



2021 Apple Health (Medicaid) Member Benefit Grid
Coordinated Care of Washington, Inc.

For benefits noted as requiring a Prior Authorization (PA) pre-approval is needed before these services and medical supplies will be provided.

Allergy Services (Antigen/Allergy Serum/Allergy Shots)	Covered
Ambulance Services – Air & Ground Transportation	Covered by Apple Health without a managed care plan using your ProviderOne services card.
Ambulatory Surgery Center	Covered
Anesthesia Services	Covered
Annual Well Child Visits and Annuals for Adults	Covered
Applied Behavioral Analysis (ABA) and Autism Services	<p>Covered. Includes: Behavior assessment, adaptive behavior treatment, family/parent therapy and guidance, group therapies and intensive day programs.</p> <p>*Other services, such as physical therapy, speech therapy, and occupational therapy are also covered services a children with autism may receive.</p>
Asthma – Medication Management	Covered
Audiology Services	Covered requires a Prior Authorization in some instances
Bariatric Surgery	<p>Covered Bariatric surgery must be performed in a hospital with a bariatric surgery program, and the hospital must be located in the state of Washington or approved border cities (Some exclusions or limitations may apply)</p> <p>(a) Stage One - Initial assessment of client with PCP (no PA required) (b) Stage Two - dietician services as well as mental health counseling (requires PA) (c) Stage Three - Bariatric surgery (requires PA)</p>
Birthing Centers/Home births	Covered
Birth Control/ Contraceptives	<p>Covered</p> <ul style="list-style-type: none"> • Oral hormonal contraceptives (pills) • Transdermal hormonal contraceptives (patch)



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	<ul style="list-style-type: none"> • 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
Blood Pressure Cuff	Covered (requires Prior Authorization)
Breast Pumps	Covered (Some exclusions or limitations may apply, 1 st one is covered by health plan) Requires a Prior Authorization in some instances
Cancer Screenings	Annual Breast Screening – Covered-both standard and 3D mammogram Colorectal Screening – Covered: Fit test, colonoscopy, FOBT test (stool cards), flexible sigmoidoscopy Pap Smear (Pap Test) – Covered
Cardiac Rehabilitation	Covered (Some exclusions or limitations may apply)
Care Management	Health plan will help identify and coordinate support services for physical and behavioral health needs.
Chemotherapy	Covered (Prior Authorization required)
Childbirth Classes	Covered
Chiropractic Services	Covered only up to age 20 and under. Over the age 20, see Osteopathic Manipulative Treatment, most chiropractic not covered for adults.
Colonoscopy	Covered for adults over 50 or adults under 50 when at high risk for colorectal cancer.
Compression Garments	Covered (Prior Authorization required)
Continuous positive airway pressure (CPAP machine) and supplies	Covered (Some exclusions, limitations or quantities may apply, requires a Prior Authorization)



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Cosmetic Surgery	Covered, unless 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, requires a Prior Authorization.
Dental Services – Preventative	Covered using your ProviderOne Services Card*
Dental Services (Baby & Child Dentistry (ABCD))	Covered – Preventative dental services provided by a PCP (Member through age 5)
Dental Services – Emergency	Covered in a hospital, emergency room, urgent care, or 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 (Some exclusions or limitations may apply)
Diabetic Supplies	Covered (Some exclusions, limitations or quantities may apply, requires a Prior Authorization) *Trumetrix brand is preferred and can be covered at pharmacy with no PA. Any other brand of diabetic supply requires a PA and is considered medical equipment to be received at medical equipment provider.
Dialysis	Covered
Diapers	See incontinence Supplies
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children	Covered. (includes dental, depression, developmental, hearing, and vision screenings)
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 (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 – One exam every 24 months with refraction
Eye Exams – Children under 21	Covered – One exam every 12 months with refraction



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Eyewear (Hardware)	Covered up to age 20 using your ProviderOne Services Card* Adults 21 and over visit https://www.hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf for a list of vision providers who offer discounted hardware.
Family Planning (Refer to: Birth Control, Contraceptives)	Covered – Includes plan B, through pharmacy only.
Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered (Some exclusions or limitations may apply)
Flu Shots	Covered – 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.
Fluoride Varnish	Covered
Health Home	Covered (Some exclusions or limitations may apply)
Hearing Aids, Cochlear Implants and Bone-Anchored Hearing Aids (BAHA)	Single and bilateral hearing aids covered for children and adults. Cochlear Implants and Bone-Anchored hearing aids covered for 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 using your ProviderOne Services Card*
HIV/AIDS Screening	Covered
Home Births	Covered
Home Health Care Services	Covered Comprehensive care management, Care coordination, health promotion, Transition planning, Individual and family support, Referral to community and social support services (Some exclusions or limitations may apply)
Hospice Care	Covered (Prior Authorization required)
Hospital Services (Inpatient and Outpatient)	Covered (All inpatient stays require notification to Coordinated Care within one (1) business day (24 hours) of admission.



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	Elective admissions require Prior Authorization)
Hysterectomy	Requires a prior authorization in some instances. Not covered for sole purpose of sterilization.
Incontinence Supplies	Covered (With diagnosis of incontinence. Some exclusions or limitations may apply, requires a Prior Authorization)
Infant Formula for Oral Feeding	Covered (When medically necessary for age 20, younger, and prescribed. Order from a Durable Medical Equipment (DME) provider.) Non-medically necessary Infant formula for oral feeding is provided by the Women, Infants, and Children (WIC) program from the Department of Health.
Insulin Pens	Covered (Prior Authorization may be required for non-pregnant age 21 years and older)
Interpreter Services	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 HCA's Universal Language Service.
Laboratory Services	Covered (Genetic testing requires Prior Authorization)
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 using your ProviderOne Services Card* (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 (Ultrasound is not covered for screening, diagnostic mammogram/ultrasound requires a prior authorization.)
Maternity Preterm Labor Prevention (17P/Makena injections)	Covered (Elective inductions less than 39 weeks require Prior Authorization)
Maternity Support Services	Covered using your ProviderOne Services Card* (Part of the First Steps Program. For information call: 1-800-322-2588)



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Medical Equipment	Covered when medically necessary. Most require a Prior Authorization.
Medical Supplies	Covered (Some exclusions or limitations may apply, most supplies require a prior authorization)
Medications for Opioid Use Disorder (MOUD)	Covered - Includes: Opioid Treatment Programs (OTPs) MOUD is available both when receiving inpatient SUD treatment and when receiving outpatient services.
Mental Health	
• 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 (can go as often as medically necessary; no quantity limitations)
• 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
• Neuropsychological Testing	Covered
• Program for Assertive Community Treatment (PACT)	Covered
• Peer Support	Covered
• Pregnant and Parenting Women (PPW) support services	Covered
• Psychiatric Diagnostic Evaluation	Covered-One psychiatric diagnostic interview exam allowed per client, per provider, per calendar year
• Psychological Testing/Assessment	Covered-Testing limited to nine units per lifetime without Prior Authorization
• Rehabilitation Case Management	Covered



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<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 up to age 21. Requires a WISE screen for Eligibility. 13 and over can consent to WISE. Under 13 needs parental permission.
Naturopathy Services	Covered.
Nutrition – Enteral (Tube feeding) & Parenteral for home use	Covered - (Oral nutrition is not covered for age 21 and older. Non oral feeding for adults is covered) Order from a Durable Medical Equipment (DME) provider. Requires a Prior Authorization
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 see Nutrition- Enteral (Tube feeding) <u>DSHS WIC Approved Formulas</u>
Nutrition – Medical Nutrition Therapy	Covered (ONLY for 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.)
Out of Country Services	Not covered.
Out of State Services	Emergency Room and Urgent Care only without a Prior Authorization or health plan approval.
Oxygen and Respiratory Services	Covered (Some exclusions or limitations may apply) Requires a Prior Authorization in many instances.
Pain Management	Covered (Prior Authorization required. Some exclusions or limitations may apply)
Pharmacy Services Maintenance Drug Program Prescription Mail Order Service	Covered as listed in Prescription Drug List- (Some exclusions or limitations may apply, may require a Prior Authorization)



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	<p>Includes coverage of medications prescribed by a dentist for a dental visit.</p> <p>Health plan provides members with 90 day supplies of maintenance medications. These are used to treat long-term conditions or illnesses. The maintenance drug list is subject to change.</p> <p>CVS Mail Service can deliver medications anywhere within the US at no cost.</p>
Physician Assistant and Nurse Practitioner Services (Midlevel providers)	Covered
Podiatrist Services	Routine foot care not covered, except for diabetic foot care and related acute conditions of the lower extremity. Requires a Prior Authorization in some instances
Pregnancy Termination – Involuntary	Covered (Medically necessary abortions or miscarriages)
Pregnancy Termination – Voluntary	Covered using your 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 <u>18 years and older</u> contact the Aging and Disabilities Services Administration at (360) 493-4512.
Prosthetic and Orthotic (P&O) Devices	Covered (Some exclusions or limitations may apply, requires a Prior Authorization)
Radiology, X-rays & High Tech Imaging	Covered (High Tech imaging including MRI & CT require a prior authorization)
Reconstruction Surgery after Mastectomy	Covered (Prior Authorization required)
Second Opinions	Covered
Sexually Transmitted Infections (STI) Treatment	Covered
Shingles vaccine	Covered – Age 50 and over, under 50 may require a prior authorization.
Skilled Nursing Facility	Covered (Prior Authorization required)



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Sleep Study	Covered Must be done in an agency approved sleep center, a “Center of Excellence,” or at home. Home studies do not require Prior Authorization
Smoking Cessation	Covered (Some medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Varenicline tartrate (Chantix))
Sports Physicals	Covered
Sterilization Procedures, except hysterectomy	Covered age 21 and over (Coverage for members under 21 years of age using your ProviderOne Services Card*) *Covered services include: tubal ligation/vasectomy.
Substance Use Disorder:	
• Adult Residential	Covered – requires a Prior Authorization
• Pregnant and Parenting Residential	Covered – requires a Prior Authorization
• Youth Residential	Covered – requires a Prior Authorization
Substance Use Disorder Inpatient Facility	
• Acute Withdrawal Management Services	Covered – Once per day per client – may require a Prior Authorization
• Sub-acute Withdrawal Management Services	Covered – Once per day per client – may require a Prior Authorization
Substance Use Disorder Outpatient Services	
• Assessments	Covered
• Case Management	Covered
• Group Therapy	Covered
• Individual Therapy	Covered (Some exclusions or limitations may apply)
• Opiate Substitution Therapy	Covered (Some exclusions or limitations may apply, may require a Prior Authorization)
• Urinalysis Drug testing	Covered (Some exclusions or limitations may apply, may require a Prior Authorization)
Synagis – RSV vaccination treatment for children	Covered (Prior Authorization required)
Teladoc	Covered – General medicine, behavioral health (18 and over only), dermatology, tobacco cessation



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Telehealth/Telemedicine through a provider	Covered – Check with health care provider
Therapy – Physical, Occupational, and Speech for habilitative or rehabilitative needs	Covered – Some limitations, exclusions and quantity limits apply. No prior authorization for initial evaluation for all providers. Treatment will require prior authorization for out of network providers. Prior authorization may be needed for extended services.
Transgender Services	<p>Covered: may require a Prior Authorization</p> <ul style="list-style-type: none"> • Pre and post-surgical hormone replacement therapy (HRT) • Pre puberty suppression therapy • Mental health services <p>Covered using your ProviderOne Services Card:</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.) Prior Authorization required.
Transportation (Non-Emergency Medical Transportation)	<p>Covered using your ProviderOne Services Card* it pays for transportation services to and from needed, non-emergency health care appointments.</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><u>Transportation service (non-emergency)</u></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)
Urgent Care	Covered at in-network urgent care facilities or any other that will accept Medicaid.




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Vaccines & Immunizations	<p>Covered (Some exclusions or limitations may apply)</p> <ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Diphtheria, Tetanus, Pertussis (DTaP) • Haemophilus influenzae type B (Hib) • Polio • Influenza (Flu) • Pneumococcal Conjugate (PCV) • Measles, Mumps, Rubella (MMR) • Shingles (over age 50) Under 50 may require a prior authorization. • Shingles/Varicella Zoster (Chicken Pox) • Gardasil/Human Papilloma Virus (HPV). Gardasil is administered in a series of two shots. <p>Some exclusions or limitations may apply to other immunizations. Travel vaccines are not covered.</p>
Vision Therapy	Covered
Weight Management	Covered 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 (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
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	NOT COVERED
Hysterectomy for sole purpose of permanent sterilization	NOT COVERED (see sterilization coverage instead)
Marriage Counseling and Sex Therapy	NOT COVERED



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Non-Medical Equipment	NOT COVERED (i.e. ramps, or other home modifications)
Over the Counter Medicines (OTC)	NOT COVERED (without a Prior Authorization, refer to Preferred Drug List (PDL).
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)
* Covered through Apple Health without a managed care plan (also known as fee-for-service)	
	
using your ProviderOne Services Card	