



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

For benefits noted as requiring 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 using your ProviderOne services card*.
Ambulatory Surgery Center	Covered
Anesthesia Services	Covered
Annual Wellness Exams	Covered
Applied Behavioral Analysis (ABA) and Autism Services	<p>Covered</p> <p>Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social, and behavioral skills.</p> <p>Some services require prior authorization.</p>
Asthma – Medication Management	Covered
Audiology Tests	Covered
Bariatric Surgery	<p>Covered</p> <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>
Birthing Centers/Home births	Covered
Birth Control/ Contraceptives	<p>Covered</p> <ul style="list-style-type: none"> Oral hormonal contraceptives (pills)

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HCA 49705/CS008_v8

05/2025



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Coordinated Care of Washington, Inc.

	<ul style="list-style-type: none"> • 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
Birth Doula	<p>Covered using your ProviderOne services card*.</p> <p>Members are eligible to receive birth doula services during any point in pregnancy, childbirth, or during postpartum period up to 12-months.</p>
Blood Pressure Cuff	Covered (requires Prior Authorization)
Breast Pumps	<p>Covered</p> <p>Limit 1 per member per lifetime without a Prior Authorization.</p> <p>Hospital grade rental pump requires Prior Authorization and is different than standard electric breast pump.</p> <p>For questions/concerns please send email to: WASSFB@Centene.com.</p> <p>Apple Health Expansion pregnant members contact ProviderOne at 1-800-562-3022.</p>
Cancer Screenings	<p>Breast Screening – Covered for members 40 and over, one annual screening is allowed per calendar year. Standard and/or 3D.</p> <p>Ultrasound is not covered for screening.</p>

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HCA 49705/CS008_v8



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	<p>Screening mammograms for members 39 and younger require Prior Authorization.</p> <p>Colorectal Screening – Covered: 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
Cardiac Rehabilitation	Covered (Some exclusions or limitations may apply)
Care Management	<p>Health plan will help identify and coordinate support services for physical and behavioral health needs.</p> <p>HIV case management not covered for Apple Health Expansion members.</p>
Chemotherapy	Covered (Prior Authorization required)
Childbirth Classes	Covered
Chiropractic Services	<p>Covered up to age 20 years old.</p> <p>Not covered for members 21 years and older, see Manipulative Therapy.</p>
Colonoscopy	Covered for adults 45 years and older.
Community Behavioral Health Support (CBHS) Services including skills restoration	<p>Covered for eligible Apple Health members 18 years of age or older.</p> <p>Not applicable for Apple Health Expansion members.</p>
Compression Garments	Covered (Prior Authorization required)



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Continuous positive airway pressure (CPAP machine) and supplies	Covered (Some exclusions, limitations or quantities may apply) Requires Prior Authorization.
Cosmetic Surgery	Not 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 Prior Authorization.
Dental Services	<p>Coordinated Care covered services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist • Access to Baby & Child Dentistry (ABCD) services provided by an ABCD certified provider <ul style="list-style-type: none"> ○ Not applicable for Apple Health Expansion members • Medical/surgical services provided by a dentist • Hospital/Ambulatory Surgery Center facility charges, including emergency services (use both Coordinated Care and ProviderOne Services cards) <p>All other dental services, including preventative and fluoride varnish application services, are covered using your ProviderOne services card*.</p> <p>To find a dental provider:</p> <ul style="list-style-type: none"> • Visit DentistLink.org or call/text 1-844-888-5465 • Call 1-800-562-3022 or use the ProviderOne Find a Provider search tool
Developmental Screening	<p>Covered</p> <p>Not applicable for Apple Health Expansion members.</p>
Diabetes Comprehensive Care	Covered for members with diabetes (Type 1 and type 2)

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HCA 49705/CS008_v8



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Coordinated Care of Washington, Inc.

Diabetic Education	Covered (Some exclusions or limitations may apply)
Diabetic Supplies	<p>Covered (Some exclusions, limitations or quantities may apply)</p> <p>Requires Prior Authorization.</p> <p><u>Trumetrix brand</u> is preferred and can be covered at pharmacy with no Prior Authorization.</p>
Dialysis	Covered (Some exclusions or limitations may apply)
Diapers	See Incontinence Supplies
Donor Human Milk	<p>Covered (Some exclusions or limitations may apply)</p> <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
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children	Covered - Includes complete physical examination, vision testing, hearing testing, labs, oral health screening, developmental screening, mental health screening and more.



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Coordinated Care of Washington, Inc.

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Early Childhood Education and Assistance Program (ECEAP) and Head Start	<p>ECEAP is open to any preschool aged child and family if they meet the income limits.</p> <p>Visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart</p> <p>Not applicable for Apple Health Expansion members.</p>
Early Support for Infants and Toddlers (ESIT) from birth to age three (3)	<p>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.</p> <p>Call the Help Me Grow Washington Hotline at 1-800-322-2588 for information.</p> <p>For more information visit dcyf.wa.gov/services/child-development-supports/esit.</p> <p>Not applicable for Apple Health Expansion members.</p>
Emergency Room Services	<p>Covered</p> <p>Available 24 hours per day, seven days per week anywhere in the United States.</p>
Eye Exams	<p>Age 20 and under – 1 eye exam with refraction covered every calendar year.</p> <p>Age 21 and over – 1 eye exam with refraction covered every two calendar years.</p>
Eyewear (Hardware)	<p>Age 20 and under – eyeglass frames, lenses, contact lenses, and fitting services covered using your ProviderOne Services Card*</p> <p>Adults 21 and over – new Value-Added Benefit (VAB) - \$100 retail allowance towards eyeglasses or contact lenses every two</p>

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HCA 49705/CS008_v8



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	calendar years. In addition, standard fitting fees are covered in full.
Family Planning	Covered Including prescription and over-the-counter birth control, contraceptives, and emergency contraceptives (Plan B).
Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered (Some exclusions or limitations may apply)
Flu Shots	Covered
Health Home	Covered (Some exclusions or limitations may apply) Not applicable for Apple Health Expansion members.
Hearing Exams and Hearing Aids, Cochlear Implants and Bone-Anchored Hearing Aids (BAHA)	Exams are a covered benefit for all individuals. Single and bilateral hearing 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. Replacement parts for all individuals who already have implant.
Hepatitis B	Covered (Some exclusions or limitations may apply)
Hepatitis C	Covered using your ProviderOne Services Card*.
HIV/AIDS Screening	Covered – members may go to a Family Planning clinic, local health department, or PCP for screening.

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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)
Home Visiting for Families	Offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of your child. For more information, contact Help Me Grow Washington Hotline 1-800-322-2588. Not applicable for Apple Health Expansion members.
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). Elective admissions require Prior Authorization.
Hysterectomy	Covered when medically necessary. Requires prior authorization in some instances. Not covered for sole purpose of sterilization.
Incarceration Pre-Release Services	As of July 2025: Members may be eligible for services up to 90-days prior to release: <ul style="list-style-type: none"> Any hospital admission Case management <ul style="list-style-type: none"> Covers physical health, mental health, substance use disorder, and health-related social needs services

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HCA 49705/CS008_v8



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Coordinated Care of Washington, Inc.

	<ul style="list-style-type: none"> • Medications for alcohol and opioid use disorder • 30-day supply of medications and medical supplies at time of release <p>Additional benefits may be available:</p> <ul style="list-style-type: none"> • Medications during prerelease period • Lab and radiology • Services by community health workers with lived experiences • Physical and behavioral clinical consultations <p>Some exclusions or limitations may apply.</p>
Incontinence Supplies	<p>Covered with diagnosis of incontinence. Some exclusions or limitations may apply.</p> <p>Requires Prior Authorization.</p>
Infant Formula for Oral Feeding	<p>Covered when medically necessary for age 20 and younger and prescribed by a provider.</p> <p>Order from a Durable Medical Equipment (DME) 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	<p>Covered (Prior Authorization may be required for non-pregnant age 21 years and older)</p>
Interpreter Services	<p>Telephonic interpreter and written translations services available at no charge upon request.</p> <p>In-person at Provider office arranged at no charge.</p>
Laboratory Services	<p>Covered (Genetic and drug testing requires Prior Authorization)</p>
Lead Screening	<p>Covered –Twice before age 2, as needed for those at risk.</p>

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HCA 49705/CS008_v8



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Long-Acting Reversible Contraception (LARC)	Covered – Includes IUDs and implants
Long-Term Care Services and Supports (LTSS) and Services for People with Developmental Disabilities	<p>Not applicable for Apple Health Expansion members.</p> <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 – 1-206-341-7550</p> <p>Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799</p> <p>The Development 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>

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HCA 49705/CS008_v8

05/2025



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Coordinated Care of Washington, Inc.

	<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> <p>Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 1-888-707-1202</p>
Mammograms	<p>Covered</p> <p>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>
Manipulative Therapy	<p>Covered - Ten (10) manipulative therapy treatments per member, per calendar year.</p> <p>Manipulative therapy services covered only when provided by an in-network osteopathic physician (DO) or a naturopathic physician (ND).</p>
Maternity Support Services	<p>Covered using your ProviderOne Services Card* (Part of the First Steps Program).</p> <p>For information call WithinReach: 1-800-322-2588</p>
Medical Equipment	Covered when medically necessary. Most require Prior Authorization.
Medical Supplies	<p>Covered (Some exclusions or limitations may apply)</p> <p>Most supplies require Prior Authorization.</p>
Medications for Opioid Use Disorder (MOUD)	Covered - Includes: Opioid Treatment Programs (OTPs). MOUD is available both

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Coordinated Care of Washington, Inc.

	when receiving inpatient SUD treatment and when receiving outpatient services.
Mental Health – Inpatient and Outpatient	<p>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)</p> <p>Mental health services may include:</p> <ul style="list-style-type: none"> • Intake evaluation • Individual treatment services • Medication management • Peer support • Brief intervention and treatment • Family treatment • Mental health services provided in a residential setting (behavioral rehabilitative services not covered for Apple Health Expansion members) • 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 ○ Some exclusions may apply <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>
Naturopathy Services	Covered



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Newborn Services	Covered inpatient and outpatient under mother's Medicaid ID until newborn has their own ID.
Nutrition – Enteral (Tube feeding), Parenteral for home use & Infant Formula for Oral Feeding	<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. 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 Prior Authorization.</p>
Nutrition – Medical Nutrition Therapy	Covered
Obstetrics	Pregnancy and postpartum services covered.
Oxygen and Respiratory Services	<p>Covered (Some exclusions or limitations may apply)</p> <p>Requires Prior Authorization in many instances.</p>
Pain Management	<p>Covered (Some exclusions or limitations may apply)</p> <p>Prior Authorization required.</p>
Pharmacy Services Maintenance Drug Program Prescription Mail Order Service	<p>Covered as listed in Preferred Drug List. Includes a 90-day supply for maintenance medications. Some exclusions, limitations, and Prior Authorization may apply.</p> <p>Includes coverage of medications prescribed by a dentist for a dental visit.</p>

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	Express Scripts® Pharmacy can deliver medications anywhere within the US at no cost.
Physician Assistant and Nurse Practitioner Services (Midlevel providers)	Covered
Podiatrist Services	<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 its medically necessary and as a result of an acute condition, or aggravation of a chronic condition. Prior Authorization required in some instances.</p>
Pregnancy Termination – Involuntary	<p>Medically necessary abortions or miscarriages.</p> <p>Covered using your ProviderOne Services card*.</p>
Pregnancy Termination – Voluntary	<p>Covered using your ProviderOne Services Card*.</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill • Surgical abortion, also called in-clinic abortion
Prenatal Genetic Counseling	<p>Covered</p> <p>Apple Health Expansion pregnant members contact ProviderOne at 1-800-562-3022.</p>
Prenatal Genetic Testing	<p>Covered (requires a Prior Authorization)</p> <p>Apple Health Expansion pregnant members contact ProviderOne at 1-800-562-3022.</p>
Private Duty Nursing for Children/Medically Intensive Children's Program (MICP)	<p>Covered (Ages 0-17 only, Prior Authorization required).</p> <p>For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (AL TSA).</p>

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05/2025



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Coordinated Care of Washington, Inc.

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Prosthetic and Orthotic (P&O) Devices	Covered (Some exclusions or limitations may apply) Requires Prior Authorization.
Radiology, X-rays & High-Tech Imaging	Covered X-Rays do not require Prior Authorization. Complex imaging (CT, MRI, etc.) requires 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 for short term and limited long term medically necessary services. (Prior Authorization required)
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 for all members with or without a PCP referral or pre-approval. Members may self-refer to this program by calling 1-866-274-5791, ext. 6. Quit Smoking Hotline – 1-800-QUIT-NOW
Sports Physicals	Covered when included as part of a full well-child exam.
Sterilization Procedures, except hysterectomy	Covered

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Coordinated Care of Washington, Inc.

	<p>Members 18 – 20, coverage is through your ProviderOne Services Card*.</p> <p>Some instances may require Prior Authorization.</p>
Substance Use Disorder (SUD) Treatment Services	<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
Substance Using Pregnant People (SUPP) Program	Covered using your ProviderOne services card*.
Telehealth/Telemedicine	<p>Covered</p> <p>Only providers licensed in the state of Washington.</p> <p>Members are encouraged to sign up and use MD Live and Teladoc. No cost for members to use.</p> <p>Visit the Telehealth page on the Coordinated Care website.</p>
Therapy – Physical (PT), Occupational (OT), and Speech (ST) for habilitative or rehabilitative needs	<p>Covered</p> <p>Members under 21: No authorization is required for all providers.</p>



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	<p>Members over 21: In-network providers, prior authorization is required after the following calendar limits:</p> <ul style="list-style-type: none"> • PT 12 visits • OT 12 visits • ST 6 visits <p>No Prior Authorization required for evaluations for all providers. No evaluations number limit, if medically necessary.</p> <p>Habilitative services not applicable for Apple Health Expansion members.</p>
Transhealth Services	<p>Covered - 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 <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
Transplant Services	<p>Covered (Some exclusions or limitations may apply) Prior Authorization required.</p>



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Transportation (Non-Emergency Medical Transportation - NEMT)	<p>Covered using your ProviderOne Services Card*.</p> <p>Apple Health 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>Transportation service (non-emergency)</p>
Tuberculosis (TB) Screening and Follow-up Care	<p>Covered</p> <p>Members may go to a health department or PCP for screening.</p>
Ultrasound OB	<p>Covered (Some exclusions or limitations may apply)</p> <p>Apple Health Expansion pregnant members contact ProviderOne at 1-800-562-3022.</p>
Urgent Care	<p>Covered at in-network urgent care facilities or any other that will accept Medicaid.</p>
Vaccines & Immunizations	<p>Covered (Some exclusions or limitations may apply)</p> <ul style="list-style-type: none"> • COVID-19 • Diphtheria, Tetanus, Pertussis (DTaP) • Haemophilus influenza type b (Hib) • Hepatitis A (HepA) • Hepatitis B (HepB) • Human papillomavirus (HPV) • Influenza – Flu Shots • Measles, mumps, rubella (MMR) • Meningococcal A, C, W, Y • Meningococcal B • Mpox • Polio • Pneumococcal (PCV15, PCV20, PPSV23)

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	<ul style="list-style-type: none"> Respiratory Syncytial Virus (RSV) Tetanus, diphtheria, pertussis (Tdap or Td) Varicella (VAR) Zoster (Shingles – 50 and over) <p>All vaccines for members 18 years of age must be obtained from providers who participate in the Vaccines for Children (VFC) program. To locate providers in your area, please review the provider map.</p>
Vision Therapy	Covered
Women's Health Care	<p>Covered</p> <p>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.</p> <p>Apple Health Expansion pregnant members contact ProviderOne at 1-800-562-3022.</p>
Excluded Services	
Alternative Medicines	NOT COVERED (Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, or massage therapy)
Chiropractic Care for Adults (21 and over)	NOT COVERED (See Manipulative Therapy instead)
Circumcisions (Routine/Elective)	NOT COVERED
Elective Cosmetic or Plastic Surgery	NOT COVERED (Including tattoo removal, face lifts, or hair transplants)
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
Non-Medical Equipment	NOT COVERED (Such as ramps, or other home modifications)

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HCA 49705/CS008_v8



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Coordinated Care of Washington, Inc.

Personal Comfort Items	NOT COVERED
Physical exams needed for employment, insurance, or licensing	NOT COVERED
Services not allowed by federal or state law and its territories and possessions	NOT COVERED
Services provided outside of the United States	NOT COVERED
Weight reduction and control services (not including Bariatric Surgery)	NOT COVERED (this includes weight loss drugs, products, gym memberships or equipment for the purpose of weight reduction)

*** Covered using your ProviderOne Services Card**

