



2019 Washington Apple Health Medical Benefits

As of 1/1/2019, Foster Care Apple Health Core Connections (AHCC) is IMC statewide. As of 1/1/2019, the following Regional Service Areas (RSA) will continue as Apple Health and are not an IMC service area: Great Rivers RSA (Cowlitz, Lewis, Pacific, & Wahkiakum Counties), Salish RSA (Jefferson and Kitsap Counties), Thurston-Mason RSA (Mason and Thurston Counties), and North Sound (Island, San Juan, Skagit, Snohomish, Whatcom). Note: North Sound will become IMC service area beginning 7/1/2019.

Allergy Services (Antigen/Allergy Serum/Allergy Shots)	Covered
Ambulance Services – Air & Ground Transportation	Covered through HCA FFS*
Ambulatory Surgery Center	Covered
Anesthesia Services	Covered
Annual Well Child Visits and Annuals for Adults	Covered (One (1) per calendar year) Apple Health Core Connections members are not limited to one visit.
Applied Behavioral Analysis (ABA) and Autism Services	Covered through HCA FFS* (For members age 20 and younger.
Audiology Services	Covered
Bariatric Surgery	Covered (Some exclusions or limitations may apply)
Breast Pumps	Covered (Some exclusions or limitations may apply)
Cardiac Rehabilitation	Covered (Some exclusions or limitations may apply)
Chemotherapy	Covered (PA** required)
Chiropractic Services	Covered (Only for children age 20 and under. Over the age 20, see 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 Services	Covered through HCA FFS*
Diabetic Education	Covered (Some exclusions or limitations may apply)
Diabetic Supplies	Covered
Dialysis	Covered
Durable Medical Equipment (DME)	Covered
Early Support for Infants and Toddlers (ESIT) from birth to age three (3)	Covered - Call the Family Health Hotline at 1-800-322-2588 for information



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Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered, including dental, depression, developmental, hearing, and vision screenings
Emergency Room Services	Covered (No PA** required for urgent or emergent care. Members may visit the closest ER even if outside provider network)
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 through HCA FFS*
Family Planning (Birth Control, Contraceptives)	Covered
Flu Shots	Covered – Members over the age of 7 get their shot at a pharmacy; members under 7 must get the shot at a PCP's office.
Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered (Some exclusions or limitations may apply)
Health Home	Covered (Some exclusions or limitations may apply)
Hearing Aids, Cochlear Implants and Bone-Anchored Hearing Aids (BAHA)	Monaural and binaural hearing aids covered for children and adults. Cochlear Implants and Bone-Anchored hearing aids covered for children age 20 and under. (Some exclusions or limitations may apply)
Hearing Exams	Covered
Hepatitis B	Covered (Some exclusions or limitations may apply)
Hepatitis C	Covered through HCA FFS*
HIV/AIDS Screening	Covered (Members may go to a Family Planning clinic, health department, or PCP for screening)
Home Births	Covered
Home Health Care Services	Covered (PA** required. Some exclusions or limitations may apply)
Hospice Care	Covered (PA** required)
Hospital Services (Inpatient and Outpatient)	Covered (All inpatient stays require notification to Coordinated Care within one (1) business day (24 hours) of admission. Elective admissions require PA**)
Hysterectomy	Covered (Not covered for sole purpose of permanent sterilization)



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Incontinence Supplies	Covered (With diagnosis of incontinence. (Some exclusions or limitations may apply)
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 through HCA FFS* (This service must be approved by the Aging and Long Term Service Administration (AL TSA). See details in your Apple Health Handbook.)
Mammograms	Covered, both standard and 3D
Maternity Support Services	Covered through HCA FFS* (Part of the DSHS First Steps Program. For information call: 1-800-322-2588)
Maternity Preterm Labor Prevention (17P/Makena injections)	Covered (Elective inductions less than 39 weeks require PA**)
Medical Supplies	Covered (Some exclusions or limitations may apply)
Mental Health	
• Brief Intervention and Treatment	Covered
• Day Support	Covered by BHO
• Family Treatment	Covered
• Freestanding Evaluation and Treatment Services	Covered by BHO
• Group Treatment Services	Covered
• High Intensity Treatment	Covered by BHO
• Individual Treatment Services	Covered
• Inpatient Psychiatric Evaluation and Treatment/Community Hospitalization	Covered by BHO
• Intake Evaluation	Covered
• Medication Management	Covered-One per client, per day in an outpatient setting
• Medication Monitoring	Covered by BHO
• Mental Health Service Provided in Residential Settings	Covered by BHO
• Neuropsychological Testing	Covered
• Peer Support	Covered by BHO



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<ul style="list-style-type: none"> • Psychiatric Diagnostic Evaluation 	Covered-One psychiatric diagnostic interview exam allowed per client, per provider, per calendar year
<ul style="list-style-type: none"> • Psychological Testing/Assessment 	Covered-Testing limited to two units without prior authorization (PA)
<ul style="list-style-type: none"> • 	
<ul style="list-style-type: none"> • Rehabilitation Case Management 	Covered by BHO
<ul style="list-style-type: none"> • Special Population Evaluation 	Covered by BHO
<ul style="list-style-type: none"> • Stabilization Services 	Covered by BHO
<ul style="list-style-type: none"> • Therapeutic Psychoeducation 	Covered by BHO
<ul style="list-style-type: none"> • Wise (Wraparound with Intensive Services) 	Covered by 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 – Infant Formula for Oral Feeding	Covered (Infant formula for oral feeding provided by the Women, Infants, and Children (WIC) program from the Department of Health. Medically necessary nutritional supplements for infants are covered under the pharmacy benefit) DSHS WIC Approved Formulas
Nutrition – Medical Nutrition Therapy	Covered (ONLY for children age 20 and under, referred by PCP after EPSDT visit)
Osteopathic Manipulative Treatment	Covered (For members 21 and over only, including pregnant women. 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 limitations may apply)
Pain Management	Covered (PA** required. Some exclusions or limitations may apply)
Pharmacy Services	Covered (Some exclusions or limitations may apply)
Podiatrist Services	Routine foot care not covered, except for an acute condition of the lower extremity
Pregnancy Termination – Involuntary	Covered (Medically necessary abortions or miscarriages)
Pregnancy Termination – Voluntary	Covered through HCA FFS* (1-800-562-3022) (elective abortion)



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Prenatal Genetic Counseling	Covered through HCA FFS* (1-800-562-3022)
Private Duty Nursing for Children/ Medically Intensive Children's Program (MICP)	Covered (Ages 0-17 only, PA** required). Clients <u>18 years and older</u> contact the Aging and Disabilities Services Administration at (360) 493-4512.
Prosthetics & Orthotics (P&O) Devices	Covered (Some exclusions or limitations may apply)
Radiology, X-rays & High Tech Imaging	Covered (Administered through NIA****)
Reconstruction Surgery after Mastectomy	Covered (PA** required)
Skilled Nursing Facility	Covered (PA** required)
Shingles vaccine	Covered
Sleep Study	Covered (Must be done in an agency approved sleep center, a "Center of Excellence," or at home. Home studies do not require PA**)
Smoking Cessation	Covered (Some medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Valernicline tartrate (Chantix))
STD Treatment	Covered (Members may go to the health department, family planning clinic, or PCP)
Sterilization Procedures	Covered age 21 and over (Coverage for members under 21 years of age through HCA FFS*)
Substance Use Disorder:	
• Adult Residential	Covered by BHO
• Pregnant and Parenting Residential	Covered by BHO
• Youth Residential	Covered by BHO
Substance Use Disorder Inpatient Facility:	
• Acute Withdrawal Management Services	Covered by BHO
• Sub-acute Withdrawal Management Services	Covered by BHO
Substance Use Disorder Outpatient Services	
• Assessments	Covered by BHO
• Case Management	Covered by BHO
• Group Therapy	Covered by BHO



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<ul style="list-style-type: none"> Individual Therapy 	Covered by BHO (Some exclusions or limitations may apply)
<ul style="list-style-type: none"> Opiate Substitution Therapy 	Covered by BHO
<ul style="list-style-type: none"> Urinalysis Drug testing 	Covered by BHO
Synagis	Covered (PA** required)
Telehealth/Telemedicine	Covered (Some exclusions or limitations may apply)
Therapy – Physical, Occupational, and Speech for habilitative or rehabilitative needs	Covered (Some exclusions or limitations may apply) (Administered through NIA****)
Transgender Services	<p>Covered:</p> <ul style="list-style-type: none"> Pre and post-surgical hormone replacement therapy (HRT) Pre puberty suppression therapy Mental health services <p>Covered through HCA FFS:</p> <ul style="list-style-type: none"> Gender reassignment surgery Physicians services, labs, pathology, anesthesiology, radiology, hospitalization Hospitalization and physicians services related to post-operative complication of procedures performed for gender reassignment surgery (GRS) Electrolysis (laser hair removal)
Transplant Services	Covered (Some exclusions or limitations may apply. Coordinated Care does Case Management (866) 447-8773)
Transportation (Non-Emergency Medical Transportation)	<p>HCA pays for transportation services to and from needed, non-emergency health care appointments. If you have a Provider One card, you may be eligible for transportation.</p> <p>Call the transportation provider (broker) in your area to learn about services and limitations. The regional broker will arrange the most appropriate, least costly transportation for the client.</p> <p>Transportation service (non-emergency)</p>
Tuberculosis (TB) Screening and Follow-up Care	Covered (Members may go to a health department or PCP for screening)
Ultrasound OB	Covered (Some exclusions or limitations may apply)



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Urgent Care	Member can go to ANY urgent care; however, the urgent care clinic has the right to turn the member away. <i><u>MUST be an urgent care clinic, not an ER.</u></i>
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**)
Vaccines & Immunizations	Covered (Some exclusions or limitations may apply)
Excluded Services	
Alternative Medicine	NOT COVERED (Acupuncture, Christian Science Practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy)
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
Hysterectomy for sole purpose of permanent sterilization	NOT COVERED
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)
*HCA FFS – Health Care Authority Fee-For-Service (benefits administered by the State of Washington Health Care Authority)	
**PA – Prior Authorization	
***BHO – Behavioral Health Organization	
****NIA – National Imaging Association	