



Washington Apple Health Medical Benefits	
Allergy Services (Antigen/Allergy Serum/Allergy Shots)	Covered
Ambulance Services (Air Transportation)	Covered by FFS*
Ambulance Services (Emergency Transportation)	Covered by FFS* (Emergencies or ground only)
Ambulatory Surgery Center	Covered
Anesthesia Services	Covered
Annual Well Child Visits and Annuals for Adults	Covered (one per calendar year)
Applied Behavioral Analysis (ABA)	Covered
Audiology Services	Covered
Autism Services	Covered
Bariatric Surgery	Covered (Some limits apply)
Behavioral Health Outpatient Visits	Covered (Some restrictions apply)
<b>Behavioral Health Benefit (mental health and substance use disorder services) for Integrated Managed Care (IMC) and Behavioral Health Services Only (BHSO).</b>	
<b>Mental Health:</b>	
• Applied Behavioral Analysis (ABA)	Covered
• Bio-feedback Therapy	Covered
• Brief Intervention and Treatment	Covered
• Day support	Covered
• Inpatient Psychiatric Evaluation and Treatment/Community Hospitalization	Covered
• Family Treatment	Covered
• Freestanding Evaluation and Treatment Services	Covered
• Group Treatment Services	Covered
• High Intensity	Covered
• Individual Treatment Services	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
• Peer Support	Covered
• Psychological Testing/Assessment	Covered – Psychological testing is limited to two units without prior authorization (PA)



• Neuropsychological Testing	Covered
• Psychiatric Diagnostic Evaluation	Covered – One psychiatric diagnostic interview exam per client, per provider, per calendar year
• Rehabilitation Case Management	Covered
• Special Population Evaluation	Covered
• Stabilization Services	Covered
• Therapeutic Psychoeducation	Covered
• WISe (Wraparound with Intensive Services)	Covered
<b>Substance Use Disorder:</b>	
• Adult Residential	Covered – non-IMD facility w/ 16 beds or less
• Pregnant and Parenting Residential	Covered – non-IMD facility w/ 16 beds or less
• Youth Residential	Covered – non-IMD facility w/ 16 beds or less
<b>Substance Use Disorder Inpatient Facility</b>	
• Acute Withdrawal Management Services	Covered – Once per day, per client
• Sub-acute Withdrawal Management Services	Covered – Once per day, per client
<b>Substance Use Disorder Outpatient Services</b>	
• Assessments	Covered – Covered once per treatment episode for each new and returning client
• Group Therapy	Covered
• Individual Therapy	Covered – Some limits may apply
• Opiate Substitution Treatment	Covered – Some limits may apply
• Case Management	Covered
• Urinalysis Drug Testing	Covered – Some limits may apply
Blood Products	Covered (blood, blood components, human blood products, and their distribution)
Breast Pumps	Covered (Some limits apply)
Chemotherapy	Covered
Chiropractic Services	Covered (Only for children age 20 and under. Over age 20, see Spinal Manipulation or Osteopathic Manipulative Treatment)
Cosmetic Surgery	Covered (ONLY if the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma or for mastectomy reconstruction for post-cancer treatment)
Dental Screening	Covered as part of an EPSDT visit



Dental Services	Covered by FFS*
Developmental Screening	Covered
Diabetic Education	Covered
Diabetic Supplies	Covered
Dialysis	Covered
Durable Medical Equipment (DME)	Covered
Early Support for Infants and Toddlers ESIT from birth to age three (3)	Covered
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered
Emergency Room Services	Covered (No PA** required for urgent or emergent care. Members may visit the closest ER even if outside provider network)
Eye Exams – Children under 21	Covered – One exam every 12 months with refraction
Eye Exams – Adults 21 and over	Covered – One exam every 24 months with refraction
Eyewear (Hardware)	Covered by FFS* (All hardware covered by the State)
Family Planning (Birth Control, Contraceptives)	Covered
Flu Shots	Covered – Members over the age of 7 can go to the pharmacy; members under 7 must get the shot at PCP office.
Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered (Some exclusions or limits apply)
Habilitative Services	Covered (Some exclusions or limits apply)
Health Care Services	Covered (Preventive or Specialty)
Health Home	Covered (Some exclusions or limits apply)
Hearing Aids, Cochlear Implants and Bone-Anchored Hearing Aids (BAHA)	Covered for children age 20 and under.
Hearing Exams	Covered
Hepatitis B	Covered (Some exclusions or limits apply)
HIV/AIDS Screening	Covered
Home Births	Covered
Home Health Care Services	Covered (PA** required. Some exclusions or limits may apply)
Hospice Care	Covered (PA** required)
Hospital Services (Inpatient and Outpatient)	Covered (All inpatient stays require notification to Coordinated Care within one



	business day of admission. Elective admissions require PA**)
Hysterectomy	Covered (Not covered for sole purpose of permanent sterilization)
Immunizations	Covered
Infant Formula for Oral Feeding	Covered (Pharmacy benefits, <i>only</i> those listed under Therapeutic Formulas )
Incontinence Supplies	Covered (With diagnosis of incontinence. Some exclusions and limits apply)
Insulin Pens	Covered (No PA** for children birth to age 20 and pregnant women. PA** may be required for adults 21 years and older)
Laboratory Services	Covered (Genetic testing requires PA**)
Long-Term Care Services and Services for People with Developmental Disabilities	Covered by FFS* (This service must be approved by the Aging and Long Term Service Administration (AL TSA). See details in your Apple Health Handbook.)
Mammograms	Covered
Maternity Support Services	Covered by FFS* (Part of the First Steps Program. For information contact: (800) 322-2588)
Maternity Preterm Labor Prevention	Covered (PA** required. 17P injections provided)
Medical Supplies	Covered (Some exclusions or limits apply)
Mental Health Inpatient	Covered (Some exclusions or limits apply)
Nutrition – Enteral & Parenteral for home use	Covered (Oral nutrition is not covered for clients 21 years of age and older. Non oral feeding for adults is covered)
Nutrition – Medical Therapy	Covered (ONLY for children age 20 and under, referred by PCP after EPSDT visit)
Orthotics & Prosthetics (O&P)	Covered (Some exclusions or limits apply)
Osteopathic Manipulative Treatment	Covered (Ten (10) osteopathic manipulations per calendar year when performed by a plan Doctor of Osteopathy (D.O.))
Oxygen and Respiratory Services	Covered (Some exclusions or limits apply)
Pain Management	Covered (PA** required. Some exclusions or limits apply)
Pharmacy Services	Covered (Some exclusions or limits apply)
Physician Assistant and Nurse Practitioner Services	Covered
Physical, Occupational, and Speech Therapy	Covered (One evaluation or re-evaluation per calendar year. PA** required for additional evaluations and for all treatments)



Podiatrist Services	Covered (Routine foot care not covered, except for an acute condition of the lower extremity)
Pregnancy Termination – Involuntary (miscarriages)	Covered (Medically necessary abortions; involuntary terminations (miscarriages))
Pregnancy Termination – Voluntary	Covered by FFS* (1-800-562-3022)
Prenatal Genetic Counseling	Covered by FFS* (1-800-562-3022)
Private Duty Nursing for Children/Medically Intensive Children's Program (MICP)	Covered (Ages 0-17 only). (This service must be approved by the Aging and Long Term Service Administration (AL TSA). See details in your Apple Health Handbook.)
Radiology and X-rays	Covered (Some exclusions and limits apply)
Radiology/High Tech Imaging Services	Covered (Administered through NIA****)
Reconstruction Surgery after Mastectomy	Covered (PA** required)
Screening for substance use disorder and referral to treatment (SBIRT)	Covered
Skilled Nursing Facility	Covered (PA** required)
Shingles	Covered (60 years of age or older, no exceptions)
Sleep Study	Covered (Must be done in an agency approved sleep center, a "Center of Excellence." Home studies do not require PA**)
Smoking Cessation	Covered (Medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Valernicline tartrate)
Spinal Manipulations	Covered (Limited to ten (10) spinal manipulations per calendar year. Services must be rendered by a plan Doctor of Osteopath (D.O.))
STD Treatment	Covered (Members can go to a health department, family planning clinic, or PCP)
Sterilization Procedures	Covered (Coverage for members under 21 years of age by FFS*)
Synagis	Covered (PA** required)
Transgender Services	Covered (The MCO covers office visits, hormone replacement medications and counseling services. Gender confirmation surgery is covered by FFS*)
Transplant Services	Covered (Some exclusions or limits apply. Coordinated Care Case Management (866) 447-8773)
Transportation (Non-Emergency Medical Transportation)	Covered by FFS*



Tuberculosis (TB) Screening and Follow-up Care	Covered (Members may go to a health department or PCP for screening)
Ultrasound OB	Covered
Urgent Care	Covered (Must be an Urgent Care, Non-Participating (Non-PAR) walk-in clinics require PA**)
Women's Health Care	Covered (Members may go to a Family Planning Clinic, Health Department, or PCCM Clinic. All Non-PAR providers will require PA**)
<b>Excluded Services</b>	
Alternative Medicine	NOT COVERED (Acupuncture, Christian Science Practice, Faith Healing, Herbal Therapy, Homeopathy, Massage, or Massage Therapy)
Chiropractic Care for Adults	NOT COVERED
Circumcisions (Routine/Elective)	NOT COVERED
Cosmetic or Plastic Surgery	NOT COVERED
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	NOT COVERED
Hysterectomies	NOT COVERED (for the sole purpose of permanent sterilization)
Marriage Counseling and Sex Therapy	NOT COVERED
Non-Medical Equipment	NOT COVERED
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)
<b>*FFS – Fee-For-Service (benefits administered by the State of Washington Health Care Authority (HCA))</b>	
<b>**PA – Prior Authorization</b>	
<b>****NIA – National Imaging Association</b>	