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Molina Healthcare of Washington (MHW) Benefits Index

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2016	Apple Health Apple Health State Children’s Health Insurance Program (SCHIP), Apple Health Family/Pregnancy Medical (AHFAM). Apple Health Foster Care (AHFC), 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 16.7.4.4) 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 33, WAC 182-531-0250 (2 a))
Alcoholism	See Chemical Dependency
Ambulance Transportation	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. Emergency airlift transportation is covered by Fee-For-Service program. (Apple Health Contract 16.5.26, HCA Ambulance-ITA Medicaid Provider Guide page 13) Non-Emergent Transportation: Covered is when it is necessary to transport an 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 16.5.26.1, HCA Ambulance-ITA Medicaid Provider Guide page 13)
Antigen (Allergy Serum)	Covered are antigen allergens, antigen preparation and its administration (Apple Health Contract 16.5.17.1.2, HCA Physician-Related Services/Healthcare. Professional Services Medicaid Provider Guide page 115, Apple Health Member Handbook page 10)
Applied Behavioral Analysis (ABA)	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 16.5.8) As of 7/1/15 covered is ABA treatment services and care coordination activities for children receiving ABA services (Apple Health Contract 16.5.8.1)
A.D.D. (Attention Deficit)	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.

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Disorder)	See Prescriptions
Autologous Blood	See Blood Products
Bio-feedback	Covered is bio-feedback training when determined medically necessary. (Apple Health Contract 16.5.9.16, Apple Health Member Handbook, page 11)
Birthing Centers/Home Births	Covered are deliveries in a birthing center or at home. (Apple Health Contract 16.4.3-16.4.4. HCA Planned Home Births and Births in Birthing Centers Medicaid Provider Guide page 9)
Birth Control	<p>Covered are:</p> <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. • 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. <p>(Apple Health Contract 16.5.17.1.7.1– 16.5.17.1.7.6, Apple Health Member Handbook, page 11-12, HCA Prescription Drug Program Medicaid Provider Guide pages 16, 22, 23, 28, 53)</p> <p>See Prescriptions See Family Planning</p>
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 16.5.17.1.6 Apple Health Member Handbook, page 11, Physician-Related Services/ Health Care Professional Services Medicaid Provider Guide pages 205-211)
Braces (Orthopedic)	See Durable Medical Equipment, Prosthetics and Supplies

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Braces (Orthodontics)	Excluded are orthodontics (Apple Health Contract 16.7.4.9). See Dental Care
Breast Implant Removal	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. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 31, 82, 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 pages142-144)
Chemical Dependency	Excluded- Substance abuse treatment services covered through the Division of Behavioral Health and Recovery (DBHR) (HCA Chemical Dependency Medicaid Provider Guide, page17-18) When a member has alcohol and/or chemical dependency and/or mental health diagnosis, the Plan is responsible for contracted services whether or not the member is also receiving alcohol and/or chemical dependency and/or mental health treatment. (Apple Health Contract 16.5.2) Covered are all drugs FDA labeled or prescribed as Medication Assisted Treatment (MAT) or maintenance therapy for substance use disorders, with the exception of drugs dispensed directly by opiate substitution treatment programs. The Contractor will cover all MAT according to guidelines and requirements determined by HCA. (Apple Health Contract 16.5.17.1.8)
Chemotherapy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages145-146)
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.

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	(HCA Chiropractic Services for Children Medicaid Provider Guide pages 4-5) Covered are Osteopathic Manipulative Therapy (OMT) services only when provided by an osteopathic physician. 10 manipulations (CPT Codes 98925-98929) are covered per calendar year (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 169)
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 33) 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 91)
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. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 31)
Colonoscopy	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health Contract 16.1.1.1)
Complications of Excluded Services	Covered is medically necessary treatment for complications resulting from an excluded service.(Apple Health Contract 16.5.39)
Counseling	See Mental Health
Court Ordered Treatment	Excluded
Custodial Care	See Home Health Care/Home Health Aide
Dental Care	Excluded are services provided by dentists and oral surgeons for dental diagnoses or anesthesia for dental care. Dental services covered through WA Medicaid Fee-For Service for all adults and children (Apple Health Contract 16.7.4.8, HCA Dental Related Services Medicaid Provider Guide page 14)
Diabetes Education	Covered (HCA Diabetes Education Medicaid Provider Guide)
Diabetic Supplies	See Prescriptions

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Dialysis	Covered is hemodialysis or other appropriate procedures to treat renal failure including equipment needed in the course of treatment. (Apple Health Contract 16.5.25, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 147-148, HCA Kidney Center Services Medicaid Provider Guide, page 11-12)
Diapers (Adult)	See Durable Medical Equipment, 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 16.5.21)</p> <p>Covered is fitting prosthetic and orthotic devices. (Apple Health Contract 16.5.9.12)</p> <p>Some limits apply (See HCA Prosthetic and Orthotic Devices Medicaid Provider Guide, HCA Wheelchairs, DME and Supplies Medicaid Provider Guide, and HCA Nondurable Medical Supplies and Equipment 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 hairpieces or wigs, shoe lifts less than one inch, arch supports and non-orthopedic shoes, physician office visit supplies such as tongue depressors and surgical gloves, prosthetic devices dispensed for cosmetic reasons, home improvements and structural modifications including but not limited to saunas, whirlpools, hot tubs and automatic doors, devices intended to amplify voices, Health club memberships, ergonomic equipment, personal comfort items etc. (WAC 182-543-6000, HCA Wheelchairs, DME and Supplies Medicaid Provider Guide pages 93-96)</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 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 16.1.13.1.3)</p> <p>The plan will provide all inpatient and outpatient emergency services in accord with 42 CFR 438.114 (prudent layperson). (Apple Health Contract 16.5.5.1.1)</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 (Apple Health Contract 16.1.13.1.4, 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 during the EPSDT exam. (Apple Health Contract 16.5.29.1.4)</p> <p>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. ETR rules shall apply to any request for a non-covered service for children. (Apple Health Contract 16.5.29.2)</p> <p>If any EPSDT service exceeds a limit placed on the scope, amount or duration of a service, the Contractor shall use LE procedures to determine medical necessity of the requested services and authorize as indicated. (Apple Health Contract 16.5.29.3)</p> <p>Covered are screening services which include, but are not limited to: a complete health and developmental history that</p>

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	<p>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 16.5.29.1.1)</p> <p>Covered are diagnostic and treatment services which include vision, dental and hearing services and developmental screenings for all children at 9 months, 18 months, and one between 24 to 36 months of age, autism screening for all children 18 months 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 16.5.29.1.3)</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 11.4)</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 asymptomatic members 21 years of age or older; • Once every 12 months for asymptomatic 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; • The member is on medication that affects vision; or • The service is necessary due to lost or broken eyeglasses/contacts <p>(Apple Health Contract 16.5.12, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide page 159-160)</p> <p>Members may self-refer to participating providers for these services</p>
Eye Glasses	Excluded are eyeglass frames, lenses and fabrication services for adults age 21 years and over.

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	<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 25-30)</p> <p>For children - Eyeglasses, Contact Lenses, & hardware fittings are covered separately under the Fee-For-Service program.(Apple Health Contract 16.7.4.3)</p>
Family Planning	<p>Covered are family planning services provided or referred by a participating provider or practitioner. (Apple Health Contract 16.5.9.4)</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 33, 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. Medically necessary nutritional supplements for infants are covered under Apple Health (Apple Health Contract 16.7.4.22)</p> <p>PCP should call WIC at (800) 841-1410. If not on WIC formulary, Plan responsible.</p> <p>Covered are oral and tube fed enteral nutrition for eligible children age 20 years of age and younger. Covered are enteral nutrition products given only via feeding tubes and parenteral nutritional supplements and supplies, for enrollees twenty one (21) years of age and older (Apple Health Contract 16.5.19 and HCA Enteral Nutrition Medicaid Provider Guide page 9)</p> <p>Covered is parenteral nutrition. (HCA Home Infusion Therapy/ Parenteral Nutrition Medicaid Provider Guide, page 7)</p> <p>Parenteral and enteral nutrition supplied through specialized DME providers.</p>
Gastroplasty	<p>Covered are surgical procedures for weight loss or reduction consistent with WAC 182-531-1600. (Apple Health Contract 16.5.37)</p> <p>HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page</p>

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	See Weight Loss Treatments
Genetic Services	Covered are genetic services when medically necessary for diagnosis of a medical condition. (Apple Health Contract 16.5.9.17, HCA Physician- Related Services/Healthcare Professional Services Medicaid Provider Guide page 151-152) See Prenatal Genetic Counseling
Glucometers	See Prescriptions
Habilitative Services	Covered for Apple Health Adult members only who have a congenital or genetic condition. Children: No limitation; 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. Habilitative services do not include: <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. (Apple Health Contract 16.5.34, Habilitative Services Medicaid Provider Guide)
Health Education	Covered is member health education (Apple Health Contract 16.5.9.14) Covered under EPSDT. (HCA EPSDT Medicaid Provider Guide page 7)

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	See Diabetes Education See Nutritional Counseling
Hearing Aids	Covered are monaural and binaural hearing aids, including fitting, follow-up care, batteries, and repair for enrollees age 20 and younger. (Apple Health Contract 16.5.30) Covered for Developmental Disability Administration (DDA) Clients age 21 and older through the DDA are monaural or binaural hearing aids, replacements, and repairs. (HCA Hearing Hardware Medicaid Provider Guide, page 22, WAC 388-845-1810) See Implants
Hearing Exam	Covered when medically necessary. (Apple Health Member Handbook page 12)
Home Birth	See Birthing Centers/Home Birth
Home Health Care/ Private Duty Nursing	Covered are acute home health services. (Apple Health Contract 16.5.20, HCA Home Health Services (Acute Care Services) Medicaid Provider Guide page10-12) Covered is private duty nursing for children age seventeen (17) and younger. (Apple Health Contract 16.5.8.6) 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 16.7.4.15) Excluded are community based services (e.g. COPES and Personal Care Services) covered through the Aging and Long Term Services Administration (ALTSA). (Apple Health Contract 16.7.4.18)
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 the member’s temporary or permanent place of residence. Hospice services include: <ul style="list-style-type: none"> • Pediatric Palliative Care- services provided through a hospice agency to enrollees under twenty (20) years of age with a life-limiting medical condition. • Pediatric Concurrent Care – palliative and medically necessary curative services delivered at the same time as hospice services, providing a blend of curative and palliative services to enrollees under twenty (20) years of age

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	(Apple Health Contract 16.5.23, HCA Hospice Services Medicaid Provider Guide, page 11)
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 16.5.3)</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 an RSN.</p> <p>Excluded is an inpatient stay with a mental health diagnosis that was approved by an RSN.</p> <p>(Apple Health Contract 16.5.3.3-16.5.3.4)</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 5.17.3 and 16.7.4.1) 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 Valley Medical Center - Renton</p>

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Immunizations	See Vaccinations
Implants	Covered are medically necessary services (Apple Health Contract 16.1.1). Excluded are cochlear implants for adults 21 years and older. Covered are cochlear implants for children under age 21. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 85 and WAC 182-531-0200(4) (c)) Covered are batteries for cochlear implants (Hearing Hardware for Clients 20 years of Age or Younger Medicaid Provider Guide page 9, Apple Health Contract 16.5.31)
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 33, 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 16.7.4.23) The Plan will provide 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. (Apple Health Contract 16.5.33)
Infertility	See Impotence
Keratotomy/ Kerato-Plasty (Refractive Lensectomy)	See Plastic Surgery
Laboratory Tests	Covered is performing and/or reading diagnostic tests (Apple Health Contract 16.5.9.5)
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 104-105)
Mammoplasty	See Plastic Surgery

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Molina Healthcare of Washington (MHW) Benefits Index

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Massage Therapy	Covered during physical therapy and occupational therapy treatment only. (HCA Outpatient Rehabilitation Medicaid Provider Guide page 21) Otherwise excluded - HCA does not reimburse for services performed by massage therapists, (HCA Physician Related Services/Health Care Professional Services Medicaid Provider Guide page 17, WAC 182-531-0250 (2a))
Maternity Care	See Prenatal Care
Medication Assisted Treatment	See Chemical Dependency

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Mental Health	<p>Covered is outpatient mental health. Plan to assist in transitioning to RSN when access to care standards have been met. (Apple Health Contract 16.5.13).</p> <p>Excluded are mental health services separately purchased for all Medicaid members by the DSHS Behavioral Health and Service Integration Administration (BHSIA) including inpatient psychiatric services and psychiatric consultations approved and paid for by Regional Support Networks. (Apple Health Contract 16.7.4.20)</p> <p>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 an RSN.</p> <p>Excluded is an inpatient stay with a mental health diagnosis that was approved by an RSN. (Apple Health Contract 16.5.3.3-16.5.3.4)</p> <p>When a member has alcohol and/or chemical dependency and/or mental health diagnosis, the Plan is responsible for contracted services whether or not the member is also receiving alcohol and/or chemical dependency and/or mental health treatment. (Apple Health Contract 16.5.2)</p> <p>See Prescriptions</p>
Military Coverage (VA Benefits)	Until the Health Care Authority ends the enrollment of a member who has comparable coverage the services and benefits available under the contract shall be secondary to any other medical coverage. (Apple Health Contract 16.8.1.1)
Naturopathy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 24, WAC 182-531-0250 (1g))
Neurodevelopmental Therapy – Long Term PT, OT and Speech	<p>Excluded are health care services provided by a neurodevelopmental center recognized by Department of Health. (Apple Health Contract 16.5.15)</p> <p>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 if the member is not receiving services from a Department of Health (DOH)</p>

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	recognized neurodevelopmental center for the services as long as appointment wait time standards and access to care standards of the HO contract are met (Apple Health Contract 16.5.16)
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 who are 20 years of age and younger with an EPSDT referral. (Apple Health Contract 16.5.9.15 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 16.5.10) 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 procurement fees and donor searches (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 217-218)

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	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.
Orthotics	See Durable Medical Equipment, Prosthetics and Supplies
Out of Area Care	See Emergency Room and Out of Area Care
Outpatient Surgery	Covered are outpatient hospital services provided by acute care hospitals (licensed under Chapter 70.41 RCW). (Apple Health Contract 16.5.4) Covered are services provided at ambulatory centers. (Apple Health Contract 16.5.7) 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 1)
Over-Age Dependents	Not applicable, WA Medicaid determines eligibility.
Oxygen	Covered is respiratory equipment, services and supplies. (Apple Health Contract 16.5.22, HCA Respiratory Care Medicaid Provider Guide, page 13)
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	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health Contract 16.7.4.12) Unlimited outpatient rehabilitation for children 20 years of age and younger Adults 21 years of age or older receive the following: <ul style="list-style-type: none"> • Physical Therapy: 24 units (approx. 6 hours)

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	<ul style="list-style-type: none"> • Occupational Therapy: 24 units (approx. 6 hours) • Speech Therapy: 6 units (total of 6 untimed visits) <p>(HCA Outpatient Rehabilitation Medicaid Provider Guide pages 9-11)</p>
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 31, Apple Health Contract 16.5.9.8, 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.</p> <p>(HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 235-239)</p>

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Pre-existing Conditions	The plan is responsible for covering medically necessary services.(Apple Health Contract 16.1.1.1)
Prenatal Care	Covered are maternity care, delivery, and newborn care services. (Apple Health Contract 16.7.4.10, WAC 182-531-0100, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 178-193) Excluded are early, elective inductions (before 39 weeks) that do not meet medically necessary indicators set by JCAHO (Apple health Contract 16.7.3)
Prenatal Genetic Counseling	Excluded is prenatal diagnosis genetic counseling is provided to members to allow members and their PCPs to make informed decisions regarding current genetic practices and testing. Covered by HCA Fee-For-Service. (Apple Health Contract 16.7.4.16, Prenatal Diagnosis Genetic Counseling Medicaid Provider Guide) See Genetic Services
Prescriptions	Covered are prescription drug products according to a 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. The plan shall provide contracted pharmacies and providers with its formulary and info about how to request non-formulary drugs. (Apple Health Contract 16.5.17.1.1) The Plan shall not place any coverage limitations including quantity, dose, indication, duration, or duplication of therapy on antipsychotics, antidepressants or medications to treat Attention Deficit Hyperactivity Disorder (ADHD) without the written authorization of HCA (Apple Health Contract 16.5.17.2.4.1) 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 16.5.17.1.5) Covered are birth control methods/contraceptive drugs authorized in one-year supply dispensed at one time unless a

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	<p>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 16.5.17.1.7.2)</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 22-24)</p> <p>Glucometers are covered under MHW policy that provides True Result 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>Insulin Pens for children under age 21 without requiring authorization, and auto-approval of insulin pens for pregnant women (Apple Health Contract 16.5.17.1.4)</p> <p>See Birth Control</p>
Preventive Care	<p>Covered is preventive care (Apple Health Member Handbook, page 12)</p> <p>Covered are medical examinations, including wellness exams for adults and EPSDT for children, immunizations. (Apple Health Contract 16.5.9.1)</p>
Prosthetic Limbs	See Durable Medical Equipment, Prosthetics and Supplies
Pulmonary Rehab	Excluded – HCPCS code G0424 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

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Radiology	<p>Covered are radiology, and other medical imaging services, screening and diagnostic services and radiation therapy (Apple Health Contract 16.5.11).</p> <p>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 104-115)</p>
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 16.5.35, Physician Related Services/Health Care Professional Services Medicaid Provider Guide pages 198).
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 15.1)
Skilled Nursing Facilities	<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 16.5.3.2)</p> <p>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 includes but is not limited to: prescription medications, durable medical equipment, therapies, intravenous medications, and any other medically necessary service or product.</p> <p>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.</p> <p>(Apple Health Contract 14.6)</p>

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Sleep Disorders	Covered as a medical condition.
Smoking Cessation	<p>Covered are smoking cessation services including but not limited to:</p> <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. <p>(HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide pages 42)</p> <p>MHW policy- Covered for all members 18 and over. Limit three enrollments per lifetime unless pregnant (Benefits Determination Committee 11/21/2003).</p>
Speech Therapy	See Physical Therapy
Spinal Manipulations	See Chiropractic Care
Sterilization (Tubal Ligation or 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 HCA Sterilization Consent Form or its equivalent is used. (Apple Health Contract 15.2, HCA Physician Related Services/ Healthcare Professional Services Medicaid Provider Guide 82, Sterilization Supplemental Medicaid Provider Guide, page 8)</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 16.7.4.11). 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 33)</p>
Suboxone	See Chemical Dependency
Supplies (Non-Durable)	See Durable Medical Equipment, Prosthetics and Supplies
TMJ	Covered is medically necessary services (Apple Health Contract 16.1.1)
Transgender Health	Covered is medical care including hormone and mental health services to treat gender dysphoria.

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Services	<p>Covered through Fee For Service (FFS) is surgical procedures related to gender reassignment surgery and electrolysis and postoperative complications.</p> <p>Excluded is cosmetic procedures and services, voice modification surgery, voice therapy. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide page 271)</p>
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)	<p>Covered are immunizations. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide pages 175-177)</p> <p>Covered is shingles vaccine for members over age 60 yrs and over. Additional requirements for members under 60 years of age. (Apple Health Contract 16.5.9.2)</p> <p>Covered is Human Papillomavirus (HPV)</p> <ul style="list-style-type: none"> • Ages 9-18 #90649 SL (SL shows received through DOH program for kids.) • Ages 19-6 #90649 no SL modifier & #90471 for administration. <p>(HCA Prescription Drug Program Medicaid Provider Guide page 46, HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page177)</p>
Vasectomy	See Sterilization
Vitamins	<p>Covered are therapeutic vitamins and iron prescribed for prenatal and postnatal care. (Apple Health Contract 16.5.17.1.3)</p> <p>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 23)</p>

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Vision Therapy	Covered is vision therapy. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 161)
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 25) See Weight Loss Treatments
Weight Loss Treatments	Covered are surgical procedures for weight loss or reduction consistent with WAC 182-531-1600 (Apple Health Contract 16.5.37) 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 34) See Gastroplasty See Nutritional Counseling