

Services Covered by Molina Healthcare

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

The following list of covered services tells you which services need prior approval (PA) and which do not. Not all services that need prior approval are included in this list. For more information, or if you have questions, call Member Services.

Covered Services	
Services covered by our plan	Limitations and exceptions
Acupuncture – for pain management of headaches and lower back pain	Acupuncture coverage is limited to the pain management of migraine headaches and lower back pain. PA is required.
Ambulance and ambulette transportation	PA is not required for emergency transportation. Some non-emergency transportation may need a PA.
Behavioral Health Services (including mental health and substance use disorder treatment) <ul style="list-style-type: none"> • Assessment • Crisis intervention • Counseling and psychotherapy • Psychiatric medication management • Medication assisted treatment for addiction • Methadone administration 	<p>PA is not required to begin getting services with a network provider.</p> <p>PA is required for intensive services such as partial hospitalization or substance use disorder residential treatment. Contact your provider or Molina Healthcare for more information.</p> <p>You can call the 24-Hour Behavioral Health Crisis Line if you need help right away or are not sure what to do for a mental health problem. Call (888) 275-8750 (TTY 711) at any time.</p>
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chiropractic (back) services <ul style="list-style-type: none"> • Diagnostic x-rays • Adjustments of the spine to correct alignment 	<p>For members age 20 and younger, PA is not required for the first 30 visits in a 12-month period. After 30 visits, PA is required.</p> <p>For members age 21 and older, PA is not required for the first 15 visits in a 12-month period. After 15 visits, PA is required.</p>
Dental services <ul style="list-style-type: none"> • Routine cleaning and exam once every 6 months • Routine x-rays • Removal of impacted wisdom teeth and emergency tooth re-implantation for adults • Dentures, partial plates and braces 	Routine services do not require PA. Dental services other than routine care require PA.

Covered Services	
Developmental therapy services for children aged birth to six years	In an outpatient setting, you can have 30 visits in each 12-month period without PA. PA is required to get services after 30 visits in a 12-month period.
Diagnostic services (x-ray, lab)	Selected diagnostic services (including CT Scans, MRIs, MRAs, PET Scans and SPECT) require PA. PA is not required for ultrasounds.
Durable medical equipment (DME) The equipment you need for certain medical conditions is covered, such as: <ul style="list-style-type: none"> • Wheelchairs • Oxygen equipment • Canes, crutches and walkers 	Some DME items require PA.
Emergency services An emergency is a medical problem you think is so serious that it must be treated right away by a doctor. Emergency services are always covered.	PA is not required.
Family planning services and supplies <ul style="list-style-type: none"> • Exam and medical treatment • Lab and diagnostic tests • Family planning methods (birth control pills, patch, ring, IUD, injections, implants) • Supplies (condom, foam, film, diaphragm, cap) • Treatment for sexually transmitted infections (STIs) 	PA is not required.
Federally Qualified Health Center or Rural Health Clinic services <ul style="list-style-type: none"> • Office visits for primary care and specialists services • Physical therapy services • Speech pathology and audiology services • Dental services • Podiatry services • Vision services • Chiropractic services • Transportation services • Mental health services 	PA is not required.
Free-standing birth center services at a free-standing birth center You can call Member Services to see if there are any qualified centers in your area.	PA is not required.

Covered Services	
<p>Home health services</p> <ul style="list-style-type: none"> • Home health aide and/or nursing services • Physical therapy, occupational therapy, and speech therapy • Private duty nursing • Home infusion therapy • Medical and social services • Medical equipment and supplies 	<p>PA is required after the initial evaluation plus the first 6 visits.</p>
<p>Hospice care (care for terminally ill, e.g., cancer patients)</p> <p>While you are receiving hospice care, Molina Healthcare will also cover:</p> <ul style="list-style-type: none"> • Drugs to treat symptoms and pain • Short-term respite care • Home care • Nursing facility care 	<p>Some hospice care services may require PA.</p>
<p>Inpatient hospital services</p> <ul style="list-style-type: none"> • Semi-private room, or private room if medically necessary • Meals, including special diets • General and special nursing care • Costs of special care units, such as intensive care • Drugs and medications prescribed in accord with our Preferred Drug List • Lab tests • X-rays • Needed surgical and medical supplies, including anesthesia • Physical, occupational and speech therapy • Operating and recovery room services • Inpatient substance abuse services 	<p>Inpatient hospital services (except for emergency admissions) and elective admissions, including pregnancy delivery services, and all inpatient surgeries, require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.</p>
<p>Medical supplies</p>	<p>Some medical supplies require PA.</p>

Covered Services	
<p>Nursing facility services</p> <ul style="list-style-type: none"> • A semi-private room, or a private room if medically necessary • Meals, including special diets • Nursing services • Physical, occupation and speech therapy • Drugs you get as part of your plan of care • Medical and surgical supplies • Lab tests • X-rays • Equipment, such as wheelchairs <p>Nursing facility stays are covered unless ODM determines that you will return to fee-for-service. If you are in need of nursing services, call Member Services for information on available providers.</p>	<p>Nursing facility services require PA.</p>
<p>Obstetrical (maternity care - prenatal and postpartum including at-risk pregnancy services) and gynecological services</p> <ul style="list-style-type: none"> • Prenatal care • Postpartum care • At-risk pregnancy care management • Pelvic exam and pap test 	<p>PA is not required.</p>
<p>Outpatient hospital services</p> <ul style="list-style-type: none"> • Services in an emergency department or outpatient clinic • Outpatient surgery • Chemotherapy • Lab and diagnostic tests • Mental health care • X-rays • Medical supplies, such as splints and casts 	<p>Some outpatient services require PA.</p>
<p>Physical and occupational therapy</p>	<p>In an outpatient setting, you can have 30 visits in each 12-month period for any physical and occupational therapy services without PA. PA is required to get services after 30 visits in a 12-month period.</p>
<p>Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source</p>	<p>PA is not required.</p>
<p>Podiatry (foot) services</p> <ul style="list-style-type: none"> • Diagnosis of injuries and diseases of the foot • Surgical treatment • Routine foot care 	<p>Some podiatry services require PA.</p>

Covered Services	
<p>Prescription drugs, including certain prescribed over-the-counter drugs</p> <p>Your provider will write a prescription for any drugs you need. You must fill the prescription at a network pharmacy.</p>	Selected drugs, including injectables and some over-the-counter drugs, require PA.
<p>Preventive mammogram (breast) and cervical cancer (pap smear) exams</p>	PA is not required.
<p>Primary care provider services</p> <p>Your PCP will provide all routine care services, such as:</p> <ul style="list-style-type: none"> • Yearly well exams • Healthchek • Preventive screenings • Immunizations • Colds/flu • Sore throat • Earache • Rash • Joint pain • Pregnancy tests 	PA is not required.
<p>Renal dialysis (kidney disease)</p> <ul style="list-style-type: none"> • Inpatient and outpatient dialysis treatments • Home dialysis supplies 	PA is not required.
<p>Respite Services are covered for members under the age of 21 who:</p> <ul style="list-style-type: none"> • Have significant long-term care needs • Have significant behavioral health needs 	Respite services require PA. The plan covers up to 100 hours of respite services per year, per member.
<p>Screening and counseling for obesity</p>	PA is not required. Screening and counseling for obesity requires a referral by a provider.
<p>Services for children with medical handicaps (Title V)</p>	Some services require PA.
<p>Shots (immunizations)</p> <ul style="list-style-type: none"> • Vaccines for children under age 21 • Flu shots • Hepatitis B vaccine 	PA is not required.
<p>Specialist services</p> <p>Consultation, diagnosis and treatment by specialist provider</p>	Office visits to see a specialist do not require PA. Some specialist services do require PA.
<p>Speech and hearing services, including hearing aids</p> <ul style="list-style-type: none"> • Hearing and balance tests • Hearing aids, batteries and accessories • Speech therapy 	In an outpatient and home setting, you can have 30 visits in each 12-month period for any combination of speech and audiology therapy services without PA. PA is required to get services after 30 visits in a 12-month period. Some hearing aids may require PA.

Covered Services	
<p>Telehealth services Virtual visits with health providers using your smartphone, tablet, or computer.</p>	<p>Check with your health care provider to see if they offer telehealth services.</p> <p>Adult Molina Healthcare members can get virtual care from Teladoc. No appointment is needed to get a virtual visit with a doctor through Teladoc.</p>
<p>Transportation Rides to and from places where you get covered services at no cost to you, including:</p> <ul style="list-style-type: none"> • If you <u>must</u> travel more than 30 miles to see a network provider • Extra benefit of 30 one-way trips every calendar year to the doctor, dentist, WIC and Medicaid renewal appointments • Call (866) 642-9279 2 business days before your appointment to schedule a ride. 	<p>PA is not required.</p>
<p>Vision (optical) services, including eyeglasses</p> <ul style="list-style-type: none"> • One eye exam every 12 months • Replacement frames and lenses every 12 months due to normal wear and tear or when medically necessary. • Expanded selection of frames to choose from at no cost to you 	<p>PA is not required, except for contact lenses.</p>
<p>Well-child (Healthchek) exams for children under the age of 21 Checkups, immunizations and other services for children under age 21.</p>	<p>PA is not required.</p>
<p>Yearly well-adult exams</p>	<p>PA is not required.</p>