



Molina Healthcare of Ohio

Member Services: Toll-Free (800) 642-4168 or TTY (800) 750-0750 or 7-1-1
www.molinahealthcare.com

2013 Benefits At-a-Glance

Our goal is to provide you with the best care possible. Molina Healthcare covers all medically necessary Medicaid-covered services. The services covered by Molina Healthcare are covered at no cost to you. The following list of covered services helps you know which services require prior authorization (PA) and which do not. Not all services that require PA are included in this list. For more information, or if you have any questions about utilization management or PA requests, please call Member Services.

BENEFITS	Covered Under Ohio Medicaid and CSHCN
Ambulance and Ambulette transportation	PA is not required.
Certified Nurse Midwife Services	PA is not required.
Certified Nurse Practitioner Services	PA is not required
Chiropractic (Back) Services	For members younger than 21 years of age, 30 visits per 12-month period are available without PA. For members 21 years of age or older, 15 visits per 12-month period are available without PA.
Dental Services	Routine services do not require PA. Dental services other than routine care require PA.
Developmental Therapy Services for Children Aged Birth to Six Years	30 dates of service per 12-month period for any combination of services are available without PA.

Diagnostic Services (X-ray, Lab)	Selected diagnostic services (including CT Scans, MRIs, MRAs, PER Scans and SPECT) require PA.
Durable Medical Equipment (DME)	Some durable medical equipment items require PA.
Emergency Services	PA is not required.
Family Planning Services and Supplies	PA is not required.
Federally Qualified Health Center or Rural Health Clinic Services	PA is not required.
Home Health Services	Home health services require PA.
Hospice Care (Care for terminally ill, e.g., cancer patients)	PA is not required. Notification is requested.
Inpatient Hospital Services	Inpatient hospital services (except for emergency admissions) and elective admissions, including pregnancy delivery services, require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.
Medical Supplies	Some medical supplies require PA.
Mental Health and Substance Abuse Services	PA is not required for services from a Community Mental Health Center (CMHC) or Ohio Department of Alcohol and Drug Addiction Services (ODADAS) facility, which are Medicaid providers. PA is required for services provided by Medicaid providers not affiliated with a CMHC or ODADAS agency, after 12 visits per calendar year for members 19 years of age or older. PA is required after 20 visits for ages 18 and under.
Nursing Facility Services for a Short-Term	Short-Term inpatient rehabilitative nursing facility stay requires PA.
Obstetrical (Maternity Care: Prenatal and postpartum including at-risk pregnancy services) and Gynecological Services	PA is not required. Notification is requested.
Outpatient Hospital Services	Some outpatient services require PA.
Physical and Occupational Therapy	30 dates of service per 12-month period for any combination of services is the maximum benefit. Physical and occupational therapy require PA after the initial evaluation and 12 visits for any combination of services.
Physical Exam - required for employment or for participation in job training programs if the exam is not provided free of charge by another source	PA is not required.
Podiatry (Foot) Services	Office visits for examination and plan of care do not require PA. In-office podiatry procedures and interventions require PA.
Prescription Drugs - including certain prescribed	Selected drugs, including injectables and some over-the-counter drugs,

over-the-counter drugs	require PA.
Preventive Mammogram (breast) and Cervical Cancer (Pap Smear) Exams	PA is not required.
Primary Care Provider Services	PA is not required.
Renal Dialysis (Kidney Disease)	PA is not required.
Screening and Counseling for Obesity	PA is not required. Screening and counseling for obesity requires referral by a provider.
Services for children with medical handicaps (Title V)	PA is not required.
Shots (Immunizations)	Routine immunizations (those included in the vaccines for children) are covered. Immunizations required for travel outside the United States are not covered. PA is not required.
Specialist Services	Office visits to see a specialist do not require PA. Some specialist services do require PA.
Speech and Hearing Services, including hearing aids	After the initial evaluation and six visits are completed, continuation of these services requires PA. 30 dates of service per 12-month period for a combination of speech, language, pathology and audiology services are covered. Hearing aids require PA.
Vision (optical) Services, including eyeglasses	PA is not required.
Well-Child (Healthcheck) Exams for Children under the age of 21	PA is not required.
Yearly Well-Adult Exams	PA is not required.

Additions from Member Services

Mammogram	Covered for women 35 years of age or older, unless a woman is at high risk of developing breast cancer. One screening mammography for women 34 to 40 years of age. One screening mammography every 12 months may be paid for a Molina Healthcare member who is over the age of 39. Mammographies provided for the diagnosis and treatment of women who show clinical symptoms indicative of breast cancer are covered regardless of the recipient's age.
Pap Smears	Covered.
Birth Control	Oral contraceptive drugs are covered by Ohio Medicaid. Certain contraceptive devices and injections are covered by Molina Healthcare. No PA required.

Sterilization (Tubal Ligation or Vasectomy)	<p>Covered for patients 21 years of age or older.</p> <p>Consent to sterilization form required except in unique circumstances of an unscheduled clinical event that requires a sterilization because of a life-threatening emergency.</p> <p>Must be a voluntary request and the individual must be mentally competent.</p> <p>Reversal is excluded.</p> <p>See OAC 5101:3-21-02.2 Medicaid Covered Reproductive Health Services: Permanent Contraception/Sterilization Services and Hysterectomy</p>
Transportation	<p>Up to 30 one-way/15 round trips per calendar year for medically necessary appointments and WIC or ODJFS redetermination appointments.</p> <p>Transportation is also available if the member lives greater than 30 miles from the nearest network provider. Trips are unlimited if greater than 30 miles and a closer network provider is not available.</p>
Skilled Nursing Facilities	<p>Covered for short-term rehabilitative stay as determined by ODJFS. PA required.</p> <p>Long-term care in a skilled nursing facility is excluded. Refer members to the appropriate County Department of Job and Family Services. PA required</p>

Note: For a full and detailed list of benefit information, please refer to your Member Services Guide or call Member Services.