



| Washington Apple Health Medical Benefits                                |   |
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| Allergy Services (Antigen/Allergy Serum/Allergy Shots)                  | Covered   |
| Ambulance Services (Air Transportation)                                 | Covered by FFS*   |
| Ambulance Services (Emergency Transportation)                           | Covered by FFS* (Emergencies or ground only)  |
| Ambulatory Surgery Center   | Covered   |
| Anesthesia Services   | Covered   |
| Annual Well Child Visits and Annuals for Adults                         | Covered (One per calendar year)   |
| Applied Behavioral Analysis (ABA)                                       | Covered by FFS* (Coordinated Care does screening; DSHS pays)  |
| Audiology Services  | Covered   |
| Autism Services   | Covered   |
| Bariatric Surgery   | Covered (Some restrictions)   |
| Blood Products  | Covered (blood, blood components, human blood products, and their administration)   |
| Breast Pumps  | Covered (Some restrictions)   |
| Chemotherapy  | Covered (PA** required)   |
| Chiropractic Services   | Covered (Only for children age 20 and under. Over the age of 20 see Spinal Manipulation or Osteopathic Manipulative Treatment)  |
| Cosmetic Surgery  | Covered (ONLY if the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma or for mastectomy reconstruction for post-cancer treatment) |
| Dental Screening  | Covered as part of an EPSDT visit   |
| Dental Services   | Covered by FFS*   |
| Developmental Screening   | Covered   |
| Diabetic Education  | Covered   |
| Diabetic Supplies   | Covered   |
| Dialysis  | Covered   |
| Durable Medical Equipment (DME)   | Covered   |
| Early Support for Infants and Toddlers ESIT from birth to age three (3) | Covered   |
| Early Periodic Screening, Diagnosis, and Treatment (EPSDT)              | Covered   |
| Emergency Room Services   | Covered (No PA** required for urgent or emergent care. Members may visit the closest ER even if outside provider network)   |



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| Eye Exams – Children under 21   | Covered – One exam every 12 months with refraction  |
| Eye Exams – Adults 21 and over  | Covered – One exam every 24 months with refraction  |
| Eyewear (Hardware)  | Covered by FFS*   |
| Family Planning (Birth Control, Contraceptives)                                 | Covered   |
| Flu Shots   | Covered – Members over the age of 7 can go to the pharmacy; members under 7 must get the shot at PCP office.  |
| FQHC & RHC  | Covered (Some exclusions or limits)   |
| Habilitative Services   | Covered (Some exclusions or limits)   |
| Health Care Services  | Covered (Preventive or Specialty)   |
| Health Home   | Covered (Some Exclusions or limits)   |
| Hearing Aids  | Covered for Children age 20 and under. Also covers Cochlear Implants.   |
| Hearing Exams   | Covered   |
| Hepatitis B   | Covered (Some exclusions or limits)   |
| HIV/AIDS Screening  | Covered   |
| Home Births   | Covered   |
| Home Health Care Services   | Covered (PA** required. Some exclusions or limits)  |
| Hospice Care  | Covered (PA** required)   |
| Hospital Services (Inpatient and Outpatient)                                    | Covered (All inpatient stays require notification to Coordinated Care within one business day of admission. Some services require PA**)               |
| Hysterectomy  | Covered (Not covered for sole purpose of permanent sterilization)   |
| Immunizations   | Covered   |
| Infant Formula for Oral Feeding   | Covered (Pharmacy benefits, <i>only</i> those listed under Therapeutic Formulas)  |
| Incontinence Supplies   | Covered (With diagnosis of incontinence. Some exclusions and limits)  |
| Insulin Pens  | Covered (No PA** for children birth to age 20 and pregnant women. PA** may be required for adults 21 years and older)                                 |
| Laboratory Services   | Covered (Genetic testing requires PA**)   |
| Long-Term Care Services and Services for People with Developmental Disabilities | Covered by FFS* (This service must be approved by the Aging and Long Term Service Administration (ALTSA). See details in your Apple Health Handbook.) |



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| Mammograms  | Covered  |
| Maternity Support Services  | Covered by FFS* (Part of the DSHS First Steps Program. For information contact: (800) 322-2588)  |
| Maternity Preterm Labor Prevention  | Covered (PA** required. 17P injections)  |
| Medical Supplies  | Covered (Some exclusions and limits)   |
| Outpatient Behavioral Health Services   | Covered (Some exclusions and limits)   |
| Mental Health Inpatient   | Covered by FFS* (Covered via local BHO***)   |
| Nutrition – Enteral & Parenteral for home use                                     | Covered (Oral nutrition is not covered for clients 21 years of age and older. Non oral feeding for adults is covered)  |
| Nutrition – Medical Therapy   | Covered (ONLY for children age 20 and under, referred by PCP after EPSDT visit)  |
| Orthotics & Prosthetics (O&P)   | Covered (Some exclusions or limits)  |
| Osteopathic Manipulative Treatment  | Covered (Ten (10) osteopathic manipulations per calendar year when performed by a plan Doctor of Osteopathy (D.O.)   |
| Oxygen and Respiratory Services   | Covered (Some exclusions or limits)  |
| Pain Management   | Covered (PA** required. Some exclusions or limits)   |
| Pharmacy Services   | Covered (Some exclusions or limits)  |
| Physician Assistant and Nurse Practitioner Services                               | Covered  |
| Physical, Occupational, and Speech Therapy  | Covered (One evaluation or re-evaluation per calendar year. PA** required for additional evaluations and for all treatments)                                     |
| Podiatrist Services   | Covered (Routine foot care not covered, unless client has an acute condition of the lower extremity)   |
| Pregnancy Termination – Involuntary (miscarriages)                                | Covered (Medically necessary abortions; involuntary terminations (miscarriages))   |
| Pregnancy Termination – Voluntary   | Covered by FFS* (1-800-562-3022)   |
| Prenatal Genetic Counseling   | Covered by FFS* (1-800-562-3022)   |
| Private Duty Nursing for Children – Medically Intensive Children’s Program (MICP) | Covered (Ages 0-17 only). (This service must be approved by the Aging and Long Term Service Administration (AL TSA). See details in your Apple Health Handbook.) |
| Radiology and X-rays  | Covered (Some exclusions and limits)   |
| Radiology/High Tech Imaging Services  | Covered (Administered through NIA****)   |
| Reconstruction Surgery after Mastectomy   | Covered (PA** required)  |
| Skilled Nursing Facility  | Covered (PA** required)  |



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| Shingles  | Covered (60 years of age or older, no exceptions)   |
| Sleep Study   | Covered (Must be done in an agency approved sleep center, a “Center of Excellence.” Home studies do not require PA**)   |
| Smoking Cessation   | Covered (Medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Valernicline tartrate)   |
| Spinal Manipulations  | Covered (Limited to ten (10) spinal manipulations per calendar year. Services must be rendered by a plan Doctor of Osteopath (D.O.))                                    |
| STD Treatment   | Covered (Members can go to a health department, family planning clinic, or PCP)   |
| Sterilization Procedures  | Covered (Coverage for members under 21 years of age covered by Provider One*)   |
| Substance Use and Alcohol Treatment in a Residential or Inpatient Setting | Covered by FFS* (Contact your local BHO for a treatment provider). Medically necessary Detox is covered by the MCO with notification of admission within 1 business day |
| Synagis   | Covered (PA** required)   |
| Transgender Services  | Covered (The MCO covers office visits, hormone replacement medications and counseling services. Top and Bottom re-assignment surgery is covered by FFS*)                |
| Transplant Services   | Covered (Some exclusions and limits. Coordinated Care does Case Management (866) 447-8773)  |
| Transportation (Non-Emergency Medical Transportation)                     | Covered by FFS*   |
| Tuberculosis (TB) Screening and Follow-up Care                            | Covered (Members may go to a health department or PCP for screening)  |
| Ultrasound OB   | Covered   |
| Urgent Care   | Covered (Must be an Urgent Care, Non-Par Walk-in Clinics require PA**)  |
| Women’s Health Care   | Covered (Members may go to a Family Planning Clinic, Health Department, or PCCM Clinic. All Non-PAR providers will require PA**)  |
| <b>Excluded Services</b>  |   |
| Alternative Medicine  | NOT COVERED (Acupuncture, Christian Science Practice, Faith Healing, Herbal Therapy, Homeopathy, Massage, or Massage Therapy)   |



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| Chiropractic Care for Adults   | NOT COVERED   |
| Circumcisions (Routine/Elective)   | NOT COVERED   |
| Cosmetic or Plastic Surgery  | NOT COVERED   |
| Diagnosis and treatment of infertility, impotence, and sexual dysfunction                                    | NOT COVERED   |
| Hysterectomies   | NOT COVERED (for the sole purpose of permanent sterilization)   |
| Marriage Counseling and Sex Therapy  | NOT COVERED   |
| Non-Medical Equipment  | NOT COVERED (i.e. ramps, or other home modifications)   |
| Personal Comfort Items   | NOT COVERED   |
| Physical exams needed for employment, insurance or licensing   | NOT COVERED (i.e. DOT exams etc.)   |
| Services not allowed by federal or state law   | NOT COVERED   |
| Travel Vaccines  | NOT COVERED   |
| Weight reduction and control services (not including Bariatric Surgery)                                      | NOT COVERED (this includes weight loss drugs, products, programs, classes, or gym memberships or equipment) |
| <b>*FFS – Fee-For-Service (benefits administered by the State of Washington Health Care Authority (HCA))</b> |   |
| <b>**PA – Prior Authorization</b>  |   |
| <b>***BHO – Behavioral Health Organization</b>   |   |
| <b>****NIA – National Imaging Association</b>  |   |