



Apple Health (Medicaid) Integrated Managed Care Benefits

Services/Items	Apple Health	Apple Health Expansion	Apple Health Foster Care	Behavioral Health Services Only	Comments/Links
Allergy Services (Antigen/Allergy Serum/Allergy Shots)	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Ambulance Services – Air & Ground Transportation	Covered through ProviderOne Services Card*	HCA Billing Guides – see current Ambulance Transportation Billing Guide. Transportation Broker Directory			
Ambulatory Surgery Center	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Ambulatory Surgery Center (ASCs) Billing Guide.
Anesthesia Services	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Annual Wellness Exams	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Applied Behavioral Analysis (ABA) and Autism Services	Covered	Covered	Covered	Covered	HCA Billing Guides – see current Applied Behavioral Analysis (ABA) Billing Guide. Center of Excellence ABA Service Providers ABA Authorization Request Form
Asthma – Medication Management	Covered	Covered	Covered	Not Applicable	
Audiology Tests	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.

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Bariatric Surgery	Covered	Covered	Covered	Not Applicable	<p>Prior Authorization required after initial assessment for bariatric surgery. Only available in HCA-approved Centers of Excellence (COE).</p> <p>Stage I –Initial assessment</p> <p>Stage II – Evaluations for bariatric surgery and successful completion of a weight loss regimen</p> <p>Stage III – Bariatric surgery</p> <p>Stage 2 Bariatric Surgery Request Form</p> <p>HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.</p> <p>WA State Bariatric Surgery Guidelines</p>
Breast Pumps	Covered	Not Applicable	Covered	Not Applicable	<p>Limit 1 per member per lifetime without a Prior Authorization.</p> <p>Hospital grade rental pump requires Prior Authorization as this is different than standard electric breast pump.</p>

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					For questions/concerns please send e-mail to: WASSFB@CENTENE.COM .
Cancer Screenings	Covered	Covered	Covered	Not Applicable	<p>Breast Screening – for members 40 and over, one annual screening is allowed per calendar year. Standard and/or 3D. Ultrasound is not covered for screening.</p> <p>Screening mammograms for members 39 and younger require Prior Authorization.</p> <p>Colorectal Screening: FIT test, colonoscopy for Members 45 years and older, FOBT test (stool cards), flexible sigmoidoscopy.</p> <p>Pap Smear (Pap Test) – Covered</p> <p>In addition, the following cancer screenings are covered:</p> <ul style="list-style-type: none"> • Lung (low dose CT) • Oncology genomic testing (breast) • Pelvic exams (cervical, vaginal) • Prostate/PSA test <p>HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.</p>

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Cardiac Rehabilitation	Covered	Covered	Covered	Not Applicable	Some exclusions or limitations may apply. HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide Some exclusions or limitations may apply. Prior Authorization is required for non-participating providers and/or if the member exceeds the session limit per event.
Chemotherapy	Covered	Covered	Covered	Not Applicable	Some services may require Prior Authorization . HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Chiropractic Services	Covered	Covered	Covered	Not Applicable	Up to age 20 years old HCA Billing Guides – see current Chiropractic Services for Children Billing Guide. Prior Authorization is required for non-participating providers. Some exclusions or limitations may apply.

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					Not covered for members 21 years and older - see Manipulative Therapy in the current Physician-Related/Professional Services Billing Guide for alternative services.
Cosmetic Surgery	See Comments	See Comments	See Comments	Not Applicable	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	Covered	Covered	Not Applicable	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 Services	See Comments	See Comments ABCD Services Not Applicable	See Comments	Not Applicable For members with Medicare as primary, all other dental services Covered through ProviderOne Services Card*	Coordinated Care covered services include: <ul style="list-style-type: none"> • Prescriptions written by a dentist • Access to Baby & Child Dentistry (ABCD) Services provided by an ABCD certified provider • Medical/surgical services provided by a dentist

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					<ul style="list-style-type: none"> Hospital/Ambulatory Surgery Center facility charges, including emergency services (use both Coordinated Care and Provider One Services Cards) <p>All other dental services, including preventive and fluoride varnish application services, are covered by ProviderOne Services Card*.</p> <p>HCA Billing Guides – see current Dental Program Billing Guide.</p> <p>To find a dental provider:</p> <ul style="list-style-type: none"> Visit DentistLink.org or call/text 1-844-888-5465 <p>Call 1-800-562-3022 or use the ProviderOne Find a Provider search tool.</p>
Developmental Screening	Covered	Not Applicable	Covered	Not Applicable	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Diabetes Comprehensive Care	Covered	Covered	Covered	Not Applicable	For members with diabetes (type 1 and type 2)
Diabetic Education	Covered	Covered	Covered	Not Applicable	<p>HCA Billing Guides – see current Diabetes Education Program Billing Guide.</p> <p>Some exclusions or limitations may apply.</p>

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Diabetic Supplies	Covered	Covered	Covered	Not Applicable	<p>Some exclusions, limitations or quantities may apply.</p> <p>HCA Billing Guides – see current Medical Equipment and Supplies Billing Guide.</p> <p>Trumetrix brand is preferred and can be covered at pharmacy with no Prior Authorization.</p> <p>Any other brand of diabetic supply requires a Prior Authorization and is considered medical equipment to be received at medical equipment provider.</p> <p>See Preferred Drug List</p>
Dialysis	Covered	Covered	Covered	Not Applicable	<p>Some exclusions, limitations or quantities may apply.</p> <p>HCA Billing Guides – see current Kidney Center Services Billing Guide and current Physician-Related/Professional Services Billing Guide.</p>
Donor Human Milk	See Comments	See Comments	See Comments	Not Applicable	<p>Some exclusions, limitations or quantities may apply.</p>

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					<p>Medically necessary donor human milk for any inpatient use when ordered by:</p> <ul style="list-style-type: none"> • a licensed health care provider with prescriptive authority • an international board-certified lactation consultant certified by the International Board of Lactation Consultant Examiners (IBLCE) <p>for an infant who is:</p> <ul style="list-style-type: none"> • medically or physically unable to receive maternal human milk or participate in chest feeding • whose parent is medically or physically unable to produce maternal human milk in sufficient quantities or caloric density or participate in chest feeding <p>If the infant meets at least one of the criteria listed in accordance with RCW 48.43.815(1)(a) – (o).</p>
Durable Medical Equipment (DME)	Covered	Covered	Covered	Not Applicable	<p>Some exclusions, limitations or quantities may apply.</p> <p>May require a Prior Authorization. Authorization is always required if exceeding state maximums or age limitations.</p>

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					HCA Billing Guides – see current Medical Equipment and Supplies Billing Guide.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered	Not Applicable See Annual Wellness Exams	Covered	Not Applicable	Covered more frequently as needed for Apple Health Foster Care members. Includes complete physical examination, vision testing, hearing testing, labs, oral health screening, mental health screening and more. HCA Billing Guides – see current EPSDT Well-Child Program Billing Guide.
Early Childhood Education and Assistance Program (ECEAP) and Head Start	See Comments	Not Applicable	See Comments	Not Applicable	ECEAP is open to any preschool aged child and family if they meet the income limits. Visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart
Early Support for Infants and Toddlers (ESIT) from birth to age 3	See Comments	Not Applicable	See Comments	Not Applicable	Designed to enable children birth to three with developmental delays or disabilities to be active and successful during the early childhood years and into the future.

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					For more information visit dcyf.wa.gov/services/child-development-supports/esit .
Early Childhood Intervention and Prevention Services (ECLIPSE)	See Comments	Not Applicable	See Comments	Not Applicable	Serves children birth to five years old who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to complex trauma. For more information visit https://www.dcyf.wa.gov/services/early-learning-providers/eceap/eclipse .
Emergency Room Services	Covered	Covered	Covered	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	Covered	Covered	Covered	Not Applicable	Age 20 and under – 1 eye exam with refraction covered every calendar year. Age 21 and over – 1 eye exam with refraction every two calendar years.

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					Enroll Vision Plan Specifics
Eyewear (Hardware)	Covered	Covered	Covered	Not Applicable	<p>Age 20 and under – eyeglass frames, lenses, contact lenses, and fitting services are covered by ProviderOne Services Card*.</p> <p>HCA Billing Guides – see current Vision Hardware for Kids Billing Guide.</p> <p>Adults 21 and over – new Value-Added Benefit (VAB) - \$100 retail allowance towards eyeglasses or contact lenses every two calendar years. In addition, standard fitting fees are covered in full.</p>
Family Planning Services	Covered	Covered	Covered	Not Applicable	<p>Including prescription and over-the-counter birth control, contraceptives, and emergency contraceptives (Plan B).</p> <p>HCA Billing Guides – see current Family Planning Billing Guide.</p> <p>Apple Health Covered OTC Contraceptive List</p>
Federally Qualified Health Centers (FQHC) and Rural	Covered	See Comments	Covered	Not Applicable	<p>HCA Billing Guides - see current Federally Qualified Health Centers (FQHCs) Billing Guide and current Rural Health Clinics (RHCs) Billing Guide.</p>

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Health Clinics (RHC) for primary care					Encounter rate payments not applicable for Apple Health Expansion.
Health Home	Covered	Not Applicable	Covered	Not Applicable	Health Home Services Washington HCA's Health Home Resource Page Some exclusions or limitations may apply.
Hearing Exams and Hearing Aids, Cochlear Implants and Bone-Anchored Hearing Aids (BAHA)	Covered	Covered	Covered	Not Applicable	Exams are a covered benefit for all individuals Single and bilateral hearing aids and cochlear implants are available for: <ul style="list-style-type: none"> • Age 20 and under • Adults who meet program criteria Monaural hearing aids including: <ul style="list-style-type: none"> • Fitting • Follow Up • Batteries Bone-anchored hearing aids covered for age 20 and under.

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					Replacement parts for all individuals who already have implant. HCA Billing Guides – see current Hearing Hardware Billing Guide and current Physician-Related/Professional Services Billing Guide.
Hepatitis B	Covered	Covered	Covered	Not Applicable	Some exclusions or limitations may apply.
Hepatitis C	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	Not Applicable	Effective in 2023, HCA would like all providers licensed to treat HCV to screen and treat the target population. In order to support our provider community in this monumental effort, Apple Health (Medicaid) has made important policy changes: <ul style="list-style-type: none"> The antiviral Mavyret™ no longer requires prior authorization (PA). Other direct-acting antivirals will require review and will be approved only when Mavyret™ is not clinically appropriate. Anyone licensed to prescribe direct acting antiviral medications is allowed to screen and treat Apple Health members to support this effort. HCV medications: prescribing providers may also request authorization (if not Mavyret) by contacting the agency, Ph: 1-800-562-3022 ext. #15483 stating

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					they are requesting an authorization for an HCV medication.
HIV/AIDS Screening	Covered	Covered	Covered	Not Applicable	Members may go to a Family Planning clinic, local health department, or PCP for screening. HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Home Births	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Planned Home Births and Births in Centers Billing Guide.
Home Health Care Services	Covered	Covered	Covered	Not Applicable	Some exclusions or limitations may apply. HCA Billing Guides – see current Home Health Services Billing Guide.
Home Visiting for Families	See Comments	Not Applicable	See Comments	Not Applicable	Offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of your child. DCYF – Home Visiting for Families
Hospice Care	Covered	Covered	Covered	Not Applicable	Prior Authorization required for some Hospice Services. HCA Billing Guides – see current Hospice Services Billing Guide.

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Hospital Services (Inpatient and Outpatient)	Covered	Covered	Covered	Covered for Behavioral Health Services	All inpatient stays require notification to Coordinated Care within one (1) business day (24 hours) of admission. Elective admissions require Prior Authorization .
Hysterectomy	Covered	Covered	Covered	Not Applicable	When medically necessary HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide. Not covered when performed solely for the purpose of sterilization. HCA Billing Guides – see current Sterilization Billing Guide.
Incontinence Supplies	Covered	Covered	Covered	Not Applicable	Some exclusions or limitations may apply. May require a Prior Authorization . Authorization is always required if exceeding state maximums or age limitations. HCA Billing Guides – see current Medical Equipment and Supplies Billing Guide.
Indian Health Services (IHS)	Covered	Covered	Covered	Not Applicable	Paid at IHS encounter rate (<i>except dental</i>) for:

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					<ul style="list-style-type: none"> AI/AN Enrollees non-AI/AN Enrollees billed by a Tribal FQHC <p>Paid at fee for service rate for:</p> <ul style="list-style-type: none"> For non-AI/AN Enrollees billed by a Tribal clinic <p>HCA Billing Guides – see current Tribal Health Billing Guide and Tribal Health program fee schedule.</p>
Infant Formula for Oral Feeding	Covered	Covered	Covered	Not Applicable	<p>When medically necessary for age 20 and younger. Order from a Medical Supply provider.</p> <p>HCA Billing Guides – see current Enteral Nutrition Billing Guide.</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>
Inpatient Psychiatric Care for Children	Covered	Not Applicable	Covered	Not Applicable	<p>HCA Billing Guides – see current Mental Health Services Billing Guide.</p>

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Children's Long-term Inpatient Program (CLIP) for ages 5 to 17 years of age					
Insulin Pens	Covered	Covered	Covered	Not Applicable	Prior Authorization may be required. See Preferred Drug List
Interpreter Services	Covered	See Comments	Covered	Covered	Telephonic interpreter and written translations services available at no charge upon request. In-person at Provider office arranged at no charge through provider upon request- Providers must register with Universal Language Service. Apple Health Expansion members: In-person interpreter services at a Provider office, contact Provider Services or complete request form and email to InterpreterRequests@Centene.com .
Laboratory Services	Covered	Covered	Covered	Covered	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide. Genetic and drug testing requires prior authorization - check Medicaid Pre-Authorization Tool for specific HCPC and CPT codes.
Lead Screening	Covered	Not Applicable	Covered	Not Applicable	Twice before age 2; as needed for those at risk.

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					HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide. Includes IUDs and implants
Long-Acting Reversible Contraception (LARC)	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Family Planning Billing Guide.
Long-Term Services and Supports (LTSS) and Services for People with Developmental Disabilities	See Comments	Not Applicable	See Comments	Not Applicable	<p>ALTSA Home and Community Services must approve these services. Call the local HCS office for more information:</p> <p>Region 1: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – 1-509-568-3767 or 1-866-323-9409</p> <p>Region 2N: Island, San Juan, Skagit, Snohomish, Whatcom – 1-800-780-7094; Nursing Facility Intake</p> <p>Region 2S: King – 1-206-341-7750</p>

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					<p>Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799</p> <p>The Developmental Disabilities Administration (DDA) must approve these services. Contact the local DDA office:</p> <p>Region 1: Asotin, Chelan, Douglas, Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman – 1-800-319-7116</p> <p>Region 1: Adams, Benton, Columbia, Franklin, Garfield, Grant, Kittitas, Klickitat, Walla Walla, Yakima – 1-866-715-3646</p> <p>Region 2N: Island, San Juan, Skagit, Snohomish, Whatcom – 1-800-567-5582</p> <p>Region 2S: King – 1-800-974-4428</p> <p>Region 3: Kitsap, Pierce – 1-800-735-6740</p>

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					Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 1-888-707-1202
Manipulative Therapy	Covered	Covered	Covered	Not Applicable	Ten (10) manipulative therapy treatments per member, per calendar year. Manipulative therapy services covered only when provided by an in-network osteopathic physician (DO) or a naturopathic physician (ND). See Manipulative Therapy in the current Physician-Related/Professional Services Billing Guide .
Maternity Support Services (MSS)	Covered through ProviderOne Services Card*	Covered though ProviderOne Services Card*	Covered though ProviderOne Services Card*	Not Applicable	Nutritional counseling, targeted case management, family training, and counseling. HCA First Steps Call WithinReach – 1-800-322-2588 Apple Health Expansion eligible individuals, who report being pregnant, will have a RAC code change and disenrolled to receive FFS pregnancy medical.

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Medical Supplies	Covered	Covered	Covered	Not Applicable	Some exclusions, limitations or quantities may apply. HCA Billing Guides – see current Medical Equipment and Supplies Billing Guide. May require a Prior Authorization . Authorization is always required if exceeding state maximums or age limitations.
Medications for Opioid Disorder (MOUD)	Covered	Covered	Covered	Covered	Previously referred to as Medication Assisted Treatment (MAT). HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Mental Health – Inpatient and Outpatient	Covered	Covered	Covered	Covered When member has Medicare as primary insurance, the following services are only covered through BHSO:	Mental health services are covered when provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist. Includes freestanding Evaluation and Treatment (E&T). Mental health services may include: <ul style="list-style-type: none"> • Intake evaluation • Individual treatment services • Medication management

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Services/Items	Apple Health	Apple Health Expansion	Apple Health Foster Care	Behavioral Health Services Only	Comments/Links
				<ul style="list-style-type: none"> • Peer Support • Residential services • Evaluation and Treatment Centers 	<ul style="list-style-type: none"> • Peer support • Brief intervention and treatment • Family treatment • Mental health services provided in a residential setting • Psychological assessment • Crisis services • Wraparound with Intensive Services (WISe) <ul style="list-style-type: none"> ○ Up to age 21 ○ Requires a WISe screen for eligibility ○ 13 and over can consent to WISe ○ Under 13 needs parental permission <p>HCA Billing Guides – see current Mental Health Services Billing Guide.</p> <p>Washington State Family Youth System Partner Round Tables (FYSPRTs) provide a forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individual behavioral health needs of children, youth, and families. Visit the HCA FYSPRT page for more information.</p>

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Nutrition – Enteral (tube feeding), Parenteral for home use & Infant Formula for Oral Feeding	Covered	Covered	Covered	Not Applicable	<p>Enteral nutrition products and supplies for tube-feeding are covered for all Enrollees.</p> <p>Medically necessary oral enteral nutrition products, including prescribed infant formulas not covered by WIC or additional quantities beyond amounts allowed by WIC, for Enrollees 20 years of age and under.</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> <p>DSHS WIC Approved Formulas</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>HCA Billing Guides – see current Enteral Nutrition Billing Guide.</p>

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Nutrition – Medical Nutrition Therapy	Covered	Covered	Covered	Not Applicable	HCA Billing Guides – see current Medical Nutrition Therapy Billing Guide.
Office Visits	Covered	Covered	Covered	Covered for Behavioral Health Services	<p>Primary care and specialist visits covered at no charge for members when seen for covered services and by an in-network provider.</p> <p>HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.</p> <p>Members may self-refer for certain services without first obtaining authorization, PCP referral or health plan approval. See current Provider Operations manual, Member Self-Referral Options.</p> <p>Members in the Patient Review and Coordination program may require PCP referral for certain services. See current Provider Operations manual, Patient Review and Coordination (PRC) Program and PCPs.</p>
Oxygen and Respiratory	Covered	Covered	Covered	Not Applicable	<p>Some exclusions or limitations may apply.</p> <p>May require a Prior Authorization.</p>

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					HCA Billing Guides – see current Respiratory Care Billing Guide.
Pain Management	Covered	Covered	Covered	Not Applicable	Prior Authorization may be required. Some exclusions or limitations may apply. HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Pharmacy Services	Covered	Covered	Covered	Not Applicable	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 and may require a prior authorization. Includes coverage of medications prescribed by a dentist for a dental visit.
Physician Assistant and Nurse Practitioner Services (mid-level providers)	Covered	Covered	Covered	Covered	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.

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Podiatry	See Comments	See Comments	See Comments	Not Applicable	<p>Routine foot care not covered (such as cutting or removing warts, corns, and calluses, treatment of tinea pedis and trimming, cutting, clipping or debridement of nails).</p> <p>Covered only when medically necessary and as a result of an acute condition, or exacerbation of a chronic condition.</p> <p>Prior Authorization required in some instances.</p> <p>HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide under Foot Care Services.</p>
Pregnancy Termination – Involuntary	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	Not Applicable	<p>Medically necessary abortions or miscarriages</p> <p>HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.</p>
Pregnancy Termination – Voluntary	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	Not Applicable	<p>Covered services include:</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill • Surgical abortion, also called in-clinic abortion

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					HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Prenatal Genetic Counseling	Covered	See Comments	Covered	Not Applicable	HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide. Apple Health Expansion eligible individuals, who report being pregnant, will have a RAC code change and disenrolled to receive FFS pregnancy medical.
Prenatal Genetic Testing	Covered	See Comments	Covered	Not Applicable	Requires a Prior Authorization HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide. Apple Health Expansion eligible individuals, who report being pregnant, will have a RAC code change and disenrolled to receive FFS pregnancy medical.
Private Duty Nursing (PDN) or Medically Intensive Children’s Program (MICP)	Covered	Not Applicable	Covered	Not Applicable	<i>Ages 0-17 only</i> Prior Authorization required

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					For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (AL TSA). HCA Billing Guides – see current Private Duty Nursing for Children Billing Guide.
Prosthetic and Orthotic (P&O) Devices	Covered	Covered	Covered	Not Applicable	Some exclusions or limitations may apply. May require a Prior Authorization . HCA Billing Guides – see current Prosthetic and Orthotic Devices Billing Guide.
Radiology, X-rays & High-Tech Imaging	Covered	Covered	Covered	Not Applicable	X-Rays do not require Prior Authorization Complex imaging requires Prior Authorization through Evolent Health, formerly known as NIA.
Reconstruction Surgery after Mastectomy	Covered	Covered	Covered	Not Applicable	Prior Authorization required HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.
Sexually Transmitted Infection (STI) Treatment	Covered	Covered	Covered	Not Applicable	Members may go to the Health Department, Family Planning clinic, or PCP.

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					HCA Billing Guides – see current Family Planning Billing Guide.
Skilled Nursing Facility	Covered	Covered	Covered	Not Applicable	<p>For medically necessary rehabilitative care.</p> <p>Prior Authorization required</p> <p>HCA Billing Guides – see current Nursing Facilities Billing Guide.</p> <p>Limited long-term care services covered through ProviderOne Services Card*.</p>
Sleep Study	Covered	Covered	Covered	Not Applicable	<p>Must be done in an agency approved sleep center aka a “Center of Excellence,” or at home.</p> <p>HCA Billing Guides – see current Sleep Centers Billing Guide.</p> <p>Home Studies do not require Prior Authorization.</p> <p>Providers, please ensure the rendering facility is a Center of Excellence and that their American Academy of Sleep Medicine (AASM) accreditation is valid. Use the link below:</p>

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Services/Items	Apple Health	Apple Health Expansion	Apple Health Foster Care	Behavioral Health Services Only	Comments/Links
					Washington Apple Health Centers of Excellence Sleep Study Centers.
Smoking Cessation	Covered	Covered	Covered	See Comments	<p>Covered for all members with or without a PCP referral or pre-approval.</p> <p>Members may self-refer to this program by calling 1-866-274-5791 ext. #6.</p> <p>Quit Smoking Hotline – 1-800-QUIT-NOW – available for anyone.</p>
Sterilization Procedure, except hysterectomy	See Comments	See Comments	See Comments	Not Applicable	<p>Members 18 – 20 (19 and 20 Apple Health Expansion), coverage is through ProviderOne Services Card*.</p> <p>Some instances may require Prior Authorization.</p> <p>Age 20 and under (age 19 and 20 for Apple Health Expansion), must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</p> <p>HCA Billing Guides – see current Sterilization Billing Guide.</p>

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Substance Use Disorder (SUD) Treatment Services	Covered	Covered	Covered	<p>Covered</p> <p>When member has Medicare as primary insurance, the following services are only covered through BHSO:</p> <ul style="list-style-type: none"> Intensive outpatient treatment Outpatient treatment 	<p>Some services may require Prior Authorization.</p> <p>Covered SUD treatment services may include:</p> <ul style="list-style-type: none"> Assessment Brief intervention and referral to treatment Withdrawal management (acute and sub-acute detoxification) Outpatient treatment (Individual and group therapy, urinalysis drug testing) Intensive outpatient treatment Inpatient and residential treatment Opiate substitution treatment services Case management <p>HCA Billing Guides – see current Substance Use Disorder Billing Guide.</p>
Substance Using Pregnant People (SUPP) Program	Covered through ProviderOne Services Card*	See Comments	Covered through ProviderOne Services Card*	Covered through ProviderOne Services Card*	<p>The SUPP Program is an inpatient hospital-based program for pregnant individuals who have a medical need and substance use history.</p> <p>HCA Billing Guides – see current Substance-Using Pregnant People (SUPP) Billing Guide.</p>

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					Apple Health Expansion eligible individuals, who report being pregnant, will have a RAC code change and disenrolled to receive FFS pregnancy medical.
Telehealth/Telemedicine	Covered	Covered	Covered	Covered for Behavioral Health Services	<p>Washington State Providers ONLY</p> <p>Requires Prior Authorization for out-of-state providers.</p> <p>Members are encouraged to sign up and use Teladoc for telehealth services. No cost for members to use. Visit the Telehealth page on the Coordinated Care website.</p> <p>HCA Billing Guides – see current Telemedicine Policy and Billing Guide.</p>
Therapy – Physical (PT), Occupational (OT), and Speech (ST) for Habilitative and Rehabilitative needs	Covered	Covered (only for Rehabilitative needs)	Covered	Not Applicable	<p>Members under 21 (19 and 20 for Apple Health Expansion): No authorization is required for all providers.</p> <p>Members over 21: In-Network providers, prior authorization is required after the following calendar year limits:</p> <ul style="list-style-type: none"> PT 12 visits

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					<ul style="list-style-type: none"> OT 12 visits ST 6 visits <p>Out-of-Network Providers – All therapy visits (excluding evaluations) will require Prior Authorization.</p> <p>No Prior Authorization required for evaluations for all providers. No evaluations number limit, if medically necessary.</p> <p>HCA Billing Guides – see current Habilitative Services Billing Guide.</p>
Transhealth Services	See Comments	See Comments	See Comments	Not Applicable	<p>Some services may require Prior Authorization.</p> <p>Services covered through Coordinated Care:</p> <ul style="list-style-type: none"> Physician services Hormone therapy Puberty suppression therapy Speech therapy (including voice training) Behavioral health services Labs/Pathology Radiology

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					<p>Services covered through ProviderOne Services Card *</p> <ul style="list-style-type: none"> • Surgical consults • Hospitalizations and physician services related to procedures performed for gender-affirming surgery • Hospitalizations and physician services related to postoperative complications of procedures performed for gender-affirming surgery • Medically necessary, gender-affirming hair removal <p>HCA Billing Guides – see current Transhealth Program Billing Guide.</p> <p>HCA Transhealth Program page</p> <p>Transplant Check List</p>
Transplant Services	Covered	Covered	Covered	Not Applicable	Corporate Centralized Transplant Unit 1-866-447-8773

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					<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 – NEMT)	Covered through ProviderOne Services Card*	<p>Apple Health pays for transportation services to and from non-emergency health care appointments.</p> <p>Call the transportation provider (broker) in your area to learn about services and limitations. The regional</p>			

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					broker will arrange the most appropriate, least costly transportation for the client. Transportation services (non-emergency)
Tuberculosis (TB) Screening and Follow-up Care	Covered	Covered	Covered	Not Applicable	Members may go to a Health Department or PCP for Screening.
Ultrasound OB	Covered	See Comments	Covered	Not Applicable	Some exclusions and limitations may apply. HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide. Apple Health Expansion eligible individuals, who report being pregnant, will have a RAC code change and disenrolled to receive FFS pregnancy medical.
Urgent Care	Covered	Covered	Covered	Covered for Behavioral Health needs	
Vaccines/Immunizations	Covered	Covered	Covered	Not Applicable	<ul style="list-style-type: none"> • COVID-19 • Dengue (DEN4CYD: 9-16yrs) • Diphtheria, Tetanus, Pertussis (DTaP) • Haemophilus influenza type b (Hib) • Hepatitis A (HepA) • Hepatitis B (HepB)

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					<ul style="list-style-type: none"> • Human papillomavirus (HPV) • Influenza – Flu Shots <ul style="list-style-type: none"> ○ Members over the age of 7 can get their vaccination at a pharmacy ○ Age 7 and under must get the shot at a doctor’s office. • Measles, mumps, rubella (MMR) • Meningococcal A, C, W, Y • Meningococcal B • Mpox • Polio • Pneumococcal (PCV15, PCV20, PPSV23) • Respiratory Syncytial Virus (RSV) • Tetanus, diphtheria, pertussis (Tdap or Td) • Varicella (VAR) • Zoster (Shingles – 50 and over) <p>HCA Billing Guides – see current Physician-Related/Professional Services Billing Guide.</p> <p>HCA covers vaccines administered according to the current Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP)</p>

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Services/Items	Apple Health	Apple Health Expansion	Apple Health Foster Care	Behavioral Health Services Only	Comments/Links
					recommendations and guidelines for adults and children in the United States, including make-up schedules. There is detailed guidance on vaccines at the CDC website .
Women's Health Care	Covered	Covered	Covered	Not Applicable	Routine and preventative health care services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast feeding.

EXCLUDED SERVICES					
Alternative medicines	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, or massage therapy.
Chiropractic care for adults (21 and over)	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	See Manipulative Therapy instead
Circumcisions (Routine/Elective)	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	
Elective Cosmetic or Plastic Surgery	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	Including tattoo removal, face lifts, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	

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Marriage Counseling and Sex Therapy	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	
Non-Medical Equipment	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	Such as ramps, or other home modifications.
Personal Comfort Items	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	
Physical exams needed for employment, insurance, or licensing	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	
Services not allowed by state or federal law and its territories and possessions	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	U.S. Territories include: <ul style="list-style-type: none"> • American Samoa • Guam • Northern Mariana Islands • Puerto Rico • U.S. Virgin Islands
Services provided outside of the United States	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	
Weight reduction and control services (not including Bariatric Surgery)	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	Weight loss drugs, products, gym memberships or equipment for the purpose of weight reduction.
*Covered through ProviderOne Services Card					

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