



Apple Health (Medicaid) Integrated Managed Care (IMC) Benefits

Service	Coverage	Comments/Links
Allergy Services (Antigen/Allergy Serum/Allergy Shots)	Covered	Physician-Related Services/Health Care Professional Services Billing Guide
Ambulance Services – Air & Ground Transportation	Covered by ProviderOne Services Card*	Ambulance and ITA Transportation Billing Guide
Ambulatory Surgery Center	Covered	Ambulatory Surgery Center Billing Guide
Anesthesia Services	Covered	
Annual Well Child Visits and Annuals for Adults	Covered	
Applied Behavioral Analysis (ABA) and Autism Services	Covered	<p>For All Members, Regardless of Age</p> <p>Applied Behavioral Analysis (ABA) Program Billing Guide</p> <p>Medicaid enrolled ABA providers</p> <p>ABA Authorization Request Form</p> <p>Some Hearing Tests may require Prior Authorization</p>
Asthma – Medication Management	Covered	
Audiology Services	Covered	Requires a Prior Authorization in some instances
Bariatric Surgery	Covered	<p>Stage I – office visit for an initial assessment for entry to the weight loss surgical program.</p> <p>Stage II – services include dietician services as well as mental health counseling. Requires Prior Authorization</p> <p>Stage III – surgical procedure after stage II is completed. Requires Prior Authorization</p> <p>Stage 2 Bariatric Surgery Request Form</p> <p>WA State Bariatric Surgery Guidelines</p>
Breast Pumps	Covered, 1 time per life, without PA.	Allow for a 1-time payment of a breast pump for purchase by Nextra Health without a Prior Authorization.

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).

Service	Coverage	Comments/Links
	<i>Rumble Tuff Easy Express 2</i>	<p>Should the member need a 2nd pump for whatever reason, this requires a Prior Authorization Nextra Health Breast Pump Request Form</p> <p>Hospital grade rental pump requires Prior Authorization as this is different than pumps provided through Nextra Health.</p> <p>For questions/concerns please send e-mail to: WASSFB@CENTENE.COM</p>
Cancer Screenings	Covered	<p>Annual Breast Screening – Covered: both standard and 3D mammogram</p> <p>Colorectal Screening – Covered: fit test, colonoscopy, FOBT test (stool cards), flexible sigmoidoscopy</p> <p>Pap Smear (Pap Test) – Covered</p>
Cardiac Rehabilitation	Covered	<p>Some exclusions or limitations may apply. Physician-Related Services/ Health Care Professional Services Billing Guide</p> <p>HCA Billing Guide</p> <p>Prior Authorization is required for non-participating providers and/or if the member exceeds the session limit per event.</p>
Chemotherapy	Covered	Prior Authorization Required
Chiropractic Services	Covered	<p>Up to age 20 years old see Chiropractic Services for Children Billing Guide</p> <p>Ages 21 and over, see “manipulative therapy” in the Physician-Related Services/ Health Care Professional Services Billing Guide. Some exclusions or limitations may apply.</p> <p>HCA Billing Guide</p> <p>Prior Authorization is required for non-participating providers and/or if the member exceeds the yearly visit maximum.</p>



Service	Coverage	Comments/Links
Colonoscopy	Covered	Screening; for adults 50 and over OR Adults under 50 with high risk for colorectal cancer
Cosmetic Surgery	See Comments	Not Covered, unless the surgery, related services and supplies are provided to correct physiological defects from birth, illness, physical trauma or for mastectomy reconstruction for post-cancer treatment, requires a Prior Authorization
COVID 19	Covered	Coordinated Care will waive prior authorization requirements for COVID-19 screening and treatment for all members for diagnosis U07.1 – 2019-nCov Confirmed by Lab Testing See the Provider Coronavirus Information Page
Dental Pharmaceuticals	Covered	Pharmaceuticals prescribed by a dentist for a dental visit.
Dental Services (Baby & Child Dentistry (ABCD))	Covered	Preventative dental services provided by an Arcora certified medical provider Member through age 5 (ages 6-10 with qualifying disability)
Dental Services-- Preventative	Covered *	Through ProviderOne Services Card*
Dental Services- Emergency	Covered	In a hospital, urgent care, in-patient setting. Use both Coordinated Care and ProviderOne Services Card*
Developmental Screening	Covered	
Diabetes Comprehensive Care	Covered	For members with diabetes (type 1 and type 2).
Diabetic Education	Covered	Diabetes Education Program Billing Guide Some exclusions or limitations may apply
Diabetic Supplies	Covered (See comments)	Some exclusions, limitations or quantities may apply Requires a Prior Authorization *Trumetrix brand is preferred and can be covered at pharmacy with no Prior Authorization. Any other brand of diabetic supply requires a Prior Authorization and is considered medical equipment to be received at medical equipment provider.

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
		Please see our Preferred Drug list for Diabetic Supplies
Dialysis	Covered	
Medical Equipment (DME)	Covered	Medical Equipment and Supplies Billing Guide Some exclusions, limitations or quantities may apply May require a Prior Authorization. Authorization is always required if exceeding state maximums or age limitations.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered annually for Medicaid	More frequently as requested for Apple Health Core Connection (foster care) members, including dental, depression, developmental, hearing, and vision screenings Well Child Exam/EPSDT includes all the aspects of a sports physical Sports Physical forms can be completed as part of a covered EPSDT preventive exam EPSDT Program Billing Guide
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
Emergency Room Services	Covered	Available 24 hours per day, 7 days per week anywhere in the U.S. No Prior Authorization required for urgent or emergent care. Members may visit the closest ER even if outside provider network
Eye Exams – Adults 21 and over	Covered	Involve Vision Plan Specifics One exam every 2 calendar years with refraction
Eye Exams – Children under 21	Covered	Involve Vision Plan Specifics One exam every calendar year with refraction
Eyewear (Hardware)	Covered	Up to age 20 through ProviderOne Services Card*
Family Planning (Birth Control, Contraceptives)	Covered - Up to a 12-month supply at one time	Family Planning Billing Guide

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).

Service	Coverage	Comments/Links
		<p>Family Planning services billed with a contraceptive management diagnosis do not require Prior Authorization.</p> <ul style="list-style-type: none"> • Oral hormonal contraceptives (pills) • Transdermal hormonal contraceptives (patch) • Intra-vaginal contraceptive (ring) • Injectable hormonal contraceptives • Implantable hormonal contraceptives • Intrauterine devices (IUDs, includes insertion and removal) • Diaphragm, cervical cap, and cervical sponge • Male and female condoms • Spermicides (foam, gel, suppositories, and cream) • Emergency contraception
Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered	<p>Federally Qualified Health Centers (FQHC) Billing Guide</p> <p>Rural Health Clinics Billing Guide</p>
Flu Shots	Covered	<p>Members over the age of 7 can get their vaccination at a pharmacy</p> <p>Age 7 and under must get the shot at a doctor's office.</p>
Fluoride Varnish	Covered	
Health Home	Covered	<p>Health Home Handbook</p> <p>Washington HCA's Health Home Resource Page</p> <p>Some exclusions or limitations may apply</p>
Hearing Aids, Cochlear Implants and Bone-Anchored Hearing Aids (BAHA)	Covered	<p>Single and bilateral hearing aids covered for children and adults</p> <p>Cochlear Implants and Bone-Anchored hearing aids covered for age 20 and under</p> <p>Some exclusions or limitations may apply</p> <p>Hearing Hardware Billing Guide</p>
Hearing Exams	Covered	
Hepatitis B	Covered	Some exclusions or limitations may apply

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
Hepatitis C	Covered through ProviderOne Services Card*	Specifically, for HCV medications: prescribing providers may also request authorization by contacting the agency, Ph: 1-800-562-3022 ext. #15483 stating they are requesting an authorization for an HCV medication
HIV/AIDS Screening	Covered	Members may go to a Family Planning clinic, health department, or PCP for screening. Code-specific coverage can be found in the associated fee schedule HIV/AIDS Case Management Billing Guide
Home Births	Covered	Planned Home Births & Births in Birthing Centers Billing Guide No prior authorization required
Home Health Care Services	Covered	Home Health (Acute Care Services) Billing Guide Prior Authorization may be required Some exclusions or limitations may apply
Hospice Care	Covered	Hospice Services Billing Guide (For Hospice Agencies, Hospice Care Centers, and Pediatric Palliative Care Providers) Prior Authorization required for some Hospice Services
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 Prior Authorization
Hysterectomy	Covered only in some instances	Permanent Sterilization: Not Covered Requires Prior Authorization for other instances See the Sterilization Supplemental Billing Guide
Incontinence Supplies	Covered	Medical Equipment and Supplies Billing Guide With diagnosis of incontinence Some exclusions or limitations may apply May require a Prior Authorization. Authorization is always required if exceeding state maximums or age limitations.

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
Indian Health Services (IHS)	Covered	<p>For AI/AN Enrollees: MCOs pay IHS encounter rate (<i>except dental</i>)</p> <p>For non-AI/AN Enrollees billed by a Tribal FQHC: MCOs pay IHS encounter rate (<i>except dental</i>)</p> <p>For non-AI/AN Enrollees billed by a Tribal clinic: MCOs pay fee for service rate</p> <p>HCA Tribal Health Program Billing Guide HCA Tribal Health Program Fee Schedule</p>
Infant Formula for Oral Feeding	Covered	<p>When medically necessary for age 20, younger, and prescribed. Order from a Medical Supply provider.</p> <p>Non-medically necessary infant formula for oral feeding is provided by the Women, Infants, and Children (WIC) program from the Department of Health.</p>
Insulin Pens	Covered	Prior Authorization may be required for non-pregnant members age 21 years and older
Interpreter Services	Covered	<p>Telephonic interpreter and written translations services available at no charge upon request.</p> <p>In-person at Provider office arranged at no charge through provider upon request- Providers must register with Universal Language Service</p>
Laboratory Services	Covered	Genetic and drug testing requires prior authorization - check Medicaid Pre-Authorization Tool for specific HCPC and CPT codes.
Lead Screening	Covered	Twice before age 2; as needed for those at risk
Long-Acting Reversible Contraception (LARC)	Covered	Includes IUDs and implants
Long-Term Care Services and Services for People with Developmental Disabilities	Covered through ProviderOne Services Card*	This service must be approved by the Aging and Long-Term Service Administration (ALTSA). Call 1-800-422-3263.
Mammograms	Covered	<p>Both Standard and 3D</p> <p>Ultrasound is not covered for screening</p>
Maternity Preterm Labor Prevention (17P/Makena injections)	Covered	Elective inductions less than 39 weeks require Prior Authorization

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
Maternity Support Services	Covered through ProviderOne Services Card*	Nutritional counseling, targeted case management, family training, and counseling. Part of the DSHS First Steps Program. For information contact the Family Health Hotline at Ph: 1-800-322-2588.
Medical Supplies	Covered	Medical Equipment and Supplies Billing Guide Some exclusions, limitations or quantities may apply May require a Prior Authorization. Authorization is always required if exceeding state maximums or age limitations.
Medication Assisted treatment (MAT)	Covered	Includes: Opioid Treatment Programs (OTPs) MAT is available both when receiving inpatient SUD treatment and when receiving outpatient services.
MENTAL HEALTH BENEFITS		
• Brief Intervention and Treatment	Covered	
• Day Support	Covered	
• Family Treatment	Covered	
• Freestanding Evaluation and Treatment Services	Covered	
• Group Treatment Services	Covered	
• High Intensity Treatment	Covered	
• Individual Treatment Services	Covered	
• Inpatient Psychiatric Evaluation and Treatment/Community Hospitalization	Covered	
• Intake Evaluation	Covered	
• Medication Management	Covered	One per client, per day in an outpatient setting
• Medication Monitoring	Covered	
• Mental Health Service Provided in Residential Settings	Covered	

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).

Service	Coverage	Comments/Links
<ul style="list-style-type: none"> Neuropsychological Testing 	Covered	
<ul style="list-style-type: none"> Program for Assertive Community Treatment (PACT) 	Covered	
<ul style="list-style-type: none"> Peer Support 	Covered	
<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 nine units per lifetime without Prior Authorization
<ul style="list-style-type: none"> Rehabilitation Case Management 	Covered	
<ul style="list-style-type: none"> Special Population Evaluation 	Covered	
<ul style="list-style-type: none"> Stabilization Services 	Covered	
<ul style="list-style-type: none"> Therapeutic Psychoeducation 	Covered	
<ul style="list-style-type: none"> Wise (Wraparound with Intensive Services) 	Covered	<p>Up to age 21</p> <p>Requires a WISE screen for eligibility</p> <p>13 and over can consent to WISE</p> <p>Under 13 needs parental permission</p>
<p>Nutrition – Enteral (Tube feeding) & Parenteral for home use</p>	Covered	<p>Oral nutrition is not covered for age 21 and older. Non-oral feeding for adults is covered.</p> <p>Authorization for thickener is only required for members under the age of 1 year old.</p> <p>Order from a Durable Medical Equipment (DME) provider requires a Prior Authorization</p> <p>Enteral Nutrition Billing Guide</p>
<p>Nutrition – Infant Formula for Oral Feeding</p>	Covered	<p>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 see Nutrition- Enteral (tube feeding)</p> <p>DSHS WIC Approved Formulas</p>



Service	Coverage	Comments/Links
Nutrition – Medical Nutrition Therapy	Covered	Medical Nutrition Therapy Billing Guide Referred by PCP after EPSDT visit
Osteopathic Manipulative Treatment	Covered	For members 21 and over only, including pregnant women. See “manipulative therapy” in the Physician-Related Services/ Health Care Professional Services Billing Guide . Some exclusions or limitations may apply. HCA Billing Guide Prior Authorization is required for non-participating providers and/or if the member exceeds the yearly visit maximum. (See below for additional details) Ten (10) osteopathic manipulations per calendar year when performed by a plan Doctor of Osteopathy (D.O.) Must be performed by D.O., not a Chiropractor.
Oxygen and Respiratory Services	Covered	Respiratory Care Billing Guide Some exclusions or limitations may apply May require a Prior Authorization . Prior authorization is not required for E1390 (Oxygen Concentrators) unless exceeding state limitations.
Pain Management	Covered	Prior Authorization may be required Some exclusions or limitations may apply
Pharmacy Services	Covered	Preferred Drug List (PDL) Covered as listed in Prescription Drug List— Includes a 90-day supply for maintenance medications Some exclusions or limitations may apply, may require a prior authorization Includes coverage of medications prescribed by a dentist for a dental visit.

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
Physician Assistant and Nurse Practitioner Services (Midlevel providers)	Covered	
Podiatrist Services	Covered	Routine foot care not covered, except for diabetic foot care and related acute conditions of the lower extremity See the Physician-Related Services/ Health Care Professional Services Billing Guide Requires a Prior Authorization in some instances
Pregnancy Termination – Involuntary	Covered	Medically necessary abortions or miscarriages
Pregnancy Termination – Voluntary	Covered through ProviderOne Services Card*	1-800-562-3022 Elective abortion
Prenatal Genetic Counseling	Covered	
Prenatal Genetic Testing	Covered	Requires a Prior Authorization
Private Duty Nursing for Children/Medically Intensive Children’s Program (MICP)	Covered	Ages 0-17 only Prior Authorization required Clients 18 years and older contact the Aging and Disabilities Services Administration at 1-360-493-4512. Private Duty Nursing for Children Billing Guide
Prosthetic and Orthotic (P&O) Devices	Covered	Prosthetic and Orthotic (P&O) Devices Billing Guide Some exclusions or limitations may apply May require a Prior Authorization
Radiology, X-rays & High-Tech Imaging	Covered	Contact National Imaging Associates (NIA) Magellan at radmd.com for Prior Authorization requirements, X-Rays do not require Prior Authorization NIA Magellan Servicing Coordinated Care: 1-800-727-8627

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
Reconstruction Surgery after Mastectomy	Covered	Prior Authorization required
Sexually Transmitted Infection (STI) Treatment	Covered	Members may go to the Health Department, Family Planning clinic, or PCP.
Shingles vaccine	Covered	Age 50 and over No Prior Authorization required
Skilled Nursing Facility	Covered	Prior Authorization required
Sleep Study	Covered	Sleep Centers Billing Guide Sleep Study Centers of Excellence Must be done in an agency approved sleep center aka a “Center of Excellence,” or at home (See Below). Supplies for a home sleep study must be provided by a “Center of Excellence.” HCA Billing Guide Home Studies do not require Prior Authorization
Smoking Cessation	Covered (Some medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Varenicline tartrate (Chantix))	Puff Free Pregnancy for pregnant women. Other members may self-refer to this program by calling 1-866-274-5791 ext. #6 Members may also be identified by health plan physicians, case manager or other health plan programs.
Sterilization Procedures, except hysterectomy	Covered	Sterilization Billing Guide Age 21 and over Coverage for members under 21 years of age ProviderOne Services Card*
Substance Use Disorder:	Substance Use Disorder Program Billing Guide	
<ul style="list-style-type: none"> Adult Residential 	Covered	Requires Prior Authorization
<ul style="list-style-type: none"> Pregnant and Parenting Residential 	Covered	Requires Prior Authorization

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).



Service	Coverage	Comments/Links
<ul style="list-style-type: none"> Youth Residential 	Covered	Requires Prior Authorization
Substance Use Disorder Inpatient		
<ul style="list-style-type: none"> Acute Withdrawal Management Services 	Covered	Once per day, per client May require Prior Authorization
<ul style="list-style-type: none"> Sub-acute Withdrawal Management Services 	Covered	Once per day, per client May require Prior Authorization
Substance Use Disorder Outpatient Services		
<ul style="list-style-type: none"> Assessments 	Covered	
<ul style="list-style-type: none"> Case Management 	Covered	
<ul style="list-style-type: none"> Group Therapy 	Covered	
<ul style="list-style-type: none"> Individual Therapy 	Covered	
<ul style="list-style-type: none"> Opiate Substitution Therapy 	Covered	Some exclusions or limitations may apply
<ul style="list-style-type: none"> Urinalysis Drug testing 	Covered	Some exclusions or limitations may apply May require Prior Authorization
Synagis- RSV vaccination treatment for children	Covered	Some exclusions or limitations may apply RSV/Synagis Season Requires Prior Authorization
Teladoc	Covered	General Medicine, Behavioral Health (18 years of age and older), Dermatology and Tobacco Cessation
Telehealth/Telemedicine through a provider	Covered	Washington State Providers ONLY See HCA Telehealth Provider Guide for exceptions Requires Prior Authorization for out-of-state providers Waiver Letter Emergency Waiver Facts Sheet FAQ from the HCA


PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).

Service	Coverage	Comments/Links
Therapy – Physical (PT), Occupational (OT), and Speech (ST) for Habilitative or Rehabilitative needs	Covered	<p>For In-Network providers, prior authorization is required after the following calendar year limits:</p> <ul style="list-style-type: none"> • PT 12 visits • OT 12 visits • ST 6 visits <p>* Out-of-Network Providers – All therapy visits (excluding evals) will require Prior Authorization</p> <p>Neurodevelopmental related therapy services do not require prior authorization.</p> <p>No Prior Authorization required for evaluations for all providers. No evaluations number limit, if medically necessary</p>
Transgender Services	Covered	<p>Transgender Health Program</p> <p>These services may require Prior Authorization through the health plan:</p> <ul style="list-style-type: none"> • Pre- and post-surgical hormone replacement therapy (HRT) • Pre puberty suppression therapy • Mental health services <p>The following services are authorized and covered through ProviderOne Blue Services Card:</p> <ul style="list-style-type: none"> • Gender reassignment surgery • Physician services, labs, pathology, anesthesiology, radiology, hospitalization • Hospitalization and physician services related to post-operative complication of procedures performed for gender reassignment surgery (GRS) • Electrolysis (laser hair removal) <p>For additional questions on the TransHealth Program, members can email transhealth@hca.wa.gov. TransHealth Providers FAQ (HCA Resource)</p>
Transplant Services	Covered	<p>Transplant Check List</p> <p>Corporate Centralized Transplant Unit 1-866-447-8773</p>

Service	Coverage	Comments/Links
		<p>There are Clinical & Payment Policies regarding “Intestinal & Multi-Visceral Transplant,” and “Lung Transplantation.”</p> <p>Certain transplant services provided for members covered by Apple Health Core Connections (AHCC) are covered through HCA Fee-for-Service.</p> <p>Inpatient transplant costs for an AHCC member with an all-patient refined diagnosis related group... (APR DRGs) in the following list should be billed to HCA Fee for Service: 001 – liver and/or intestinal transplant; 002 – heart and/or lung transplant; 003 – bone marrow transplant; 006 – pancreas transplant; 440 – kidney transplant.</p> <p>Any ancillary claims related to transplant services rendered, including the professional component of the hospital visit, to be paid by Coordinated Care.</p>
Transportation (Non-Emergency Medical Transportation)	Covered through ProviderOne Services Card	<p>HCA pays for transportation services to and from needed, non-emergency health care appointments. If you have a current services 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 services (non-emergency)</p>
Tuberculosis (TB) Screening and Follow-up Care	Covered	May go to a Health Department or PCP for Screening
Ultrasound OB	Covered	Some exclusions and limitations may apply
Urgent Care	Covered	At in-network urgent care facilities or any other that will accept Apple Health (Medicaid).
Vaccines/Immunizations	Covered	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Diphtheria, Tetanus, Pertussis (DTaP) • Haemophilus influenzae type B (Hib) • Polio

Service	Coverage	Comments/Links
		<ul style="list-style-type: none"> • Pneumococcal Conjugate (PCV) • Measles, Mumps, Rubella (MMR) • Shingles/Varicella Zoster (Chicken Pox) *50 years of age and over – below 50 years of age will require a Prior Authorization • Gardasil/Human Papilloma Virus (HPV). Gardasil is administered in a series of two shots. • COVID-19 Vaccination and Booster • Boosters - (6 months after last shot) <ul style="list-style-type: none"> - Pfizer (5 years and over) (Booster – 12 years and older) - Moderna (18 years and over) (Booster – 18 years and older) - J&J (18 years and older) Some exclusions or limitations may apply to other immunizations. Travel vaccines are not covered.
Weight Management	Covered (See Comments)	When receiving care from PCP or OB/GYN for members 3–17 years of age
Women’s Health Care	Covered	Members may go to a Family Planning Clinic, Health Department, or Primary Care Case Management Provider.
EXCLUDED SERVICES		
Alternative Medicine	NOT COVERED	(i.e., Acupuncture, Christian Science Practice, Faith Healing, Herbal Therapy, Homeopathy, or Massage Therapy)
Chiropractic Care for Adults	NOT COVERED	See Osteopathic coverage instead
Circumcisions (Routine/Elective)	NOT COVERED	
Cosmetic or Plastic Surgery	NOT COVERED	Including tattoo removal, face-lifts, ear or body piercing, or hair transplants.
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	See Sterilization coverage instead
Non-Medical Equipment	NOT COVERED	
Personal Comfort Items	NOT COVERED	(i.e., ramps, or other home modifications)

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).

Service	Coverage	Comments/Links
Physical exams needed for sports, employment, insurance or licensing	NOT COVERED	
Services not allowed by federal or state law	NOT COVERED	(i.e., DOT exams etc.)
Sports Physicals	NOT COVERED	See EPSDT Benefits
Travel Vaccines	NOT COVERED	Vaccines needed for travel outside the Country (i.e., Yellow Fever, Typhoid, Malaria, Japanese Encephalitis etc.).
Weight reduction and control services (not including Bariatric Surgery)	NOT COVERED	This includes weight loss drugs, products, programs, classes, or gym memberships or equipment
<p>* Covered through ProviderOne Services Card</p> 		

PLEASE NOTE: This is only a guide – benefits, coverage and interpretation of benefits and coverage may change. Please use the contract or HCA Medicaid Provider Guides in determining coverage issues. All excluded or non-covered services are subject to appeal by the member or provider (with written consent by the member).