



BENEFITS INDEX

<p>All covered services must be medically necessary. Some are subject to prior authorization requirements and limitations. All services, excluding emergency and urgent care, rendered by non-participating providers require prior authorization. If more information is needed, contact Molina Healthcare Provider Services at 1-855-322-4079.</p>		
Services	Benefit Coverage Information	Additional Information
Abortion	Not covered, <u>except</u> when medically necessary to save the life of the mother or in instances of reported rape or incest.	Prior authorization required. Abortion Certification Form (JFS 03197) required, available online at www.MolinaHealthcare.com
Acupuncture	Not covered.	
Alcoholism Treatment	<p>Molina Healthcare will cover inpatient or outpatient treatment for medical conditions resulting from or associated with alcoholism or chemical dependency.</p> <p>Members may obtain services through Ohio Department of Alcohol and Drug Addiction Services (ODADAS)-certified Medicaid providers or from network providers.</p> <p>Coverage is provided through network providers for members who are unable to timely access services or are unwilling to access services through ODADAS providers.</p> <p>Molina Healthcare covers:</p> <ul style="list-style-type: none"> • Alcohol and other drug (AOD) urinalysis screening • Assessment • Counseling • Physician/psychologist/ psychiatrist AOD services • Outpatient hospital and clinic AOD treatment services • Crisis intervention • Inpatient detoxification services in a general hospital • AOD related laboratory services <p>Outpatient detoxification and methadone maintenance are not covered.</p>	<p>Medical-related inpatient services require prior authorization.</p> <p>No authorization required for non-medical treatment or counseling if obtained at ODADAS facilities.</p> <p>All outpatient services require prior authorization (driven by diagnosis codes).</p>
Ambulance and Ambulette Services	Covered.	Effective 01/01/2014 Prior Authorization is required for non-emergent services
Antigen (Allergy Serum)	Covered.	
Attention Deficit Disorder (A.D.D.)	<p>If treated by PCP, pediatrician or neurologist, covered as a medical condition.</p> <p>If treated by a psychiatrist or other MH professional see Behavioral Health below.</p>	

Behavioral Health	<p>Members may self-refer to Community Mental Health Centers or Ohio Department of Mental Health & Addiction Services facility for services.</p> <p>Members may be seen by network behavioral health providers up to 12 office visits for adults ages 21 and older and 20 visits for children ages 0-20 in a calendar year without prior authorization.</p>	<p>No prior authorization is required for self-referrals.</p> <p>Prior authorization required for additional office visits.</p>
Biofeedback	Not covered.	
Birth Control	<p>Oral contraceptive drugs are covered by Ohio Medicaid.</p> <p>Certain contraceptive devices and injections are covered by Molina Healthcare.</p>	No prior authorization required.
Birth Centers	Covered.	
Blood Products	Covered services include blood, blood components, human blood products and their administration.	
Braces (Orthodontics)	<p>Covered for children under the age of 20 and subject to medical review and limitations.</p> <p>If prior authorized and started by another provider, services related to the braces are covered through the end of the period initially authorized for the braces.</p>	Prior authorization required. Contact DentaQuest.
Braces (Orthopedic)	Covered. Replacement subject to medical review and limitations.	See Molina Healthcare's codified prior authorization list available at www.MolinaHealthcare.com
Breast Implants	<p>Breast implants for cosmetic purposes are not covered.</p> <p>Breast implants deemed medically necessary for medical complications are covered. See Reconstructive Surgery.</p>	Prior authorization required.
Breast Implant Removal	<p>Breast implant removal for cosmetic purposes is not covered.</p> <p>Breast implant removal deemed medically necessary as a result of medical complications is covered.</p>	Prior authorization required.
Breast Reductions	<p>Breast reductions for cosmetic purposes are not covered.</p> <p>Breast reduction deemed medically necessary as a result of medical complications is covered.</p>	Prior authorization required.
Cardiac Rehab	Covered only after a cardiac event.	Prior authorization required

Chemical Dependency	<p>Inpatient or outpatient treatments for medical conditions resulting from or associated with alcoholism or chemical dependency are covered.</p> <p>Members may self-refer to obtain services through Ohio Department of Alcohol and Drug Addiction Services (ODADAS)-certified Medicaid providers.</p> <p>Members may be seen by network behavioral health providers with prior authorization.</p>	<p>Medical-related inpatient services require prior authorization.</p> <p>No authorization required for non-medical treatment or counseling if obtained at ODADAS facilities.</p> <p>All outpatient services require prior authorization (driven by diagnosis codes).</p>
Chemotherapy	<p>Covered.</p> <p>Experimental or investigational treatment is not covered.</p>	<p>No prior authorization required some exclusions apply. See Molina Healthcare's codified prior authorization list available at www.MolinaHealthcare.com</p>
Chiropractic Care	<p>Spinal manipulative therapies only; must be associated with an acute injury.</p>	<p>Effective 01-01-14 Prior Authorization is required</p>
Circumcision	<p>Newborn: Covered.</p> <p>Adults: Covered if medically necessary.</p>	<p>Adult circumcision requires prior authorization.</p>
Contact Lenses	<p>Not covered for routine vision correction.</p> <p>Covered when medically necessary due to loss of lens (aphakia).</p>	
Counseling	<p>See Behavioral Health</p>	
Court Ordered Treatment	<p>Not covered.</p>	
Custodial Care	<p>Generally not covered.</p>	

Dental Care	<p>Cleaning/Checkup once every twelve (12) months is covered for adults and once every six (6) months for children.</p> <p>Removal of impacted wisdom teeth and emergency tooth re-implantation for adults is covered.</p> <p>Dentures, partial plates and braces require prior authorization and are subject to medical review and limitations. Dentures and plates may be replaced every 8 years.</p> <p>For specific coverage information regarding extraction, restorative services, and medical services related to dental care, contact Provider Services.</p>	<p>Prior authorization required for non-routine services.</p> <p>Contact DentaQuest.</p>
Diabetes Education	Covered.	
Diabetic Supplies	Covered.	Pharmacy Benefit
Dialysis	Hemodialysis or other appropriate procedures or treatment of renal failure including equipment are covered.	Notification is required.
Diapers	Diapers are covered if medically necessary for enrollees age three and over	No prior authorization required for 200 per month/2400 per year.

Services	Benefit Coverage Information	Additional Information
Durable Medical Equipment	<p>Certain DME are covered by Ohio Medicaid. Prosthetic and orthotic devices, orthopedic appliances and braces, breast pumps, selected medical supplies, oxygen and related equipment are covered.</p> <p>Incontinence supplies (other than diapers) are covered for enrollees over 3 years of age.</p> <p>Shoe inserts are not covered.</p> <p>See 5160-10-03 - Appendix A, Medicaid Supply List and 5160-10-20 List of Orthotic and Prosthetic Procedures</p>	<p>See Molina Healthcare's codified prior authorization list available at www.MolinaHealthcare.com</p>
Eating Disorders	<p>Medically-necessary treatment of eating disorders such as bulimia and anorexia nervosa are covered.</p> <p>Also see Behavioral Health, Obesity and/or Weight Loss.</p> <p>Members may be seen by network behavioral health providers up to 12 office visits for adults ages 21 and older and 20 visits for children ages 0-20 in a calendar year without prior authorization.</p>	<p>Prior authorization is not required if obtained through Community Mental Health Centers (CMHCs).</p> <p>Prior authorization required for additional office visits.</p>
Emergency Department Services	<p>Emergencies and urgent care are covered.</p> <p>When a consumer moves or is temporarily staying outside the service area, coverage shall be limited to emergent and urgent care, including unplanned labor and delivery out of area.</p>	<p>Must contact Molina Healthcare within 24 hours or the next business day for all admissions.</p> <p>Post stabilization services are covered.</p>
Experimental Treatment or Devices	Not covered.	
Fertility Drugs	Not covered.	
Formula/Enteral Feeding	<p>Covered if prescribed by a physician and determined to be medically necessary.</p> <p>Standard infant formula not covered. (Refer consumer to WIC program for assistance with infant formula.)</p>	Prior authorization required.
Gastroplasty	Gastroplasty, gastric stapling, or ileo-jejunal shunt are covered only for morbid obesity when certain medical complications or conditions are present following ODM guidelines.	Prior authorization required.
Genetic Testing	Genetic testing to evaluate the risk of familial disease or inherited disorder is covered. Paternity testing and forensic testing is not covered.	Prior authorization required if diagnosis is not related to pregnancy.
Glucometers and related supplies	Covered.	Pharmacy Benefit

Health Education	Health education and nutritional counseling for specific conditions such as diabetes, high blood pressure and anemia are covered. Education by the PCP as part of EPSDT for children is also covered.	Must be obtained from network providers.
Hearing Aids	Covered. Must meet specific criteria and is limited to one hearing aid per four years for adults. Hearing aids are covered as medically necessary for children.	Prior authorization required.
Home Health Aide	Covered when medically necessary.	Prior authorization required.
Home Health Care	Skilled home health services are covered when provided through network agencies. The first three visits do not require a PA however a CMN is required to be on file with the provider.	Prior authorization required. A face to face encounter must be done 90 days prior to start of care or within 30 days following the start of care. The treating physician must complete a certificate of medical necessity (CMN), Form JFS 07137.
Home Health Services for Mom and Baby after Delivery	Mom and baby can have up to two home health care visits (G0154), within the baby's first 28 days of life only without a prior authorization, provided the appropriate diagnosis code(s) are billed on the claim(s).	No prior authorization required.
Hospice & Palliative Care	Covered when provided through network agencies for consumers with life expectancy of less than 6 months.	Notification is required.
Hospitalization	Covered. Consumers scheduled for elective procedures must be admitted to network facilities (unless the service cannot be safely performed in a network facility and is approved in advance by Molina Healthcare).	Prior authorization required for elective and non-emergent admissions. Notification is required within 24 hours or next business day for emergency/urgent admissions.
Hysterectomy	Consent to Hysterectomy form required except in unique circumstances of an unscheduled clinical event that requires a hysterectomy because of a life-threatening emergency. See OAC 5160-21-02.2 Medicaid Covered Reproductive Health Services: Permanent Contraception/Sterilization Services and Hysterectomy	Prior authorization required. Consent to Hysterectomy Form (JFS 03199) required, available online at www.MolinaHealthcare.com .
Immunizations	Routine immunizations (those included in the Vaccines for Children) are covered. Immunizations required for travel outside the United States are not covered.	See OAC 5160-4-12 Immunizations
Impotence Treatment	Not covered.	
Incarcerated Members	Services provided to members while incarcerated are generally not covered. If incarcerated more than 15 days the consumer is disenrolled from Molina Healthcare.	
Infertility Testing and Treatment	Not covered.	

Learning Disorders	See Neuro-developmental Therapy. Refer to Bureau for Children with Medical Handicaps.	
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Services	Benefit Coverage Information	Additional Information
Mammogram	<p>Covered for women 35 years of age or older, unless a woman is at high risk of developing breast cancer.</p> <p>One screening mammography for women 34 to 40 years of age.</p> <p>One screening mammography every 12 months may be paid for a Molina Healthcare member who is over the age of 39.</p> <p>Mammography's provided for the diagnosis and treatment of women who show clinical symptoms indicative of breast cancer are covered regardless of the recipient's age.</p>	See OAC 5160-4-25: Laboratory and Radiology Services
Massage Therapy	Not covered.	
Maternity Care	Covered.	
Mental Health	<p>Covered through Community Mental Health Centers (CMHCs).</p> <p>Coverage provided through network providers for members who are unable to timely access services or are unwilling to access services through community providers of Behavioral Health Services.</p> <p>Molina Healthcare covers and ensures access to:</p> <ul style="list-style-type: none"> • Diagnostic assessment/clinical evaluation • Counseling and psychotherapy • Physician/psychologist/ psychiatrist services • Outpatient hospital and clinic services • Crisis intervention • Behavioral health related laboratory services <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Sexual or marriage counseling • Services provided in a facility regulated by the Board of Education • Sensitivity training, encounter groups or workshops • Sexual competency training • Marathons and retreats for mental disorder • Educational activities, testing and diagnosis • Monitoring activities of daily living • Recreational therapy (e.g., art, play, dance or music) • Partial hospitalization is not covered • Teaching grooming skills • Services primarily for social interaction, diversion, or sensory stimulation • Psychotherapy services are not covered if the patient's cognitive deficit is too severe to establish a relationship with the psychotherapist • Inpatient psychiatric care in a free standing psychiatric hospital 	<p>No authorization required if obtained at CMHCs.</p> <p>Members may be seen by network behavioral health providers up to 12 office visits for adults ages 21 and older and 20 visits for children ages 0-20 in a calendar year without prior authorization. Prior authorization required for additional office visits.</p>
Military Service Related Disabilities	<p>Services provided through network providers are covered.</p> <p>Care obtained at Veterans Administration facilities is covered through the Veterans Administration Program.</p>	Prior authorization required.
Naturopathy	Not covered.	

Services	Benefit Coverage Information	Additional Information
Neuro-developmental Therapy	Covered by plan under the therapy benefit if obtained through participating provider. Medical review and limitations apply. Member must show continued improvement in order to be considered <u>medically appropriate</u> .	Prior authorization required.
Norplant-Implantable Contraceptives	FDA approved implantable contraceptives are covered.	
Nursing Homes	See Skilled Nursing Facilities.	Prior authorization required.
Nutritional Counseling	Nutritional counseling is covered for specific conditions such as diabetes, high blood pressure and anemia. Counseling by dietitians is covered for children with growth disorders, metabolic diseases, and inadequate dietary intake per EPSDT guidelines.	Commercial weight loss programs (such as Weight Watchers, Jenny Craig) are not covered.
Obesity Treatment (See also Gastroplasty or Weight Loss)	Gastric bypass surgery is covered at a participating inpatient Molina Healthcare facility when certain medical complications/conditions are present following ODM guidelines. Gastroplasty, gastric stapling, or ileo-jejunal shunt could be deemed medically necessary if medical complications or conditions, in addition to the obesity, are present. Counseling by dietitians for the following are covered: children with growth disorders, metabolic diseases, and inadequate dietary intake per EPSDT guidelines.	Prior authorization required. Subject to medical review. Commercial weight loss programs (such as Weight Watchers, Jenny Craig) are not covered. Gym memberships are not covered.
Observation services	Services performed in conjunction with outpatient observation services	Prior authorization is not required
Occupational Therapy (See also Neuro-developmental Therapy)	Medically necessary therapy for restoration or maintenance of function affected by illness, disability, condition or injury is covered.	Prior authorization required.
Oral Surgery	Medical treatments related to oral conditions such as infections, TMJ, cleft palate, and post-accident surgeries, are covered by Molina Healthcare. Oral surgery for cosmetic purposes is not covered.	Prior authorization required.
Organ Transplants	Transplants which are medically indicated for specific diagnoses are covered if approved by the Ohio Transplant Consortium. Due to the complexity of transplant coverage decisions, the physician should contact Molina Healthcare Medical Management for specific information on transplant coverage.	Prior authorization required.
Orthotics	Covered. See DME. Shoe inserts are not covered.	See Molina Healthcare's codified prior authorization list available at www.MolinaHealthcare.com
Out-of-Area Care	When an enrollee moves or is temporarily staying outside the service area, coverage shall be limited to emergent and urgent care, including unplanned labor and delivery. Emergencies and urgent care are covered within the US.	

Outpatient Surgery	Covered.	Prior authorization required some exclusions apply. See Molina Healthcare's codified prior authorization list available at Provider Forms
Services	Benefit Coverage Information	Additional Information
Oxygen	Oxygen, respiratory equipment, and supplies are covered.	. See Molina Healthcare's codified prior authorization list available at www.MolinaHealthcare.com
Pain Clinics	Covered when medically necessary.	Prior authorization required.
Pap Smears	Covered.	
Physical Exams	Routine wellness exams by the PCP, including Healthchek (EPSDT) exams and annual adult physicals, are covered.	
Physical Therapy (See also Neuro-developmental Therapy)	Medically-necessary therapy for restoration or maintenance of function affected by illness, disability, condition or injury is covered.	. Prior authorization required.
Plastic Surgery (also see Reconstructive Surgery)	Cosmetic procedures are excluded. Medically necessary reconstructive surgery to correct a functional disorder resulting from a disease state, congenital disease or accidental injury is covered.	Prior authorization required.
Podiatry	No limit for peripheral vascular disease and diabetes. Not covered for routine podiatry services.	Prior authorization required.
Pre-existing Conditions	Covered, if not specifically excluded.	
Pregnancy and delivery	Covered.	Notification is required.
Prenatal Care	Covered.	HCPC code H1000 Prenatal risk assessment must have form JFS 03535 or Molina Healthcare PRA form filled out in order to be reimbursed for this service. For Form see www.Molinahealthcare.com Coding requirements for a PRA can be found in OAC 5160-4-10.
Prescriptions	All medically necessary prescription drugs are covered.	See Molina Healthcare's PDL for prior authorization requirements available at www.Molinahealthcare.com .
Preventive Care	Services are covered according to Molina Healthcare's preventive care guidelines.	
Prostate Testing	Covered according to Molina Healthcare's preventive care guidelines or as needed to diagnose prostate cancer.	
Psychiatric Disorders	See Behavioral Health.	
Reconstructive Surgery	Cosmetic procedures are excluded. Medically necessary reconstructive surgery to correct a functional disorder resulting from a disease state, congenital disease or accidental injury is covered.	Prior authorization required.
Respite Care	The service provides general supervision, meal preparation and hands-on assistance with personal care that are incidental to supervision during the period of service	Prior authorization required

	delivery. Respite services can be provided on a planned or emergency basis and shall only be furnished at the primary place of residence. Services are limited to no more than 24 hours per month and 250 hours per year.	
Second Opinions	Covered through network providers.	Arrange through Member Services.
Skilled Nursing Facilities	Covered for short-term rehabilitative stay as determined by ODM. Long-term care in a skilled nursing facility is excluded. Refer members to the appropriate County Department of Job and Family Services.	Prior authorization required.
Sleep Studies	Covered as a medical condition if medically necessary and meets review criteria.	Prior authorization required.
Smoking Cessation	Nicotine Replacement Medications are covered by ODM. Members should also enroll in a smoking cessation program to increase the likelihood of success. Molina Healthcare's <i>Free and Clear</i> ® smoking cessation program is for members who are ready to quit, and it is available at no cost to them. To participate in the program, members can contact Member Services at 1-800-642-4168 or TTY/Ohio Relay Service 1-800-750-0750 or 711.	
Speech Therapy (See also Neuro-developmental Therapy)	Covered for medically necessary therapy for restoration or maintenance of function affected by illness, disability, condition, or injury.	Prior authorization required on all speech therapy services after initial evaluation
Spinal Manipulations	Covered with limitations. See Chiropractic Services.	
Sterilization (Tubal Ligation or Vasectomy)	Covered for patients 21 years of age or older. Consent to Sterilization form required except in unique circumstances of an unscheduled clinical event that requires sterilization because of a life-threatening emergency. Must be a voluntary request, and the individual must be mentally competent. Reversal is excluded. See OAC 5160-21-02.2 Medicaid Covered Reproductive Health Services: Permanent Contraception/Sterilization Services and Hysterectomy	Prior authorization required. Consent to Sterilization Form (HHS-687 or Spanish version HHS-687-1) required, available online at www.MolinaHealthcare.com .
Surgery Office Based	Covered surgical procedures performed in the office	Prior authorization not required EXCEPT Pain Management and Podiatry surgical services
Supplies (Non-Durable)	Must have a written prescription. Some limitations apply.	. See Molina Healthcare's codified prior authorization list available at www.MolinaHealthcare.com
Temporomandibular Joint Syndrome (TMJ)	Covered if meets certain specifications.	Prior authorization required.
Transportation	Up to 30 one-way/15 round trips per calendar year for medically necessary appointments and WIC or ODM redetermination appointments. Transportation is also available if the member lives greater than 30 miles from the nearest network provider.	Arranged through Member Services.

Transsexual Surgery (Sexual Reassignment)	Not Covered.	
Travel Immunizations	Not Covered.	
Urgent Care	Covered.	
Vaccinations (Immunizations)	Covered – (also see Travel Immunizations).	
Vasectomy	See Sterilization.	
Vision	<p><u>Eye Exams</u> One eye examination is covered every 12 months.</p> <p><u>Eye Glasses</u> One complete frame and pair of lenses are covered every 12 months.</p> <p>Vision Correction Surgery (Radial Keratotomy, Lasik) is excluded.</p>	Must be obtained through a network provider. Please contact March Vision.
Services	Benefit Coverage Information	Additional Information
Weight Loss	<p>Medically necessary weight loss is covered at a participating network inpatient Molina Healthcare facility when certain medical complications/conditions are present.</p> <p>Subject to medical review.</p> <p>Counseling by dieticians is covered for children with the following: growth disorders, metabolic diseases, and inadequate dietary intake per EPSDT guidelines.</p> <p>See Obesity Treatments.</p>	<p>Some treatments require prior authorization.</p> <p>Commercial weight loss programs (such as Weight Watchers, Jenny Craig) are not covered.</p> <p>Gym memberships are not covered.</p>
Well Adult Exams	Yearly well adult examinations are covered. Not covered when required for employment or for other insurance coverage.	
Well Child Exams	Covered.	

MARCH VISION COVERED SERVICES

MARCH will process and pay benefit eligible service codes regardless of diagnosis code when the member is benefit eligible for the service code billed.

If MARCH receives a subsequent claim for a benefit eligible service code where the member's benefit has been exhausted, any claims billed with a diagnosis code not found in the Refractive Diagnosis Code listing above will be processed with an indication to submit the claim to the health plan.

MARCH will process claim payment to optometrists, opticians and ophthalmologists.

Service Code*	Service Code*, cont.	Refractive Diagnosis Code
92002	V2212	36021
92004	V2213	3670
92012	V2214	3671
92014	V2215	36720
92015	V2218	36721
92070	V2219	36722
92071	V2220	36731
92072	V2221	36732
92310	V2299	3674
92311	V2300	36781
92312	V2301	36789
92340	V2302	3679
92341	V2303	V720
92342	V2304	
92352	V2305	
92353	V2306	
92370	V2307	
92371	V2308	
G0117	V2309	
G0118	V2310	
S0580	V2311	
S0620	V2312	
S0621	V2313	
V2020	V2314	
V2025	V2315	
V2100	V2320	
V2101	V2321	
V2102	V2500	
V2103	V2501	
V2104	V2502	
V2105	V2503	

V2106	V2510	
V2107	V2511	
V2108	V2512	
V2109	V2513	
V2110	V2520	
V2111	V2521	
V2112	V2522	
V2113	V2523	
V2114	V2530	
V2115	V2599	
V2118	V2700	
V2121	V2715	
V2199	V2744	
V2200	V2784	
V2201		
V2202		
V2203		
V2204		
V2205		
V2206		
V2207		
V2208		
V2209		
V2210		
V2211		