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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 Apple Health managed care contract, HCA Medicaid Provider Guides, schedule of benefits or WAC.	
2019	Apple Health Apple Health State Children’s Health Insurance Program (SCHIP), Apple Health Family/Pregnancy Medical (AHFAM), Apple Health Adult (AHA), Apple Health Blind Disabled (AHBD)
Abortion	Excluded is voluntary termination of pregnancy. Covered through Medicaid Fee-For-Service. (Apple Health Contract 17.4.5.4) Covered is involuntary termination of pregnancy (miscarriage).
Acupuncture	Excluded - HCA does not reimburse for services performed by acupuncturists. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide, page 40 WAC 182-531-0250 (2 a))
Alcoholism	See Substance Use Disorder
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. Non-Emergent Transportation: Covered is when it is necessary to transport a 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 Contract 17.4.5.7, HCA Ambulance-ITA Medicaid Provider Guide page 26) Court-ordered transportation services, including ambulance services. (Apple Health IMC Contract 17.4.5.5) Treat and Refer: Covered is treatment with no transport when provided by eligible providers defined as fire departments pursuant to a community assistance referral and education services program (CARES) as described in RCW 35.21.930. (Apple Health IMC Contract 17.4.5.20. Qualifying providers must complete and submit the HCA Treat & Refer Program Participation Attestation (HCA 60-0024) form to the Health Care Authority.
Antigen (Allergy Serum)	Covered are antigen allergens, antigen preparation and its administration. (Apple Health Contract 17.3.4.2.1, HCA Physician-Related Services/Healthcare. Professional Services Medicaid Provider Guide, pages 180-181, Apple Health Member Handbook page 11)
Applied Behavioral Analysis (ABA) - Autism	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 Contract 17.1.8 and WAC 182-531A)

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	Covered is ABA treatment services and care coordination activities for children with a diagnosis or suspected diagnosis of autism spectrum disorder, in accordance with EPSDT requirements. (Apple Health Contract 17.1.8.3)
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.
Autism	See Applied Behavioral Analysis (ABA) - Autism
Autologous Blood	See Blood Products
Bariatric Surgery	Covered are surgical procedures (bariatric surgery) for weight loss or reduction consistent with WAC 182-531-1600 and WAC 182-550-2301. (Apple Health Contract 17.1.34, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 117) See Weight Loss Treatments
Bio-feedback	Covered is bio-feedback training when determined medically necessary. (Apple Health Contract 17.1.9.18, Apple Health Member Handbook page 14)
Birthing Centers/Home Births	Covered are deliveries in a birthing center or at home. (Apple Health Contract 16.8.4, HCA Planned Home Births and Births in Birthing Centers Medicaid Provider Guide page 9)
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.

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	<ul style="list-style-type: none"> Dispensing of 12 months of contraceptives at one time without authorization requirements related to quantity or days supplied. Duration of any authorization for contraceptives for other reasons must be no less than 12 months. (Apple Health Contract 17.3.4.2.5-17.3.4.2.6, Apple Health Member Handbook, pages 14-15, HCA Prescription Drug Program Medicaid Provider Guide pages 31, 33, 36, 47-48, 62, 96-97) 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 Contract 17.3.4.2.4 and 17.4.5.15, Apple Health Member Handbook page 11, Physician-Related Services/ Health Care Professional Services Medicaid Provider Guide pages 245-249)
Braces (Orthopedic)	See Durable Medical Equipment, Prosthetics and Supplies
Braces (Orthodontics)	Excluded are orthodontics. Covered through Medicaid Fee-For-Service. (Apple Health Contract 17.4.5.9) See Dental Care
Breast Implant	Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. 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 treatment. (Apple Health Contract 17.1.9.10, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 38, 112-113 WAC 182-531-0150)
Breast Reductions	See Plastic Surgery
Bulimia	See Mental Health
Cardiac Rehab	Covered is outpatient cardiac rehab CPT codes 93798 or G0422 with continuous ECG monitoring only when billed with specific diagnosis codes. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 184-185)

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Chemical Dependency	See Substance Use Disorder
Chemotherapy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 186-187)
Childbirth Classes	Covered through Medicaid Fee-For-Service. (HCA Childbirth Education Medicaid Provider Guide page 13)
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)
Circumcision of Newborns	Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 37) 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 127)
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 Contract 17.1.9.10, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 37, 285-286)
Colonoscopy	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health Contract 16.1.1.1) Excluded is computed tomographic colonography for routine colorectal cancer screening as medically necessary. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 149)
Complications of Excluded Services	Covered is medically necessary treatment for complications resulting from an excluded service. (Apple Health Contract 17.1.36)
Counseling	See Mental Health
Court Ordered Treatment	Excluded
Custodial Care	See Home Health Care/Home Health Aide
Dental Care	Excluded are professional services provided by a dentist, dental surgeon, dental hygienist, denturist, dental anesthesiologist, endodontist, periodontist, or other dental specialist for care and treatment of a dental condition, including anesthesia for dental care; prescriptions written by a dentist or oral surgeon for a dental diagnosis. Dental services

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	covered through WA Medicaid Fee-For Service for all adults and children. (Apple Health Contract 17.4.5.8, HCA Dental Related Services Medicaid Provider Guide pages 23-25)
Diabetes Education	Covered (HCA Diabetes Education Medicaid Provider Guide)
Diabetic Supplies	See Prescriptions
Dialysis	Covered is hemodialysis or other appropriate procedures to treat renal failure including equipment needed in the course of treatment. (Apple Health Contract 17.1.23, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 37, 188-189, HCA Kidney Center Services Medicaid Provider Guide pages 16-17)
Diapers (Adult)	See Durable Medical Equipment (DME), Prosthetics and Supplies
Durable Medical Equipment (DME), Prosthetics and Supplies	<p>Covered are durable medical equipment and supplies including but not limited to: wheelchairs, hospital beds, respiratory equipment; prosthetic and orthotic devices; casts, splints, crutches, trusses, and braces. (WAC 182-501-0065)</p> <p>Covered are durable medical equipment and supplies 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 Contract 17.1.18)</p> <p>Covered is fitting prosthetic and orthotic devices. (Apple Health Contract 17.1.9.14)</p> <p>Some limits apply. (HCA Prosthetic and Orthotic Devices Medicaid Provider Guide and Medical Equipment and Supplies 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 nonmedical equipment such as ramps or other home modifications. (Apple Health Handbook page 21)</p> <p>See Oxygen See Formula (Enteral/Parenteral Nutrition)</p>
Eating Disorders	Covered if medically necessary.

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	See Mental Health See Nutritional Counseling See Weight Loss Treatments
Emergency Room and Out of Area Care	<p>Covered are emergency services:</p> <p>In service area – The plan shall cover members for all medically necessary services included in the scope of services covered by the contract. (Apple Health Contract 16.1.1)</p> <p>Covered are emergency room visits including visits with a mental health primary diagnosis.</p> <p>Out of service area – The plan shall cover emergency, post stabilization, urgent care and services that are neither emergent nor urgent but are medically necessary and cannot wait until members return to the service area. (Apple Health Contract 16.1.11.1)</p> <p>The plan will provide all inpatient and outpatient emergency services in accord with 42 CFR 438.114 (prudent layperson). (Apple Health Contract 17.1.5.1)</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: Being a resident of Point Roberts, WA, Reside in WA communities along the border with BC, Be a member of the Canadian First Nations who lives in WA. (Apple Health Contract 17.4.3, WAC 182-501-0184)</p>
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	<p>Covered are all EPSDT screening, diagnostic, and treatment services found to be medically necessary. (Apple Health Contract 17.1.26.1.5)</p> <p>Pursuant to WAC 182-501-0050, review any request for a non-covered service to determine the medical necessity of the service, including evaluating the safety and effectiveness of the requested service and to establish it is not experimental. 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. (Apple Health Contract 17.1.26.2)</p>

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	<p>If any EPSDT service exceeds the “soft” limit placed on the scope, amount or duration of a service, the Contractor shall use LE procedures in accordance with WAC 182-501-0169 to determine medical necessity of the requested services and authorize the additional services as indicated. (Apple Health Contract 17.1.26.2.1)</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 and substance use disorder conditions, 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 Contract 17.1.26.1.1)</p> <p>Covered are diagnostic and treatment services which include vision, dental and hearing services and developmental screenings for all children at 9 and 18 months, and one screening between 24 and 36 months of age, and autism screening for all children at 18 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 Contract 17.1.26.1.3)</p> <p>Covered are annual depression screening for youth ages twelve (12) to eighteen (18), and up to age twenty (20) per EPSDT requirements. (Apple Health Contract 17.1.9.2)</p>
Experimental Treatment or Devices	<p>Plans are to use criteria to determine whether an experimental or investigational service is medically necessary. (Apple Health Contract 11.8)</p> <p>Medicaid medical necessity determinations for its Fee-For-Service program described in WAC 182-501-0165.</p>
Eye Exams, Routine Refractions	<p>Covered are eye examinations and refraction and fitting services with the following limitations:</p> <ul style="list-style-type: none"> • Once every 24 months for members 21 years of age or older; • Once every 12 months for members 20 years of age or younger <p>Covered are additional examinations and refraction services outside the limitation described above when:</p> <ul style="list-style-type: none"> • The provider is diagnosing or treating the member for a medical condition that has symptoms of vision problems or disease;

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	<ul style="list-style-type: none"> • The member is on medication that affects vision; or • The service is necessary due to lost or broken eyeglasses/contacts <p>(Apple Health Contract 17.1.12, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide pages 199-204)</p> <p>Members may self-refer to participating providers for these services.</p>
Eye Glasses	<p>Excluded are eyeglass frames, lenses and fabrication services for adult's age 21 years and over.</p> <p>Covered for children under age 21 through HCA's Fee-For-Service.</p> <p>Associated fitting and dispensing services covered for all members. (HCA Vision Hardware for Clients 20 Years of Age and Younger Medicaid Provider Guide pages 28-33)</p> <p>For children - Eyeglasses, Contact Lenses, & hardware fittings are covered separately under the Fee-For-Service program. (Apple Health Contract 17.4.5.3)</p>
Family Planning	<p>Covered are family planning services provided or referred by a participating provider or practitioner. (Apple Health Contract 17.1.9.6)</p> <p>See Birth Control</p>
Fertility Drugs	<p>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 52, WAC 182-531-0150)</p>
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. (Apple Health Contract 17.1.16.3)</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. (HCA Enteral Nutrition Medicaid Provider Guide pages 19-20, 27-28)</p>

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	<p>Covered are parenteral nutritional supplements and supplies for all enrollees. (HCA Home Infusion Therapy/ Parenteral Nutrition Medicaid Provider Guide, page 16-28)</p> <p>Covered are Medically necessary oral enteral nutrition products, including prescribed infant formulas not covered by WIC or additional quantities beyond amounts allowed by WIC, for clients 20 years of age and under.</p> <p>Parenteral and enteral nutrition supplied through specialized DME providers.</p> <p>(Apple Health Contract 17.1.16)</p>
Gastroplasty	See Bariatric Surgery
Genetic Services	<p>Covered are genetic testing for all enrollees. Genetic counseling for children and non-pregnant adults (Apple Health Contract 17.1.9.19, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide pages 189-192)</p> <p>See Prenatal Genetic Counseling</p>
Glucometers	See Prescriptions
Habilitative Services	<p>Covered for Apple Health Adult members only who have a congenital or genetic condition.</p> <p>Children: No limitation;</p> <p>Adults: Twenty-four (24) units each for physical and occupational therapy and six (6) units of speech therapy, subject to limitation extensions as determined medically necessary.</p> <p>Habilitative services do not include:</p> <ul style="list-style-type: none"> • Day habilitation services designed to provide training, structured activities and specialized services to adults; • Chore services to assist with basic needs; • Vocational services; • Custodial services; • Respite care; • Recreational care; • Residential treatment; • Social services; and • Educational services.

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	(Apple Health Contract 17.1.31.3, Habilitative Services Medicaid Provider Guide pages 17-21)
Health Education	Covered is member health education (Apple Health Contract 17.1.8.16) Covered under EPSDT. (HCA EPSDT Medicaid Provider Guide) See Diabetes Education See Nutritional Counseling
Hearing Aids	Covered are monaural and binaural hearing aids, including fitting, follow-up care, batteries, and repair for children and adults. (Apple Health Contract 17.1.27, HCA Hearing Hardware Medicaid Provider Guide, pages 17-18, 25-29) See Implants
Hearing Exam	Covered when medically necessary. (Apple Health Member Handbook page 13)
Home Birth	See Birthing Centers/Home Birth
Home Health Care/ Private Duty Nursing	Covered are acute home health services, including palliative care. (Apple Health Contract 17.1.17, HCA Home Health Services (Acute Care Services) Medicaid Provider Guide pages 19-23) Covered is medically intensive children’s private duty nursing services for children age seventeen (17) and younger. (Apple Health Contract 17.1.9.8) 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 Contract 17.4.6.2) Excluded are community based services (e.g. COPES, CFC and Personal Care Services) covered through the Aging and Long Term Services Administration (ALTSA). (Apple Health Contract 17.4.6.4)
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 in skilled nursing facilities/ nursing facilities, hospitals, hospice care centers, and the member’s home. Hospice services include: <ul style="list-style-type: none"> • Palliative Care and Care Coordination: Provision of skilled care services and care coordination to Enrollees with a life-limiting medical condition under a palliative care model. Services can be provided in the following settings, but not limited to, hospice care centers, hospitals, clinics, and the Enrollee’s home. (Apple Health Contract 17.1.20)

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	<ul style="list-style-type: none"> Pediatric Concurrent Care: Treatment, including diagnostics that is related to an Enrollee’s terminal condition for an Enrollee aged twenty and younger who voluntarily elects hospice care. Pediatric concurrent care preserves the Enrollee’s rights to hospice care without waiving any rights to services that the Enrollee is entitled to under Title XIX Medicaid and Title XXI CHIP. (WAC 182-551-1860). (Apple Health Contract 17.1.21.1) (Apple Health Contract 17.1.21, HCA Hospice Services Medicaid Provider Guide pages 39-41)
Hospitalization	<p>Covered are hospital inpatient services (WAC 182-531-0100, Inpatient Hospital Services Medicaid Provider Guide)</p> <p>Covered are inpatient services provided by a Nursing Facility, Skilled Nursing Facility or other acute care setting, when services are determined medically necessary and nursing facility services are not covered by DSHS’ Aging and Long Term Supports Administration, or provided when the Plan determines that nursing facility care is more appropriate than acute hospital care. (Apple Health Contract 17.1.3.2)</p> <p>Inpatient psychiatric consultations are covered during medical hospital stays. Covered are all services provided during an inpatient admission even if part of that admission is for mental health services, when the admission didn’t occur to a psychiatric facility or designated psychiatric bed OR the admission wasn’t approved by a BHO. (Apple Health 17.1.3.4).</p> <p>Excluded is an inpatient stay with a mental health diagnosis that was approved by a BHO.</p> <p>Inpatient services at Certified Public Expenditure (CPE) hospitals for Categorically Needy- Blind and Disabled (AHBD) identified by Health Care Authority are covered by Medicaid Fee-For-Service. (Apple Health Contract 5.18.4 and 17.1.3.1) Associated professional claims are covered by MHW.</p> <p><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</p>

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	Valley Medical Center - Renton
Immunizations	See Vaccinations
Implants	Covered are medically necessary services (Apple Health Contract 16.1.1) Covered are cochlear and Bone Anchored Hearing Aids (BAHA) implants for children under age 21 and medically necessary, repair and replacement for adults 21 and older. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 115-116 and WAC 182-531-0200(4) (c)) Covered are batteries for cochlear implants (HCA Hearing Hardware Medicaid Provider Guide page 14, Apple Health Contract 17.1.28)
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 40, WAC 182-531-0150)
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 Contract 17.4.6.9) Covered are 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 plan shall provide transitional care coordination services to inmates upon release from jail in accordance with subsection 14.14. (Apple Health Contract 17.1.30)
Infertility	See Impotence
Keratotomy/ Kerato-Plasty (Refractive Lensectomy)	See Plastic Surgery
Laboratory Tests	Covered is performing and/or reading diagnostic tests. (Apple Health Contract 17.1.11)
Learning Disorders	See Neurodevelopmental Therapy
Lifetime Maximum Benefit Limit	There is no life time maximum limitation on Plan payments.
Mammogram	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health Contract 16.1.1, HCA Physician Related Services/Health Care Professional Services Medicaid Provider Guide page 141)

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Mammaplasty	See Plastic Surgery
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 207)
Massage Therapy	Covered during physical therapy and occupational therapy treatment only. (HCA Outpatient Rehabilitation Medicaid Provider Guide page 26) 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))
Maternity Care	See Prenatal Care
Medication Assisted Treatment	See Substance Use Disorder
Mental Health	Covered is outpatient mental health. Plan to assist in transitioning to BHO when access to care standards have been met. (Apple Health Contract 17.1.13) Excluded are mental health services separately purchased for all Medicaid members by the DSHS, Behavioral Health and Service Integration Administration (BHSIA). (Apple Health Contract 17.4.6.6) Covered are emergency room visits with a mental health primary diagnosis. Inpatient psychiatric consultations are covered during medical hospital stays. Covered are all services provided during an inpatient admission even if part of that admission is for mental health services, when the admission didn’t occur to a psychiatric facility or designated psychiatric bed OR the admission wasn’t approved by a BHO. (Apple Health Contract 17.1.3.4) Excluded is an inpatient stay with a mental health diagnosis that was approved by a BHO. (Apple Health Contract 17.4.6.1) When a member has substance use disorder (SUD) and/or mental health diagnosis, the Plan is responsible for contracted services whether or not the member is also receiving SUD and/or mental health treatment. (Apple Health Contract 17.1.2) See Prescriptions

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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 § 1396(a)(25) and other applicable law. (Apple Health Contract 18.2.3).
Naturopathy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 25-26, WAC 182-531-0250 (1g))
Neurodevelopmental Therapy – Long Term PT, OT and Speech	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. (Apple Health Contract 17.1.14)
Nicorette Gum	See Smoking Cessation
Norplant-Implantable Contraceptives	See Birth Control
Nursing Homes	See Skilled Nursing Facilities
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. (Apple Health Contract 17.1.9.17 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
Occupational Therapy	See Physical Therapy
Oral surgery	See Dental Care
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 Contract 17.1.10) 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

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	<p>procurement fees and donor searches. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide, pages 250-251)</p> <p>Per MHW Medical Director transplant coverage decisions are complex. Providers must contact Plan to obtain specific information. Some transplants are well proven by medical research. Others are not and may not work for a member's situation. The provider needs to contact the Plan about each situation.</p>
Orthotics	See Durable Medical Equipment, Prosthetics and Supplies
Out of Area Care	See Emergency Room and Out of Area Care
Outpatient Surgery	<p>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 Contract 17.1.4)</p> <p>Covered are services provided at ambulatory centers. (Apple Health Contract 17.1.7)</p> <p>Covered are facility costs of surgical procedures that can be performed safely on an ambulatory basis in an Ambulatory Surgery Center. (HCA Ambulatory Surgery Centers Medicaid Provider Guide page 7)</p>
Over-Age Dependents	Not applicable, WA Medicaid determines eligibility.
Oxygen	Covered is respiratory equipment, services and supplies. (Apple Health Contract 17.1.19, HCA Respiratory Care Medicaid Provider Guide pages 39-44)
Pain Clinics	Covered is one inpatient hospital stay, up to 21 consecutive days, once per lifetime. The plan may cover plan-contracted facilities. (WAC 182-550-2400)
Physical Exams	See Preventive Care
Physical Therapy	<p>Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health Contract 17.1.14)</p> <p>(HCA Outpatient Rehabilitation Medicaid Provider Guide pages 16-21)</p>

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Plastic & Reconstructive Surgery	<p>Excluded is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness.</p> <p>Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 38, Apple Health Contract 17.1.9.10, WAC 182-531-0150)</p>
Podiatry	<p>Covered are services for children under age 21 when medically necessary.</p> <p>Excluded is foot care for adults age 21 and older to treat chronic acquired conditions of the foot such as, but not limited to:</p> <ul style="list-style-type: none"> • Removal of warts, corns, or calluses; • Trimming of nails and other regular hygiene care • Treatment of flat feet; • Treatment of high arches • Bunions and tailor’s bunion • Adult acquired flatfoot <p>Covered is treatment of the lower extremities only when there is an acute condition, an exacerbation of a chronic condition, or presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease and evidence that the treatment will prevent, cure or alleviate a condition in the 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. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide, pages 38, 41, 294)</p>
Pre-existing Conditions	The plan is responsible for covering medically necessary services. (Apple Health Contract 16.1.1.1)
Prenatal Care	<p>Covered are maternity care, delivery, and newborn care services. (WAC 182-531-0100, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 217-232)</p> <p>Excluded are early, elective inductions (before 39 weeks) that do not meet medically necessary indicators set by the Joint Commission. (Apple Health Contract 17.4.4)</p>
Prenatal Genetic Counseling	Excluded is prenatal diagnosis genetic counseling. Covered by HCA Fee-For-Service. (Apple Health Contract 17.4.5.14, Physician-Related Services/Health Care Professional Services Billing Guide, pages 192-193)

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	See Genetic Services
Prescriptions	<p>Covered are prescription drug products according to the Apple Health Preferred Drug List (AH 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 Contract 17.3)</p> <p>Covered are all covered outpatient drugs when determined to be Medically Necessary, unless otherwise excluded from coverage. (Apple Health Contract 17.3.2.1)</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 Contract 17.3.4.2.3)</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 Contract 17.3.4.2.5)</p> <p>Covered drug products shall include family planning drugs, devices, and drug-related supplies, prescription vitamins and mineral products, drug-related devices and drug-related supplies as an outpatient pharmacy benefit, preservatives, flavoring and/or coloring agents, only when used as a suspending agent in a compound, over-the-counter and prescription drugs to promote smoking cessation. (HCA Prescription Drug Program Medicaid Provider Guide, pages 30-35)</p> <p>Glucometers are covered under MHW policy that provides TrueMetrix Air 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>See Birth Control</p>

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Preventive Care	Covered is preventive care. Covered are medical examinations, including wellness exams for adults and EPSDT for children, immunizations. (Apple Health Contract 17.1.1)
Prosthetic Limbs	See Durable Medical Equipment, Prosthetics and Supplies
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)
Psychiatric Disorders	See Mental Health
Radial Keratotomy	See Plastic Surgery
Radiology	Covered are radiology, and other medical imaging services, screening and diagnostic services and radiation therapy. (Apple Health Contract 17.1.11) 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 140-148)
Reconstructive Surgery	See Plastic Surgery
Screening, Brief Intervention and Referral to Treatment (SBIRT)	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 or depression. (Apple Health Contract 17.1.32, Physician Related Services/Health Care Professional Services Medicaid Provider Guide pages 234-238)
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 Contract 16.2)
Skilled Nursing Facilities	Covered are inpatient services provided by a Nursing Facility, Skilled Nursing Facility or other acute care setting, when services are determined medically necessary and nursing facility services are not covered by DSHS’ Aging and Long Term Supports Administration, or provided when the Plan determines that nursing facility care is more appropriate than acute hospital care. (Apple Health Contract 17.1.3.2) 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

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	includes but is not limited to: prescription medications, durable medical equipment, therapies, intravenous medications, and any other medically necessary service or product. (Apple Health Contract 14.15.3) 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 Contract 17.4.6.5)
Sleep Disorders	Covered as a medical condition.
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 54-59) MHW policy – Covers all Molina members 18 and over. Members can re-enroll two times a year for up to a three year re-enroll lifetime maximum.
Speech Therapy	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health Contract 17.1.14, HCA Outpatient Rehabilitation Medicaid Provider Guide pages 17-20)
Spinal Manipulations	See Chiropractic Care and Manipulative Therapy

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Sterilization (Tubal Ligation, Salpingectomy and 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 federal consent form HHS-687 is used. A hysterectomy requires the Hysterectomy Consent and Patient Information form (HCA 13-365). (Apple Health Contract 16.3, HCA Physician Related Services/ Healthcare Professional Services Medicaid Provider Guide 123-124, Sterilization Supplemental Medicaid Provider Guide pages 17-31)</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 Contract 17.4.5.11) 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 41)</p>
Substance Use Disorder	<p>Excluded- Substance abuse treatment services covered through the Behavioral Health Organization (BHO). (Substance Use Disorder Billing Guide page 17)</p> <p>When a member has When an Enrollee has substance use disorder (SUD) and/or mental health diagnosis, the Contractor is responsible for contracted services whether or not the Enrollee is also receiving SUD and/or mental health treatment. (Apple Health Contract 17.1.2)</p> <p>Covered are all drugs FDA labeled or prescribed as Medication Assisted Treatment (MAT), including buprenorphine/suboxone treatment provided by an SUD clinic 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 Contract 17.3.4.2.6)</p>
Supplies (Non-Durable)	See Durable Medical Equipment, Prosthetics and Supplies
TMJ	Covered are medically necessary services. (Apple Health Contract 16.1.1)
Transgender Health Services	Covered is medical care including hormone therapy for any transgender enrollees, puberty- blocking treatment for transgender adolescents, and mental health services to treat gender dysphoria. (Apple Health Contract 17.1.9.21). Covered through Fee For Service (FFS) is surgical procedures related to gender reassignment surgery and electrolysis and postoperative complications.

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	Excluded is cosmetic procedures and services, voice modification surgery, voice therapy. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide pages 292-299)
Transplants	See Organ Transplants
Travel Immunizations	See Vaccinations
Urgent Care	Covered are urgent care services associated with the presentation of medical signs that require immediate attention but are not life threatening. (Apple Health Contract 16.1.13.1)
Vaccinations (Immunizations)	Covered are immunizations. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide pages-214-216) Covered is shingles vaccine for members over age 60 years and over. Additional requirements for members under 60 years of age. (Apple Health Contract 17.1.9.4) Covered is Human Papillomavirus (HPV) <ul style="list-style-type: none"> • Ages 9-18 #90649 SL (SL shows received through DOH program for kids.) • Ages 19-60 #90649 no SL modifier & #90471 for administration. (HCA Prescription Drug Program Medicaid Provider Guide page 54, 57)
Vasectomy	See Sterilization
Vitamins	Covered are therapeutic vitamins and iron prescribed for prenatal and postnatal care. (Apple Health Contract 17.3.4.2.2) 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 31)
Vision Therapy	Covered is vision therapy. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 198)
Vocational Rehabilitation	Long term in-depth vocational rehabilitation is covered through DSHS Fee-For-Service under the Division of Vocational Rehabilitation (http://www.dshs.wa.gov/dvr/). Short term- See Physical Therapy
Weight Loss Drugs	Excluded are drugs prescribed for weight loss or gain (HCA Prescription Drug Program Medicaid Provider Guide, page 19)

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	See Weight Loss Treatments
Weight Loss Treatments	<p>Covered are surgical procedures for weight loss or reduction consistent with WAC 182-531-1600 (Apple Health Contract 17.1.34)</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 42)</p> <p>See Bariatric Surgery See Nutritional Counseling</p>