12.6.1) Excluded are community based services (e.g. COPES and Personal Care Services) covered through the Aging and Long Term Services Administration (ALTSA). (Apple Health FIMC Contract 16.12.6.2)	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Hospice Care	Covered when a member, a physician, or an authorized representative under RCW 7.70.065 initiates hospice care. The member's physician must provide certification that the member is terminally ill and certify that the member has a life expectancy of six months or less and is appropriate for hospice care. Hospice care is provided skilled nursing facilities/ nursing facilities, hospitals, hospice care centers and the member's home. Hospice services include: <ul style="list-style-type: none"> • Pediatric Palliative Care- services provided through a hospice agency to enrollees under twenty (20) years of age with a life-limiting medical condition. • Pediatric Concurrent Care – palliative and medically necessary curative services delivered at the same time as hospice services, providing a blend of curative and palliative services to enrollees under twenty (20) years of age (Apple Health Contract 16.9.23, HCA Hospice Services Medicaid Provider Guide, pages 38-39)	X
Hospitalization	Covered are hospital inpatient services. (WAC 182-531-0100, Inpatient Hospital Services Medicaid Provider Guide) 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 FIMC Contract 16.9.3.2) Inpatient services at Certified Public Expenditure (CPE) hospitals for Categorically Needy- Blind and Disabled (AHBD) identified by Health Care	See Inpatient Behavioral Health

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
	Authority are covered by Medicaid Fee-For-Service. (Apple Health FIMC Contract 5.18.4 and 16.9.3.1) Associated professional claims are covered by MHW. <u>CPE Hospitals:</u> 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 See Inpatient Behavioral Health	
Immunizations	See Vaccinations	X
Implants	Covered are medically necessary services. (Apple Health FIMC Contract 16.1.1) Excluded are cochlear implants for adults 21 years and older. Covered are cochlear and Bone Anchored Hearing Aids (BAHA) implants for children under age 21. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 114-115 and WAC 182-531-0200(4) (c))	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
	Covered are batteries for cochlear implants. (Hearing Hardware for Clients 20 years of Age or Younger Medicaid Provider Guide page 14, Apple Health FIMC Contract 16.9.330)	
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 38, WAC 182-531-0150)	X
Incarcerated Members (in Jail or Prison)	Excluded is any service provided to a member while incarcerated with the Washington State Department of Corrections (DOC). (Apple Health FIMC Contract 16.12.6.6) The Plan will provide inpatient hospital services to members who are inmates of a city or county jail facility when an inpatient admission occurs during the first month of the incarceration period and HCA has paid a premium for that month to the Plan. The contractor shall provide transitional care coordination services to inmates upon release from jail in accordance with subsection 14.20 (Apple Health FIMC Contract 16.9.32)	X
Infertility	See Impotence	X
Inpatient Behavioral Health	Covered is Inpatient Withdrawal Management (Alcohol and Drug Detoxification)- services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol or other drugs while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in facilities with 16 beds or less and exclude room and board (Apple Health FIMC Contract 16.9.13.1).	Covered is Inpatient Withdrawal Management (Alcohol and Drug Detoxification)- services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol or other drugs while the person recovers

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
	<p>Services include:</p> <ul style="list-style-type: none"> • Screening and detoxification • Counseling of person admitted to a program within a certified facility, regarding their illness in order to stimulate motivation to obtain further treatment, and referral of detoxified chemically dependent person to other appropriate chemical dependency service providers <p>Covered is Inpatient/Residential Substance Abuse Treatment Services. Rehabilitative services including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward enrollees who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with a SUD. Provided in certified residential treatment facilities with 16 beds or less. Room and Board is excluded. (Apple Health FIMC Contract 1.124 & 16.9.13.2)</p> <p>Services include:</p> <ul style="list-style-type: none"> • Intensive inpatient services (WAC 388-877B-2050) • Recovery house treatment services (WAC 388-877B- 0260) • Long-term residential treatment services (WAC 388-877B-0270) • Youth residential services (WAC 388-877B-0280) <p>The Contractor shall pay for the inpatient professional mental health services associated with a FIMC behavioral health approved inpatient psychiatric admission. The Contractor shall also pay for the inpatient psychiatric mental health claim.</p>	<p>from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in facilities with 16 beds or less and exclude room and board (Apple Health FIMC Contract 16.9.13.1).</p> <p>Services include:</p> <ul style="list-style-type: none"> • Screening and detoxification • Counseling of person admitted to a program within a certified facility, regarding their illness in order to stimulate motivation to obtain further treatment, and referral of detoxified chemically dependent person to other appropriate chemical dependency service providers <p>Covered is Inpatient/Residential Substance Abuse Treatment Services. Rehabilitative services including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward</p>

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
		enrollees who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with a SUD. Provided in certified residential treatment facilities with 16 beds or less. Room and Board is excluded (Apple Health FIMC Contract 1.124 & 16.9.13.2) Services include: <ul style="list-style-type: none"> • Intensive inpatient services (WAC 388-877B-2050) • Recovery house treatment services (WAC 388-877B-0260) • Long-term residential treatment services (WAC 388-877B-0270) • Youth residential services (WAC 388-877B-0280)
Keratotomy/ Kerato-Plasty (Refractive Lensectomy)	See Plastic Surgery	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Laboratory Tests	Covered is performing and/or reading diagnostic tests. (Apple Health FIMC Contract 16.9.9.6)	X
Learning Disorders	See Neurodevelopmental Therapy	X
Mammogram	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health FIMC Contract 16.1.1.1, HCA Physician Related Services/Health Care Professional Services Medicaid Provider Guide page 140)	X
Mammaplasty	See Plastic Surgery	X
Manipulative Therapy	Covered are Osteopathic Manipulative Therapy (OMT) services only when provided by either an osteopathic physician licensed under chapter 18.71 RCW or a naturopathic physician licensed under chapter 18.36A RCW. 10 manipulations (CPT Codes 98925-98929) are covered per calendar year. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 209)	X
Massage Therapy	Covered during physical therapy and occupational therapy treatment only. (HCA Outpatient Rehabilitation Medicaid Provider Guide page 25) Otherwise excluded - HCA does not reimburse for services performed by massage therapists, (HCA Physician Related Services/Health Care Professional Services Medicaid Provider Guide page 28, WAC 182-531-0250 (2a))	X
Maternity Care	See Prenatal Care	X
Medication Assisted Treatment	See Chemical Dependency	See Chemical Dependency

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Mental Health	<p>Covered are medically necessary behavioral health services which may include the following Outpatient Behavioral Health Services: (Apple Health FIMC Contract 16.9.14)</p> <ul style="list-style-type: none"> • <u>Brief Intervention Treatment</u>: means solution-focused and outcomes-oriented cognitive and behavioral interventions intended to resolve situational disturbances. (Apple Health FIMC Contract 1.27.1, 16.9.14.1). • <u>Day Support</u>: means an intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid Enrollees to promote improved functioning or a restoration to previous higher level functioning. (Apple Health FIMC Contract 1.71, 16.10.14.2). • <u>Family Treatment</u>: means behavioral health counseling provided for the direct benefit of a Medicaid- enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. (Apple Health FIMC Contract 1.94, 16.9.14.3). • <u>Freestanding Evaluation and Treatment</u>: means services provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities licensed by the Department of Health and certified by DSHS to provide medically necessary evaluation and treatment to the Medicaid-enrolled individual who would otherwise meet hospital admission criteria. (Apple Health FIMC Contract 1.99, 16.9.14.4). • <u>Mental Health Group Treatment Services</u>: means services provided to Medicaid-enrolled individuals designed to assist in the 	<p>Covered are medically necessary behavioral health services which may include the following Outpatient Behavioral Health Services: (Apple Health FIMC Contract 16.9.14)</p> <ul style="list-style-type: none"> • <u>Brief Intervention Treatment</u>: means solution-focused and outcomes-oriented cognitive and behavioral interventions intended to resolve situational disturbances. (Apple Health FIMC Contract 1.27.1, 16.9.14.1). • <u>Day Support</u>: means an intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid Enrollees to promote improved functioning or a restoration

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	<p>attainment of goals described in the Individual Service Plan (ISP). (Apple Health FIMC Contract 1.149, 16.9.14.5).</p> <ul style="list-style-type: none"> • <u>High Intensity Treatment such as PACT Teams</u>: means intensive levels of service provided to Medicaid-enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's needs. Twenty-four (24) hours per day, seven (7) days per week, access is required if necessary. (Apple Health FIMC Contract 1.115, 16.9.14.6). • <u>Individual Treatment Services</u>: means a set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her Individual Service Plan (ISP). (Apple Health FIMC Contract 1.121, 16.9.14.7). • <u>Intake Evaluation</u>: means an evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and freestanding evaluation and treatment. (Apple Health FIMC Contract 1.123, 16.9.14.8). • <u>Medication Management</u>: means the prescribing and/or administering and reviewing of medications and their side effects. (Apple Health FIMC Contract 1.146, 16.9.14.9). • <u>Medication Monitoring</u>: Means face-to-face, one-on-one cueing, observing, and encouraging a Medicaid-enrolled individual to take medications as prescribed. (Apple Health FIMC Contract 1.147, 16.9.14.10). • <u>Peer Support Services</u>: means services provided by peer counselors to Medicaid-enrolled individuals under the consultation, facilitation, or supervision of a Mental Health Professional who understands rehabilitation and recovery. (Apple Health FIMC Contract 1.177, 16.9.14.11). <p>Covered are medically necessary behavioral health services which may include the following Psychological Assessment: (Apple Health FIMC Contract 16.9.14.12)</p> <ul style="list-style-type: none"> • <u>Rehabilitation Case Management</u>: means a range of activities by the outpatient CMHA's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. These specialized mental health coordination activities are intended to promote discharge, 	<p>to previous higher level functioning. (Apple Health FIMC Contract 1.71, 16.9.14.2).</p> <ul style="list-style-type: none"> • <u>Family Treatment</u>: means behavioral health counseling provided for the direct benefit of a Medicaid-enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. (Apple Health FIMC Contract 1.94, 16.9.14.3). • <u>Freestanding Evaluation and Treatment</u>: means services provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities licensed by the Department of Health and certified by DSHS to provide medically necessary evaluation and treatment to the Medicaid-enrolled individual who would otherwise meet hospital admission criteria. (Apple Health FIMC Contract 1.99, 16.9.14.4). • <u>Mental Health Group Treatment Services</u>: means services provided to Medicaid-enrolled individuals designed to
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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)
	<p>maximize the benefits of the placement, minimize the risk of unplanned re-admission, and to increase the community tenure for the individual. (Apple Health FIMC Contract 1.201, 16.9.14.13).</p> <ul style="list-style-type: none"> • <u>Residential Mental Health Services</u>: means a specialized form of rehabilitation service (non-hospital/ non IMD) that offers sub-acute psychiatric management environment. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital criteria. (Apple Health FIMC Contract 1.203, 16.9.14.14). • <u>Stabilization Services</u>: means services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. (Apple Health FIMC Contract 1.214, 16.9.14.15). • <u>Special Population Evaluation</u>: means an evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. (Apple Health FIMC Contract 1.213, 16.9.14.16). <p>Covered are medically necessary behavioral health services which may include the following Therapeutic Psychoeducation: (Apple Health FIMC Contract 16.9.15)</p> <ul style="list-style-type: none"> • <u>Chemical Dependency Case Management</u>: Chemical Dependency case management services assist clients in gaining access to needed medical, social, education, and other services. (Apple Health FIMC Contract 16.9.15.1). 	<p>assist in the attainment of goals described in the Individual Service Plan (ISP). (Apple Health FIMC Contract 1.149, 16.9.14.5).</p> <ul style="list-style-type: none"> • <u>High Intensity Treatment such as PACT Teams</u>: means intensive levels of service provided to Medicaid-enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's needs. Twenty-four (24) hours per day, seven (7) days per week, access is required if necessary. (Apple Health FIMC Contract 1.115, 16.9.14.6). • <u>Individual Treatment Services</u>: means a set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her Individual Service Plan

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO)
	<ul style="list-style-type: none"> • <u>Chemical Dependency Outpatient Services</u>: means rehabilitative services including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward enrollees who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with a SUD. (Apple Health FIMC Contract 1.39, 16.9.15.2). • <u>Opiate Substitution Treatment</u>: means treatment and rehabilitative services for opiate dependent individuals. Services include: methadone treatment, detoxification (up to 180 days), individual and group counseling, HIV education and testing, drug screen urinalysis, and medical evaluation. (Apple Health FIMC Contract 16.9.15.3). <p>See Prescriptions</p>	<p>X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care</p> <p>(ISP). (Apple Health FIMC Contract 1.121, 16.9.14.7).</p> <ul style="list-style-type: none"> • <u>Intake Evaluation</u>: means an evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and freestanding evaluation and treatment. (Apple Health FIMC Contract 1.123, 16.9.14.8). • <u>Medication Management</u>: means the prescribing and/or administering and reviewing of medications and their side effects. (Apple Health FIMC Contract 1.146, 16.9.14.9). • <u>Medication Monitoring</u>: Means face-to-face, one-on-one cueing, observing, and encouraging a Medicaid-enrolled individual to take medications as prescribed.

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		<p>(Apple Health FIMC Contract 1.147, 16.9.14.10).</p> <ul style="list-style-type: none"> • <u>Peer Support Services:</u> means services provided by peer counselors to Medicaid-enrolled individuals under the consultation, facilitation, or supervision of a Mental Health Professional who understands rehabilitation and recovery. (Apple Health FIMC Contract 1.177, 16.9.14.11). <p>Covered are medically necessary behavioral health services which may include the following</p> <p>Psychological Assessment: (Apple Health FIMC Contract 16.9.14.12)</p> <ul style="list-style-type: none"> • <u>Rehabilitation Case Management:</u> means a range of activities by the outpatient CMHA's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. These specialized mental health coordination activities are intended to promote discharge, maximize the benefits of the placement, minimize the risk of unplanned re-admission, and to increase the community tenure for the individual. (Apple
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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
		Health FIMC Contract 1.201, 16.9.14.13). <ul style="list-style-type: none"> • <u>Residential Mental Health Services</u>: means a specialized form of rehabilitation service (non-hospital/ non IMD) that offers sub-acute psychiatric management environment. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital criteria. (Apple Health FIMC Contract 1.203, 16.9.14.14). • <u>Stabilization Services</u>: means services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. (Apple Health FIMC Contract 1.214, 16.9.14.15). • <u>Special Population Evaluation</u>: means an

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		evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. (Apple Health FIMC Contract 1.213, 16.9.14.16). Covered are medically necessary behavioral health services which may include the following Therapeutic Psychoeducation: (Apple Health FIMC Contract 16.9.15) <ul style="list-style-type: none"> • <u>Chemical Dependency Case Management:</u> Chemical Dependency case management services assist clients in gaining access to needed medical, social, education, and other services. (Apple Health FIMC Contract 16.9.15.1). • <u>Chemical Dependency Outpatient Services:</u>

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
		<p>means rehabilitative services including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward enrollees who are harmfully affected by the use of mode-altering chemicals or have been diagnosed with a SUD. (Apple Health FIMC Contract 1.38, 16.9.15.2).</p> <ul style="list-style-type: none"> • <u>Opiate Substitution Treatment</u>: means treatment and rehabilitative services for opiate dependent individuals. Services include: methadone treatment, detoxification (up to 180 days), individual and group counseling, HIV education and testing, drug screen urinalysis, and medical evaluation. (Apple Health FIMC Contract 16.9.15.3). <p>See Prescriptions</p>

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Military Coverage (VA Benefits)	For members who have primary insurance, the plan shall coordinate benefits in accordance with the 42 U.S.C § 1396a(a)(25) an other applicable law (Apple Health FIMC Contract 17.2.3)	X
Naturopathy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 26, WAC 182-531-0250 (1g))	X
Neurodevelopmental Therapy – Long Term PT, OT and Speech	Excluded are health care services provided by a neurodevelopmental center recognized by Department of Health. (Apple Health FIMC Contract 16.12.5.12) Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy: services for the restoration or maintenance of a function affected by a member's illness, disability, condition or injury, or for the amelioration of the effects of a developmental disability if the member is not receiving services from 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 contract are met (Apple Health FIMC Contract 16.9.17)	X
Nicorette Gum	See Smoking Cessation	X
Norplant-Implantable Contraceptives	See Birth Control	X
Nursing Homes	See Skilled Nursing Facilities	X
Nutritional Counseling/Therapy	Covered is nutritional counseling by a certified registered dietician for specific conditions such as failure to thrive, feeding problems, cystic fibrosis, diabetes, high blood pressure, and anemia who are 20 years of	X

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	age and younger with an EPSDT referral. (Apple Health FIMC Contract 16.9.9.16 and Medical Nutrition Therapy Medicaid Provider Guide) CPT: 97802 – 97804 covered for children only per Molina Healthcare decision See Weight Loss Treatments	
Obesity Treatments	See Nutritional Counseling See Weight Loss Treatments	X
Occupational Therapy	See Physical Therapy	X
Oral surgery	See Dental Care	X
Organ/Tissue Transplants	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 FIMC Contract 16.9.10) 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 252-253) 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	X

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	not work for a member's situation. The provider needs to contact the Plan about each situation.	
Orthotics	See Durable Medical Equipment, Prosthetics and Supplies	X
Out of Area Care	See Emergency Room and Out of Area Care	See Emergency Room and Out of Area Care
Outpatient Behavioral Health	See Mental Health	See Mental Health
Outpatient Surgery	Covered are Outpatient Hospital Services provided by acute care hospitals; including surgeries, labs, diagnostics and emergency room (licensed under Chapter 70.41 RCW). (Apple Health FIMC Contract 16.9.4) Covered are services provided at ambulatory centers. (Apple Health FIMC Contract 16.10.7) 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, pages 7-9).	X
Over-Age Dependents	Not applicable, WA Medicaid determines eligibility.	Not applicable, WA Medicaid determines eligibility.
Oxygen	Covered is respiratory equipment, services and supplies. (Apple Health FIMC Contract 16.9.22, HCA Respiratory Care Medicaid Provider Guide, pages 32-33)	X
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)	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Physical Exams	See Preventive Care	X
Physical Therapy	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health FIMC Contract 16.9.17) (HCA Outpatient Rehabilitation Medicaid Provider Guide pages 14-19)	X
Plastic & Reconstructive Surgery	Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. 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 35, Apple Health FIMC Contract 16.9.9.9, WAC 182-531-0150)	X
Podiatry	Covered are services for children under age 21 when medically necessary. Excluded is foot care for adults age 21 and older to treat chronic acquired conditions of the foot such as, but not limited to: <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 	X

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	<ul style="list-style-type: none"> 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 member 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 271-274)</p>	
Pre-existing Conditions	The plan is responsible for covering medically necessary services. (Apple Health FIMC Contract 16.1.1)	X
Prenatal Care	<p>Covered are maternity care, delivery, and newborn care services. (Apple Health FIMC Contract 16.9.9.5, WAC 182-531-0100, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 219-229)</p> <p>Excluded are early, elective inductions (before 39 weeks) that do not meet medically necessary indicators set by the Joint Commission (Apple Health FIMC Contract 16.9.37)</p>	X
Prenatal Genetic Counseling	Excluded is prenatal diagnosis genetic counseling provided to members to allow members and their PCPs to make informed decisions regarding current genetic practices and testing. Covered by HCA Fee-For-Service. (Apple Health FIMC Contract 16.12.5.15, Physician-Related Services/Health Care Professional Services Billing Guide, pages 190-192)	X

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	See Genetic Services	
Prescriptions	<p>Covered are prescription and over-the-counter drug products according to the Preferred Drug List (PDL) and 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 member's medically necessary health care needs. (Apple Health FIMC Contract 16.11.2)</p> <p>Covered are Psychotropic medications according to the Plan's approved formulary 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 FIMC Contract 16.11.3.2.5)</p> <p>Covered are birth control methods/contraceptive drugs authorized in one-year supply dispensed at one time unless a member 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. Contraceptives dispensed by a Family Planning Clinic must be covered under the medical benefit. (Apple Health FIMC Contract 16.11.3.2.7)</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</p>	X

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	<p>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 29-35)</p> <p>Glucometers are covered under MHW policy that provides 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> <p>Insulin Pens for children under age 21 without requiring authorization, and auto-approval of insulin pens for pregnant women (Apple Health Contract 16.11.3.2.4)</p> <p>See Birth Control</p>	

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Preventive Care	Covered is preventive care (Apple Health FIMC Member Handbook, page 13) Covered are medical examinations, including wellness exams for adults and EPSDT for children, immunizations. (Apple Health FIMC Contract 16.9.1)	X
Prosthetic Limbs	See Durable Medical Equipment, Prosthetics and Supplies	X
Pulmonary Rehab	Excluded – HCPCS code G0424 (Pulmonary rehab w exer) is not covered (CNC in Physician's fee schedule and Coverage Indicator 0 in the Outpatient fee schedule)	X
Psychiatric Disorders	See Mental Health	See Mental Health
Radial Keratotomy	See Plastic Surgery	X
Radiology	Covered are radiology, and other medical imaging services, screening and diagnostic services and radiation therapy (Apple Health FIMC Contract 16.9.11). 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 139-148)	X
Reconstructive Surgery	See Plastic Surgery	X
Screening, Brief Intervention and	Covered are Screening, Brief Intervention and Referral to Treatment (SBIRT) services for adolescents and adults known to have or at high risk for substance abuse, to include alcohol and drugs with or without anxiety	Covered are Screening, Brief Intervention and Referral to Treatment (SBIRT) services for

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Referral to Treatment (SBIRT)	or depression. (Apple Health FIMC Contract 16.9.34, Physician Related Services/Health Care Professional Services Medicaid Provider Guide pages 239-243).	adolescents and adults known to have or at high risk for substance abuse, to include alcohol and drugs with or without anxiety or depression. (Apple Health FIMC Contract 16.9.34, Physician Related Services/Health Care Professional Services Medicaid Provider Guide pages 239-243).
Second Opinions	The Plan must authorize a second opinion regarding the member's health care from a qualified health care professional within the plan's network, or provide authorization for the member 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 FIMC Contract 16.2)	X
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 FIMC Contract 16.9.3.2)</p> <p>The Plan shall coordinate with the SNF or NF to provide care coordination and transitional care and shall ensure coverage of all medically necessary services, prescriptions and equipment not included in the negotiated SNF daily rate. This includes but is not limited to: prescription medications, durable medical equipment, therapies, intravenous medications, and any other medically necessary service or product.</p>	X

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	Excluded is care that is determined to not be medically necessary for rehabilitation. If the member continues in the SNF, Aging and Long-Term Services Administration (AL TSA) Home and Community Services (HCS) will cover the stay from the date of the Plan denial letter. (Apple Health FIMC Contract 16.12.6.2).	
Sleep Disorders	Covered as a medical condition.	X
Smoking Cessation	Covered are smoking cessation services including but not limited to: <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 member will then be referred back to their provider for a prescription, if appropriate. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide pages 52-58) MHW policy- Covers all Molina members 18 and over. Members can re-enroll two times a year for up to three year re-enroll lifetime maximum.	X
Speech Therapy	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health FIMC Contract 16.9.17). (HCA Outpatient Rehabilitation Medicaid Provider Guide pages 14-19)	X

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Spinal Manipulations	See Chiropractic Care and Manipulative Therapy	X
Sterilization (Tubal Ligation or Vasectomy)	<p>Covered for members 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 FIMC Contract 16.3, HCA Physician Related Services/ Healthcare Professional Services Medicaid Provider Guide 125-126, Sterilization Supplemental Medicaid Provider Guide, pages 16-27)</p> <p>Excluded are sterilizations for members under age 21 or those that do not meet other federal requirements (42 CFR 441 Subpart F). (Apple Health FIMC Contract 16.12.5.11). 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 38)</p>	X
Supplies (Non-Durable)	See Durable Medical Equipment, Prosthetics and Supplies	X
TMJ	Covered is medically necessary services. (Apple Health FIMC Contract 16.1.1)	X
Transgender Health Services	Covered is medical care including hormone therapy for any transgender enrollees and puberty-blocking treatment for transgender adolescents and mental health services to treat gender dysphoria. (Apple Health FIMC Contract 16.9.9.18)	Covered are mental health services to treat gender dysphoria.

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	Covered through Fee For Service (FFS) is surgical procedures related to gender reassignment surgery and electrolysis and postoperative complications. Excluded is cosmetic procedures and services, voice modification surgery, voice therapy. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide pages 302-308)	
Transplants	See Organ Transplants	X
Travel Immunizations	See Vaccinations	X
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 FIMC Contract 16.1.13.1.2, Behavioral Health Services Wraparound Contract 16.1.6.1.2) See Crisis Services	Covered are urgent care services associated with the presentation of behavioral health conditions that require immediate attention, but are not life threatening. (Apple Health FIMC Contract 16.1.13.1.2, Behavioral Health Services Wraparound Contract 16.1.6.1.2) See Crisis Services
Vaccinations (Immunizations)	Covered are immunizations. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide pages 215-218) Covered is shingles vaccine for members over age 60 years and over. Additional requirements for members under 60 years of age. (Apple Health FIMC Contract 16.9.9.3) Covered is Human Papillomavirus (HPV)	X

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	<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. (HCA Prescription Drug Program Medicaid Provider Guide page 52, HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide, pages 217-218)	
Vasectomy	See Sterilization	X
Vitamins	Covered are therapeutic vitamins and iron prescribed for prenatal and postnatal care. (Apple Health FIMC Contract 16.11.3.2.3) 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 29)	X
Vision Therapy	Covered is vision therapy. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 200)	X
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/ .	X
Weight Loss Drugs	Excluded are drugs prescribed for weight loss or gain. (HCA Prescription Drug Program Medicaid Provider Guide page 20) See Weight Loss Treatments	X

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2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
Weight Loss Treatments	<p>Covered are surgical procedures for weight loss or reduction consistent with WAC 182-531-1600 (Apple Health FIMC Contract 16.9.36)</p> <p>Excluded except as provided in WAC 182-531-1600, 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 39)</p> <p>See Bariatric Surgery See Nutritional Counseling</p>	X
Wraparound Services for Substance Use Disorder and Mental Health Services	<p>*** Note: services are not exhaustive and are subject to fund availability***</p> <p>Covered based on availability of resources are:</p> <ul style="list-style-type: none"> • Acute Withdrawal Management (ASAM Level 3.2WM) • Sub-Acute Withdrawal Management (ASAM Level 3.2WM) • Request for Services • Alcohol /Drug Information School • Opiate Dependency Outreach • Interim Services • Outreach and Engagement • Sobering Services • Room and Board • Therapeutic Interventions for Children • Transportation 	<p>*** Note: services are not exhaustive and are subject to fund availability***</p> <p>Covered based on availability of resources are:</p> <ul style="list-style-type: none"> • Acute Withdrawal Management (ASAM Level 3.2WM) • Sub-Acute Withdrawal Management (ASAM Level 3.2WM) • Request for Services • Alcohol /Drug Information School

PLEASE NOTE: This is only a guide – Benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).

Molina Healthcare of Washington (MHW) Benefits Index All covered services must be <u>MEDICALLY NECESSARY</u> and are <u>SUBJECT TO PREAUTHORIZATION REQUIREMENTS</u> . Reference or page numbers refer to the contract, HCA Medicaid Provider Guides, schedule of benefits or WAC.		
2018	Apple Health Fully Integrated Managed Care (FIMC)	Behavioral Health Services Only (BHSO) X = Not covered, part of the Medicaid physical health benefit covered through Fee-For-Service or Coordinated Care
	<ul style="list-style-type: none"> • Childcare Services • PPW Housing Support Services • Family Hardship • Recovery Support Services • Continuing Education • High Intensity Treatment (PACT) • Rehabilitation Case Management • WISe • Urinalysis Testing <p>(Health Services Wraparound Around Contract Behavioral Section 16.2)</p>	<ul style="list-style-type: none"> • Opiate Dependency Outreach • Interim Services • Outreach and Engagement • Sobering Services • Room and Board • Therapeutic Interventions for Children • Transportation • Childcare Services • PPW Housing Support Services • Family Hardship • Recovery Support Services • Continuing Education • High Intensity Treatment (PACT) • Rehabilitation Case Management • WISe • Urinalysis Testing <p>(Behavioral Health Services Wraparound Around Contract Section 16.2)</p>