



2020 Medicaid Member Benefit Grid
Coordinated Care of Washington, Inc.

Allergy Services (Antigen/Allergy Serum/Allergy Shots)	Covered
Ambulance Services – Air & Ground Transportation	Covered by 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	Covered for members age 20 and younger.
Asthma – Medication Management	Covered
Audiology Services	Covered requires a Prior Authorization in some instances
Bariatric Surgery	Covered (Some exclusions or limitations may apply, requires a Prior Authorization)
Breast Pumps	Covered (Some exclusions or limitations may apply) 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)
Chemotherapy	Covered (Prior Authorization required)
Chiropractic Services	Covered only up to age 20 and under. Over the age 20, see Osteopathic Manipulative Treatment
Colonoscopy	Covered for adults over 50 or adults under 50 when at high risk for colorectal cancer.
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 a Prior Authorization.



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Dental Services – Preventative	Covered through 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)
Dialysis	Covered
Durable Medical Equipment (DME)	Covered (Some exclusions, limitations or quantities may apply, may require a Prior Authorization)
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered annually for Medicaid, more frequently as requested for AHCC members, including 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
Eyewear (Hardware)	Covered up to age 20 through ProviderOne Services Card*
Family Planning (Birth Control, Contraceptives)	Covered – Up to a 12 month supply at one time
Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered (Some exclusions or limitations may apply)



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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 through ProviderOne Services Card*
HIV/AIDS Screening	Covered
Home Births	Covered
Home Health Care Services	Covered (Prior Authorization required. 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. Elective admissions require Prior Authorization)
Hysterectomy	Not covered for sole purpose of permanent sterilization. Otherwise, coverage requires a Prior Authorization in some instances
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.



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	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 through ProviderOne Services Card* (This service must be approved by the Aging and Long Term Service Administration (ALTSA). See details in your Apple Health Handbook.)
Mammograms	Covered, both standard and 3D (Ultrasound is not covered for screening)
Maternity Preterm Labor Prevention (17P/Makena injections)	Covered (Elective inductions less than 39 weeks require Prior Authorization)
Maternity Support Services	Covered through ProviderOne Services Card* (Part of the First Steps Program. For information call: 1-800-322-2588)
Medical Supplies	Covered (Some exclusions or limitations may apply, see DME above)
Medication Assisted Treatment (MAT)	Covered - Includes: Opioid Treatment Programs (OTPs) MAT is available both when receiving inpatient SUD treatment and when receiving outpatient services.
Mental Health	
• Brief Intervention and Treatment	Covered
• Day Support	Covered
• Family Treatment	Covered
• Freestanding Evaluation and Treatment Services	Covered
• Group Treatment Services	Covered
• High Intensity Treatment	Covered
• Individual Treatment Services	Covered
• Inpatient Psychiatric Evaluation and Treatment/Community Hospitalization	Covered
• Intake Evaluation	Covered



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<ul style="list-style-type: none"> Medication Management 	Covered-One per client, per day in an outpatient setting
<ul style="list-style-type: none"> Medication Monitoring 	Covered
<ul style="list-style-type: none"> Mental Health Service Provided in Residential Settings 	Covered
<ul style="list-style-type: none"> Neuropsychological Testing 	Covered
<ul style="list-style-type: none"> Peer Support 	Covered
<ul style="list-style-type: none"> Psychiatric Diagnostic Evaluation 	Covered-One psychiatric diagnostic interview exam allowed per client, per provider, per calendar year
<ul style="list-style-type: none"> Psychological Testing/Assessment 	Covered-Testing limited to nine units per lifetime without Prior Authorization
<ul style="list-style-type: none"> Rehabilitation Case Management 	Covered
<ul style="list-style-type: none"> Special Population Evaluation 	Covered
<ul style="list-style-type: none"> Stabilization Services 	Covered
<ul style="list-style-type: none"> Therapeutic Psychoeducation 	Covered
<ul style="list-style-type: none"> Wise (Wraparound with Intensive Services) 	Covered
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.)
Oxygen and Respiratory Services	Covered (Some exclusions or limitations may apply) Requires a Prior Authorization in many instances.



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Pain Management	Covered (Prior Authorization required. Some exclusions or limitations may apply)
Pharmacy Services	Covered as listed in Prescription Drug List- Includes a 90 day supply for maintenance medications (Some exclusions or limitations may apply, may require a Prior Authorization) Includes coverage of medications prescribed by a dentist for a dental visit.
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 through ProviderOne Services Card* (1-800-562-3022) (elective abortion)
Prenatal Genetic Counseling	Covered
Prenatal Genetic Testing	Covered – requires a Prior Authorization
Private Duty Nursing for Children/Medically Intensive Children’s Program (MICP)	Covered (Ages 0-17 only, Prior Authorization required). Clients <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 requires a Prior Authorization)
Reconstruction Surgery after Mastectomy	Covered (Prior Authorization required)
Sexually Transmitted Infections (STI) Treatment	Covered
Shingles vaccine	Covered – Age 50 and over
Skilled Nursing Facility	Covered (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



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Smoking Cessation	Covered (Some medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Varenicline tartrate (Chantix))
Sports Physicals	Not Covered – Ask your doctor for a well-child exam /EPSDT which includes all the parts of a sports physical
Sterilization Procedures, except hysterectomy	Covered age 21 and over (Coverage for members under 21 years of age through ProviderOne Services Card*)
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
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



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	providers. Prior authorization may be needed for extended services (PT after 12 visits, OT after 12 visits and ST after 6 visits)
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 through 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 through 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.
Vaccines & Immunizations	Covered (Some exclusions or limitations may apply)
Weight Management	Covered when receiving care from PCP or OB/GYN for members 3–17 years of age

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Women's Health Care	Covered (Members may go to a Family Planning Clinic, Health Department, or PCCM Clinic.
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
Non-Medical Equipment	NOT COVERED (i.e. ramps, or other home modifications)
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 ProviderOne Services Card	