

Marketplace National Regional Benefit Interpretation Document

Benefit Name	PHYSICIAN SERVICES (PRIMARY CARE AND SPECIALIST VISITS)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses physician care (primary care physician, provider, and specialist) diagnostic, consultation, and treatment services and referred specialist services.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p>California Health and Safety Code, Division 2. Licensing Provisions, Chapter 2.2 Health Care Service Plans, Article 5., 1374.16</p> <p>California Health and Safety Code § 1367.69</p> <p>California Health and Safety Code § 1367.695: Direct Access to OB-GYN</p> <p>28 CCR § 1300.67: Chemotherapy/Radiation</p> <p>SB 428 (APL 21-025)</p> <p>Requires a plan, on or after January 1, 2022, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood experiences (ACEs) screenings.</p> <p>Effective January 1, 2023, CA legislation AB 570 – <i>Dependent Parent Health Care Coverage</i> expanded the definition of “dependent” for</p>

purposes of health coverage to include a parent or stepparent in an individual market plan on- and off-Exchange.

[AB 2105](#): Coverage for PANDAS and PANS

ILLINOIS:

[215 ILCS 5/356u](#): Pap tests and prostate-specific antigen tests

[50 IAC 4521.130\(g\)](#): Basic Health Care Services

Section 215 ILCS 5/356z.53 - (Text of Section from P.A. 102-804) Coverage for hormone therapy to treat menopause

[HB 4867](#): Human Rights – Health Discrimination

SOUTH CAROLINA:

[SECTION 38-71-215](#): Dermatology referrals

TEXAS:

Texas Insurance Code Chapter 1271, [Section 1271.201](#)

[TIC §§1376.001 - 1376.003](#): CERTAIN TESTS FOR EARLY DETECTION OF CARDIOVASCULAR DISEASE

[28 TAC §21.4301](#)

[TIC 1363.003](#): CERTAIN TESTS FOR DETECTION OF COLORECTAL CANCER §11.508(a)(1)

WASHINGTON:

[WAC 284-170-200](#): Network Access-General Standards

[WAC 284-170-270](#)

[284-170-310](#)

RCW [48.43.005](#)(37) and WAC [284-43-5640](#)(9) and [284-43-5642](#)(9)

WAC [284-43-5640](#)(1) and [284-43-5642](#)

WAC [284-43-5700](#)(3) and [284-43-5702](#)(4), as appropriate, are available to all enrollees without unreasonable delay. WAC [284-170-210](#) WAC [28-170-310](#)

RCW 48.43.045,

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.045>

RCW [48.43.715](#)

RCW 18.120.020:

<https://app.leg.wa.gov/rcw/default.aspx?cite=18.120.020>

RCW 18.64.011:

<https://app.leg.wa.gov/rcw/default.aspx?cite=18.64.011>

WAC 246-863-110:

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-863-110>

RCW [18.64.011](https://app.leg.wa.gov/rcw/default.aspx?cite=18.64.011)

WAC 246-863-100:

<https://apps.leg.wa.gov/wac/default.aspx?cite=246-863-100>

A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW [18.64.011](https://app.leg.wa.gov/rcw/default.aspx?cite=18.64.011))

B. STATE MARKET PLAN ENHANCEMENTS

CVS Minute Clinic is contracted in all MP States except California, Idaho, Kentucky, Mississippi and Utah (Information from CVS)

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

PHYSICIAN SERVICES

CALIFORNIA:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment

- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply.)
- Adverse childhood experiences (ACEs) screenings

FLORIDA:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply)
- Medically Necessary diagnosis and treatment of osteoporosis for high-risk individuals
- Services of an optometrist, ophthalmologist or registered Nurse Anesthetist when practicing within the scope of his or her license.
- Child health supervision services for Dependent children from birth to 16 years of age that:
 - Are physician-delivered or physician-supervised services
 - May include, at a minimum, services delivered at the intervals and scope required by law
 - Must include periodic visits that include:
 - A history
 - A physical examination
 - A developmental assessment and anticipatory guidance
 - Appropriate immunizations and laboratory tests

Such services and periodic visits must be limited to those that are required by the prevailing medical standards. Such services and periodic visits must be consistent with the "Recommendations for Preventive Pediatric Health Care" of the American Academy of Pediatrics. Visits are

limited to one visit payable to one Participating Provider for all of the services provided at each visit.

IDAHO:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs administered in a physician's office, an outpatient, or an inpatient setting. These services are subject to either outpatient facility or inpatient facility Cost Sharing.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional fees based on place of service)
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an obstetrician/gynecologist (OB/GYN). Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.

ILLINOIS:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Annual digital rectal examination and prostate-specific antigen test for males upon recommendation of physician. Must include asymptomatic Members age 50 and over; African-American men age 40 and over; and Members age 40 and over with family history of prostate cancer. (Refer to Preventive Benefit Policy)
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient, or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service)
- Routine pediatric and adult health exams

- Allergy testing, injections, and serum
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Medically necessary hormone therapy treatment to treat menopause that has been induced by a hysterectomy.
- Medically necessary elimination or maximum feasible treatment of nevus flammeus (port wine stains) for children aged 18 years or younger (does not cover cosmetic removal).
- Vitamin D testing in accordance with vitamin D deficiency risk factors identified by the Centers for Disease Control and Prevention.
- Sleep studies (Separate facility Cost Sharing may apply)
- Surveillance tests for ovarian cancer annual screening for female insureds who are at risk for ovarian cancer using:
 - CA-125 serum tumor marker testing;
 - Transvaginal ultrasound; or
 - Pelvic examination

Neuromuscular Impairment in Children: Molina provides Medically Necessary Covered Services for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment.

Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS)/Pediatric Acute Onset Neuropsychiatric Syndrome (PANS) Treatment: Molina provides Medically Necessary covered services for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including coverage for Medically Necessary covered services for intravenous immunoglobulin therapy. Immunoglobulin therapy is also known as immune gamma globulin therapy.

KENTUCKY:

Physician Services: Passport covers the following outpatient physician services including:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting

- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care. Primary care physicians may also refer you to an OG/GYN provider.
- Sleep studies (Separate facility Cost Sharing may apply)

MICHIGAN:

Molina covers the following outpatient physician and Hospital services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
 - Specialist visits
 - Non-Hospital Facility Services
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service)
- Routine pediatric and adult health exams
- Injections, allergy testing and treatment, including serum costs
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply)
- Chronic pain evaluation and treatment

MISSISSIPPI:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.

- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service.)
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN
Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply)

NEVADA:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN.
Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies

NEW MEXICO:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Artery calcification testing
- Computerized Axial Tomography (CAT) scans
- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient facility, or an inpatient setting. (Including coverage for the use of chemical agents or radiation to treat or control a serious illness)

- Diagnostic procedures including:
 - Bone density studies
 - Clinical laboratory tests and related professional services
 - Colonoscopies (colonoscopies include removal of polyps during the procedure this is at no cost sharing to the member)
 - Cardiovascular testing and neurology/neuromuscular procedures
 - Gastrointestinal lab procedures
 - Pulmonary function tests
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service)
- Routine pediatric and adult health exams
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Covered dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply)
- Audiology and hearing tests
- Consultations and well childcare
- Diabetic eye examinations (dilated retinal examinations)
- Diagnosis and medically indicated treatments for physical conditions causing infertility (Benefit covers only testing, diagnosis, and corrective procedure, subject to exclusions in the “Exclusions” section.)
- Human Papillomavirus (HPV) vaccine is covered for females aged 9-14
- Injections, allergy tests and treatments when provided by Your PCP
- Osteoporosis services for women (including treatment and appropriate management when such service is determined to be Medically Necessary by the women’s PCP, in consultation with Molina)
- Outpatient maternity care (including complications of pregnancy and Medically Necessary at home care)
- Outpatient newborn care
- Physician and other Practitioner care in or out of the hospital
- Prevention, diagnosis, and treatment of illness or injury
- Routine pediatric and adult health exams
- Services for medical and surgical treatment of injuries and/or diseases affecting the eye. (Benefits are not available for charges connected to routine refractive vision examinations or to the purchase or fitting of eyeglasses or contact lenses, except as described in the section titled, “Pediatric Vision Rider” in the EOC)
- Specialist consultations (for example, a heart doctor or cancer doctor)

OHIO:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Covered Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply)

SOUTH CAROLINA:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (covered based on the type of service and where it is received)
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply)
- Dermatology office visits without a referral

TEXAS:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits

- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including colonoscopies, including a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every 5 years, or a colonoscopy performed every 10 years; cardiovascular testing, including pulmonary function studies atherosclerosis and abnormal artery structure screening for diabetic enrollees and certain enrollees who have a documented medical risk of developing coronary heart disease; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service)
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Outpatient services by Other Practitioner
- Specialist physician services
- Sleep studies. Separate facility Cost Sharing may apply.

UTAH:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs administered in a physician's office, an outpatient or an inpatient setting. These services are subject to either outpatient facility or inpatient facility Cost Sharing.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service)
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.

WASHINGTON:

Physician Services: We cover the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting.
- Diagnostic procedures, including
 - Colonoscopies
 - Cardiovascular testing
 - Pulmonary function studies; and
 - Neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost based on the place of service)
- Routine pediatric and adult health exams
- Therapeutic injections and related supplies
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Covered dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Prior Authorization is required. Separate facility Cost Sharing may apply).

WISCONSIN:

Physician Services: We cover the following outpatient physician services including, but not limited to:

- Office visits, including:
 - Associated medical supplies
 - Pre-natal and post-natal visits
- Chemotherapy and other Provider-administered drugs whether administered in a physician's office, an outpatient or an inpatient setting. This includes intravenous chemotherapy.
- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures
- Radiation therapy (Members may be subject to facility and professional Cost Sharing based on the place of service)
- Routine pediatric and adult health exams
- Injections, allergy tests and treatment
- Routine examinations and prenatal care provided by an OB/GYN. Members may select an OB/GYN as their PCP. Dependents have direct access to obstetrical and gynecological care.
- Sleep studies (Separate facility Cost Sharing may apply).

COMPLEX CASE MANAGEMENT
NEW MEXICO:

Complex Case Management: Living with health problems can be hard. Molina has a program that can help. The Complex Case Management program is for Members with difficult health problems. It is for those who need extra help with their health care needs.

The program allows the Member to talk with a Case Manager about the Member's health problems. The Case Manager can help the Member learn about those problems and how to manage them. The Case Manager may also work with the Member's family or caregiver to make sure the Member gets the care they need and also works with the Member's doctor. There are several ways the Member can be referred for this program. There are certain requirements that the Member must meet. This program is voluntary. The Member can choose to be removed from the program at any time.

If the Member would like information about this program, please call Member Services toll free.

OHIO:

Complex Case Management: Members with difficult health problems that need extra help with the coordination of their healthcare needs, including opioid treatment may voluntarily enroll in Molina Case Management program.

This program allows Members to talk with a nurse about their healthcare needs. The nurse can help Members learn about their problems and teach them how to better manage them. The nurse may also work with a Member's family, caregiver, and Provider to make sure they get the care they need. There are several ways Members can be referred for this program. There are also certain requirements that Members must meet. This program is voluntary. Members can choose to be removed from the program at any time. For more information about this program, please contact Customer Support.

MORE INFORMATION

Refer to the Benefit Interpretation Policies titled **Chemotherapy, Diagnostic and Radiology, Maternity Care, Preventive Care** and **Sleep Study** for more information.

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

CERTAIN EXAMS AND SERVICES

CALIFORNIA, IDAHO, WASHINGTON:

Certain Exams and Services: The following are not covered unless a Participating Provider determines that the services are Medically Necessary.

- Physical exams and other services that are:
 - Required for obtaining or maintaining employment or participation in employee programs
 - Required for medical coverage, life insurance coverage or licensing, or
 - On court order or required for parole or probation.

FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, OHIO, SOUTH CAROLINA, UTAH, WISCONSIN:

Certain Exams and Services: The following are not covered when performed solely for the purpose of:

- Obtaining or maintaining employment or participation in employee programs,
- Obtaining medical coverage, life insurance coverage or licensing, or
- To comply with a court order or when required for parole or probation.

This exclusion does not apply to preventive services or services a Participating Provider determines are Medically Necessary.

NEW MEXICO:

Certain Exams and Services: The following are not generally covered. Physical exams and other services that are:

- Required for obtaining or maintaining employment or participation in employee programs
- Required for medical coverage, life insurance coverage or licensing, or
- On court order (unless medical necessity criteria was met), or
- Required for parole or probation.

TEXAS:

Certain Exams and Services: The following are not covered unless a Participating Provider determines that the services are Medically Necessary.

- Physical exams and other services that are:
 - Required for obtaining or maintaining employment or participation in employee programs,
- Required for insurance or licensing, or
- On court order or required for parole or probation.

This exclusion does not apply if a Participating Provider physician determines that the services are Medically Necessary.

PROVIDER-TO-PROVIDER CONSULTATION

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN: (NOT LISTED IN 2025 KY EOC)

Provider-to-Provider Consultation: Molina does not cover interprofessional consultations between providers without the member present.

SERVICES PROVIDED OUTSIDE THE SERVICE AREA

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WISCONSIN:

Services Provided Outside the Service Area: Except as otherwise provided in this Agreement, any services and supplies provided to a Member outside the Service Area where the Member traveled to the location for the purposes of receiving medical services, supplies, or drugs are not covered. Also, routine care, preventive care, primary care, specialty care, and inpatient services are not covered when furnished outside the Service Area. When death occurs outside the United States, the medical evacuation and repatriation of remains is not covered. Please contact Member Services for more information.

NEVADA:

Services Provided Outside the Service Area: Except as otherwise provided in this Agreement, any services and supplies provided to a Member outside the Service Area where the Member traveled to the location for the purposes of receiving medical services, supplies, or drugs are not covered. Also, routine care, preventive care, primary care, specialty care, and inpatient services are not covered when furnished outside the Service Area. When death occurs outside the United States, the medical evacuation and repatriation of remains is not covered. Please contact Customer Support for more information.

UTAH:

Services Provided Outside the Service Area: Except as otherwise provided in this Agreement, any services and supplies provided to a Member outside the Service Area where the Member traveled to the location for the purposes of receiving medical services, supplies, or drugs are not covered. Also, routine care, preventive care, primary care, specialty care, and inpatient services are not covered when furnished outside the Service Area. When death occurs outside the United States, the medical evacuation and repatriation of remains is not covered. Please contact Customer Support for more information.

WASHINGTON:

Services Provided Outside the Service Area: Except as otherwise provided in this Agreement, any services and supplies provided to a Member outside the Service Area where the Member traveled to the location for the purposes of receiving

medical services, supplies, or drugs are not covered. Also, routine care, preventive care, primary care, specialty care, and inpatient services are not covered when furnished outside the Service Area. When death occurs outside the United States, the medical evacuation and repatriation of remains is not covered. Please contact Customer Support for more information.

SERVICES PERFORMED BY UNLICENSED PEOPLE

ALL STATES:

Services Performed by Unlicensed People: Services performed by people who are not required by State Law to possess valid licenses or certificates to provide healthcare services are not covered, except as otherwise covered by this Agreement.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 Drafted Language
6/30/2021	<ul style="list-style-type: none"> Added ID 2022 EOC Language
7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language

Codification

[Marketplace Benefit Interpretation Policies Codification](#)

Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management
	Date	3/1/2021	5/17/2021	4/21/2021
	Revised (for 1/1/2022)	11/16/2021	4/6/2022	11/29/2021
	Revised (for 1/1/2023)	11/18/2022	4/18/2023	12/3/2022
	Revised (for 1/1/2024)	11/30/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/12/2024	-	11/12/2024