



Service	Coverage	Benefit Limitation	Comments
Allergy Services (Antigen /Allergy Serum/ Allergy Shots)	Covered		Physician-Related Services/Health Care Professional Services Billing Guide
Ambulance Services – Air & Ground Transportation	Covered through HCA Fee For Service	Emergencies, or when transporting between facilities, including court-ordered transportation.	Ambulance and ITA Transportation Billing Guide
Anesthesia Services	Covered		Physician-Related Services/Health Care Professional Services Billing Guide
Annual well child visits and annual routine adult physicals	Covered		Adult and Child Medical Screenings Benefits Overview
Applied Behavioral Analysis (ABA)	Covered	For members age 20 and below.	Applied Behavioral Analysis (ABA) Program Billing Guide Medicaid enrolled ABA providers ABA Authorization Request Form There is a clinical policy for ABA Services. SERI
Audiology Services	Covered		Physician-Related Services/Health Care Professional Services Billing Guide



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Autism Screening	Covered		Applied Behavioral Analysis (ABA) Program Billing Guide
Bariatric Surgery	Covered	<p>Stage I – office visit for an initial assessment for entry to the weight loss surgical program.</p> <p>Stage II – services require prior authorization.</p> <p>Stage III – surgical procedure after stage II complete, requires prior authorization.</p>	<p>Stage II services include dietician services as well as mental health counseling must be performed at a bariatric accredited facility</p> <p>Authorization form can be found on the Coordinated Care Website.</p> <p>Stage 2 Bariatric Surgery Request Form</p> <p>There is a Clinical & Payment Policies regarding Bariatric Surgery.</p>



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Behavioral Health – Outpatient Outpatient Psychotherapy Services and Initial Assessment (MH & SUD/ASAM) Children’s Mental Health Evidence-Based Practices (EBPs)	Covered		Mental Health Services are covered when provided by a psychiatrist, a psychologist, a LMHC, a LICSW, a LMFT, P-ARNP or PMHNP-BC. These services include psychological testing, evaluation, and diagnosis, mental health treatment, mental health medication management by a mental health provider. Providers who provide Children’s Mental Health EBPs to clients under age 21 should include the appropriate HCA EPA# or 3 digit SERI code from the billing guides. Substance Use Disorder Billing Guide (Fee-for-Service benefits provided outside of the BHO process) Mental Health Services Billing Guide SERI IOP Authorization Request Form
Behavior Health – Intensive Outpatient Program (IOP)	Conditional→	IMC* Service Areas Covered Non-IMC Service Areas: Covered by BHO	SERI Authorization is required for NON Participating Providers

*As of 1/1/2019, Coordinated Care Apple Health Core Connections is the state wide Integrated Managed Care plan for the statewide foster care program (foster care, adoption support, alumni of foster care, reunification). Coordinated Care also serves as an Integrated Managed Care plan in the following Regional Service Areas: North Central, Greater Columbia, Pierce County, King County and starting July 1, 2019 North Sound. For Coordinated Care members in North Sound (until July 1, 2019), Thurston-Mason, Great Rivers and Salish Regional Service Areas, moderate to high level behavioral health and SUD services should continue to be billed to the local BHO. View a map a here <https://www.hca.wa.gov/assets/free-or-low-cost/19-0025.pdf>



Mental Health Services
Integrated physical and behavioral health care

Service	Coverage	Benefit Limitation	Comments
Behavior Health – Partial Hospitalization/Day Treatment	Conditional→	IMC Service Areas Covered Non-IMC Service Areas: Covered by BHO	<u>Substance Use Disorder Billing Guide (Fee-for-service benefits provided outside of the BHO process)</u> <u>Mental Health Services Billing Guide</u> <u>SERI</u>
Behavioral Health – Residential Treatment/Subacute Detoxification	Conditional→	IMC Service Areas Covered Non-IMC Service Areas: Covered by BHO	<u>Substance Use Disorder Billing Guide (Fee-for-service benefits provided outside of the BHO process)</u> <u>SERI</u>
Behavioral Health – Psychiatric Inpatient	Conditional→	IMC Service Areas Covered Non-IMC Service Areas: Covered by BHO	<u>Hospital-Based Inpatient Detoxification Billing Guide</u> <u>Inpatient Hospital Services Billing Guide</u> <u>SERI</u>
Behavioral Health – High Intensity Outpatient/ Community Based Services: PACT/WISe	Conditional→	IMC Service Areas Covered Non-IMC Service Areas: Covered by BHO	<u>PACT Notification and Continuation of Services Request</u> <u>WISe Notification and Continuation of Services Request</u> <u>WISe Denial Notification</u> <u>SERI</u>



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Breast Pumps	Covered	<p>Serene Express Electric Breast Pump Duo. Allow for a 1-time payment of a breast pump for purchase by Nextra Health without a prior authorization. Should the member need a 2nd pump for whatever reason, this requires a prior authorization.</p> <p>Hospital grade rental pump requires prior authorization as this is different than pumps provided through Nextra Health.</p>	<p>Physician-Related Services/Health Care Professional Services Billing Guide</p> <p>To inquire or request, please send e-mail to: WASSFB@CENTENE.COM</p> <p>Nextra Health</p>
Cardiac Rehabilitation	Covered	Some limitations, exclusions and quantity limits apply.	Physician-Related Services/Health Care Professional Services Billing Guide
Chemotherapy	Covered	Also check procedure code to determine if prior authorization is required for drugs. (J codes)	Physician-Related Services/Health Care Professional Services Billing Guide
Chiropractic Services	Covered	ONLY for children age 20 and under, referred by PCP after EPSDT visit	Chiropractic Services for Children Billing Guide



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		Members over age 20 (including pregnant women) see Osteopathic Manipulative Treatment	
Cosmetic Surgery	See Comments		Covered ONLY when 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. There are Clinical & Payment Policies regarding “Cosmetic Reconstructive Surgery,” and “Reduction Mammoplasty
Dental Screening	Covered		<i>As part of an EPSDT visit</i>
Dental Services	Covered through HCA Fee for Service	Routine dental and treatment	Questions about Medicaid's dental coverage are best directed to your own family dentist. However, when that is not practical, clients with questions, complaints, or problems are welcome to call the HCA WA Apple Health Medicaid I Customer Service Center PH: 1-800-562-3022 or send an email to: ASKMEDICAID@HCA.WA.GOV
Developmental Screening	Covered		
Diabetic Education	Covered	Must bill in 30-minute increments. Maximum benefit of 6 hours or 12 units per calendar year.	Diabetes Education Program Billing Guide



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Diabetic Supplies	Covered	We offer several different options for test strips and meters. You can find these in the preferred drug list. Quantity limits apply. Nextra Health (1-855-855-8484/ www.nextrahealth.com). All other brands require prior authorization.	<p>Please see our Preferred Drug list for Diabetic Supplies</p> <p>Preferred Drug List</p> <p>See Insulin Pens</p>
Dialysis	Covered	No prior authorization required. All providers	Kidney Center Services Billing Guide
Durable Medical Equipment (DME)	Covered	Some limitations, including but not limited to age, diagnosis, and quantity. Please verify using the HCA billing guides. Check individual HCPCS Code for prior authorization requirements.	<p>Durable Medical Equipment (DME) & non-CRT Wheelchairs Billing Guide</p> <p>There are Clinical & Payment Policies regarding “DME Coverage Guidelines,” and “Protocols for Authorizing Noninvasive Positive Pressure Ventilation (NIPPV).”</p>
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



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Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered		<p>EPSDT includes regular checkups to make sure clients under age 21 get the preventive care they need to identify and treat health problems at an early stage. These EPSDT screenings (well-child exam) include: a depression screening, a physical exam, appropriate Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program Billing Guide</p> <p>Encouraged in lieu of traditional sports physical, which is not covered.</p>
Emergency Room Services	Covered	No prior authorization is required for out of state urgent or emergent care. Members may access the closest in-state emergency room regardless of facility network status without prior authorization	<p>Available 24 hours per day, 7 days per week anywhere in the U.S.</p> <p>See Urgent Care requirements</p>
Family Planning (birth control, contraceptives)	Covered	Contraceptive counseling -Contraceptive Methods include: barrier, LARC, Oral and OTC, tubal ligation, vasectomy, IUD, emergency contraception (like Plan B) 12 month supply allowed and encouraged.	Family Planning Billing Guide



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Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) for primary care	Covered		Federally-Qualified Health Centers (FQHC) Billing Guide Rural Health Clinics Billing Guide
Habilitative Services	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.	Habilitative Services Program Guide
Health Care Services	Covered	Preventive or specialty care	Physician-Related Services/Health Care Professional Services Billing Guide
Health Home	Covered		<p>Some enrollees may be eligible for this unique intensive care coordination program. Health Home members have care coordinators who provide one-on-one support to enrollees with chronic conditions. They are especially useful if you have several chronic conditions and need help coordinating your care among many providers</p> <p> Patient Centered Medical Home Model Health Home Services Brochure Health Home Member Handbook </p>



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Hearing Aids	Covered Also covers Cochlear Implants.	Some limitations, including but not limited to age, diagnosis, and quantity. Please verify using the HCA billing guides.	Hearing Hardware Billing Guide 1/1/2018 There are Clinical & Payment Policies regarding Bilateral Cochlear Implants WA, Bone-Anchored Hearing Aid, and Cochlear Implant Replacements.
Hearing Exams	Covered		Hearing exams are covered by the health plan's network of providers.
Hepatitis B	Covered according to criteria	Check Guidelines for criteria	Physician-Related Services/Professional Services Billing Guide
Hepatitis C	Covered through HCA Fee for Service	Specifically for HCV Medications, prescribing providers may also request authorization by contacting the agency, PH: 1-800-562-3022 ext. #15483 stating they are requesting an authorization for an HCV medication	
HIV/Aids Screening	Covered		Members may go to a Family Planning clinic, health department, or PCP for screening. Code-specific coverage can be found in the associated fee schedule HIV/AIDS Case Management Billing Guide



Service	Coverage	Benefit Limitation	Comments
Home Births	Covered	No authorization required	<p>Planned Home Births & Births in Birthing Centers Billing Guide</p> <p>There is a Clinical & Payment Policies regarding “OB Home Health Programs.”</p>
Home Health Care Services	Covered	Some limitations, exclusions and quantity limits apply. ALL professional services provided in the home require a prior authorization.	<p>Home Health (Acute Care Services) Billing Guide</p> <p>There are Clinical & Payment Policies regarding “Home Health Authorizations,” and “OB Home Health Programs.”</p>
Hospice Care	Covered	Prior Authorization is required.	<p>Hospice Services Billing Guide (For Hospice Agencies, Hospice Care Centers, and Pediatric Palliative Care Providers)</p> <p>There is a Clinical & Payment Policies regarding “Hospice Coverage.”</p>
Hospital Services (Inpatient and Outpatient)	Covered	ALL inpatient stays require notification to Coordinated Care within one (1) business day of admission. All planned inpatient admissions require Prior Authorization.	<p>Notifications after discharge need to be submitted as a retro-authorization request, even if notification is also within one business day.</p> <p>There are Clinical & Payment Policies regarding “Administrative days for IP stays,” along with “avoidable readmissions.”</p>



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Hysterectomy	Covered Not covered for the sole purpose of sterilization. See Exclusions .	No prior authorization is required for providers performing hysterectomies at inpatient facilities or for par providers performing hysterectomies in par outpatient facilities. Prior authorization is still required for non-par providers performing hysterectomies in the outpatient setting, and for non-par outpatient facilities.	Consent form required with the claim. Must be signed 30 days prior and submitted with the claim. Coordinated Care still requires notification on all inpatient admissions within one business day of admission.
Immunizations	Covered	Flu Vaccine - 7 years and above via participating pharmacy. Members age 6 years and younger through providers office.	Physician-Related Services / Professional Services Billing Guide
Infant Formula for Oral Feeding	Covered		Pharmacy Benefits, <u>only</u> those listed under Therapeutic Formulas
Incontinence Supplies	Covered w/diagnosis of incontinence	Some limitations, including but not limited to age, diagnosis, and quantity. Please verify using the HCA billing guides.	Nondurable Medical Supplies and Equipment Billing Guide Link to our Preferred DME Vendor: Shield HealthCare

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Insulin Pens	Covered	No prior authorization for children up to age 20 and pregnant women. Authorization may be required for adults 21 years and older	Effective April 1, 2013, Washington Medicaid MCOs and all Medicaid managed care contracts are required to cover insulin pen devices and associated supplies to children birth to age 20 and pregnant women without prior authorization. MCOs may institute prior authorization procedures for pen devices and associated supplies for adults 21 years and older. Prior authorization decision-making guidelines for adults shall take into account enrollee characteristics that may preclude use of traditional syringes and needles, such as: cognitive, visual or fine motor skill impairments.
Interpreter Services in-person at Provider Office	Covered by HCA		Providers must register with Universal Language Service. See HCA Interpreter Services for more information.
Laboratory Services	Covered	Genetic testing requires prior authorization - check prior authorization tool Medicaid Pre-Authorization Tool for specific CPT codes.	Medicaid Pre-Authorization Tool There are several Clinical & Payment Policies regarding “Cell-Free Fetal DNA Testing,” Cystic Fibrosis Carrier Screening,” “Genetic Testing,” and “Outpatient Testing for Drugs of Abuse.”
Long-Term Care Services and Services for People with Developmental Disabilities	Covered through HCA Fee for Service		These services must be approved by the Aging and Long Term Services Administration (AL TSA). Call PH: 1-800-422-3263.



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Mammograms	Covered	Standard and 3D are covered per the HCA Guidelines	Physician-Related Services/Health Care Professional Services Billing Guide
Maternity Support Services	Covered through HCA Fee for Service	Nutritional counseling, targeted case management, family training, and counseling.	Part of the DSHS First Steps Program. For information contact the Family Health Hotline at PH: 800-322-2588.
Maternity Preterm Labor Prevention	Covered	17P/Makena injections provided through Acaria. Elective inductions less than 39 weeks require prior authorization.	Abbott At-Risk Pregnancy
Medical Supplies	Covered	Some limitations, including age, diagnosis, quantity please verify using the HCA billing guides.	Nondurable Medical Supplies and Equipment Billing Guide
Medication Assisted treatment (MAT)	Covered		Includes: Opioid Treatment Programs (OTPs) MAT is available both when receiving inpatient SUD treatment and when receiving outpatient services. Billing guides: SERI (Service Encounter Reporting Instructions) HCA Billing HCA Billing Guide Substance Use Disorder Program Substance Use Disorder Program

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Nutrition – Enteral & Parenteral Nutrition for Home Use	Covered	Oral enteral nutrition is not covered for clients 21 years of age and older. <i><u>Non-oral feeding for adults is covered.</u></i>	Enteral Nutrition Billing Guide
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 under the pharmacy benefit. Note: only those listed under Therapeutic Formulas are covered (see link in comments section)	DSHS WIC Approved Formulas
Nutrition – Medical Nutrition Therapy	Covered	ONLY for children age 20 and under, referred by PCP after EPSDT visit. Check Provider Guide for other limitations or exclusions	Medical Nutrition Therapy Billing Guide
Osteopathic Manipulative Treatment	Covered	Limited to ten (10) osteopathic manipulations per calendar year when performed by a plan Doctor of Osteopathy (D.O.)	For members 21 years and over only, including pregnant women. Must be performed by D.O., not a Chiropractor.



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Oxygen and Respiratory Services	Covered	Some limitations, including age, diagnosis, quantity— please verify using the HCA billing guides.	Respiratory Care Billing Guide There is a Clinical & Payment Policies regarding “Protocols for Authorizing Noninvasive Positive Pressure Ventilation (NIPPV).”
Pain Management	Covered	Some limitations, including age, diagnosis, quantity please verify using the HCA billing guides prior authorization may be required please check our Prior Authorization Tool .	Physician-Related Services/Health Care Professional Services Billing Guide There is a Clinical & Payment Policies regarding “Interventional Pain Management.”
Pharmacy Services	Covered	Administered by CVS Caremark	Preferred Drug List (PDL) Telephonic Prior Authorization requests Peer-to-Peer Reviews (855) 757-6565; (866) 716-5099
Physician Assistant and Nurse Practitioner Services	Covered		
Podiatrist Services	Covered	Routine foot care not covered unless member has an acute condition of the lower extremity.	
Pregnancy Termination - Involuntary	Covered		Medically necessary abortion and miscarriage Physician-Related Services/Health Care Professional Services Billing Guide



Service	Coverage	Benefit Limitation	Comments
Pregnancy Termination - Voluntary	Elective abortion covered through HCA Fee for Service		Health Care Authority: (800) 562-3022
Prenatal Genetic Counseling	Covered through HCA Fee for Service		Health Care Authority: (800) 562-3022
Private Duty Nursing for Children/Medically Intensive Children's Program (MICP)	Covered	For ages 0-17 only, prior authorization required. Clients 18 years and older contact the Aging and Disabilities Services Administration at PH: 360- 493-4512	Medically Intensive Children's Program (MICP) Flyer <ul style="list-style-type: none"> • English • Spanish Private Duty Nursing for Children Billing Guide For Adults: Social Services ProviderOne Billing Supplement for Providers of PDN for Adults
Prosthetic and Orthotic (P&O) Devices	Covered	Some limitations, including age, diagnosis, quantity— please verify using the HCA billing guides.	Prosthetic and Orthotic (P&O) Devices Billing Guide There is a Clinical & Payment Policies regarding "Microprocessor Controlled Lower Limb Prosthetics."



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Radiology and X-rays	Covered	Check CPT codes for prior authorization requirements.	NIA Magellan There are Clinical & Payment Policies regarding “Digital EEG Spike Analysis,” and “Video Electroencephalography (V-EEG).”
Radiology/High Tech Imaging Services	Covered	Contact National Imaging Associates (NIA) for prior authorization requirements.	NIA Magellan Servicing, Coordinated Care: (800) 727-8627 NIA Magellan
Reconstructive Surgery after Mastectomy	Covered	Prior authorization is required	There is a Clinical & Payment Policies regarding “Cosmetic Reconstructive Surgery.”
Skilled Nursing Facility	Covered	Prior authorization is required	Nursing Facilities Billing Guide
Sleep Study	Covered	Must be done in an agency approved sleep center or a home sleep study. No prior authorization is required for home sleep studies.	Physician-Related Services/Health Care Professional Services Billing Guide Sleep Study Centers of Excellence
Smoking Cessation	Covered	Some medications and coaching/generic nicotine replacement products, bupropion SR (Zyban), Valernicline tartrate (Chantix)	Puff Free Pregnancy for pregnant women. Other members may self-refer to the tobacco cessation program by calling PH: 1-866-274-5791. Members may also be identified by health plan physicians, case manager or other health plan programs. Tobacco Cessation Program



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STD Treatment	Covered		Members may go to the Health Department, Family Planning clinic, or PCP.
Sterilization Procedures Age 21 and over	Covered	For individuals under the age of 21, covered Fee for Service under DSHS. Must complete consent form 30 days prior or meet waiver requirements. <u>Consent form required with the claim.</u>	Physician-Related Services/Health Care Professional Services Billing Guide Consent for Sterilization
Substance Use Disorder and Alcohol Treatment	Covered		1. MAT (Medication Assisted Treatment) services 2. Inpatient SUD services 3. MAT services while receiving inpatient SUD treatment SERI HCA Billing Guide Substance Use Disorder Program
Synagis	Covered	Prior authorization is required. See link for an Enrollment form.	RSV/Synagis Season
Telehealth/ Telemedicine	Covered	Please see Services Guide for appropriate billing instructions.	Physician-Related Services/Health Care Professional Services Billing Guide



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Therapy - Physical, Occupational, and Speech	Covered	<p><u>As of 11/1/2017</u>, no authorization is required for PAR providers. No visit limit as long as medical necessity is met.</p> <p><u>Prior to 11/1/2017</u> Initial Evaluation or re-evaluation does not require prior authorization per calendar year, but all <u>treatment requires prior authorization.</u></p>	<p>Outpatient Prior Authorization required for NON PAR providers.</p> <p>NIA will review claims for medical necessity. Additional information</p> <p>Effective July 1, 2018 services received through Neurodevelopmental Centers should be billed to Coordinated Care and not HCA.</p> <p>Neurodevelopmental Centers of Washington</p> <p>Neurodevelopmental Centers Billing Guide Habilitation Services Billing Guide</p>
Transgender Services	Covered	<p>Covered:</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 HCA Fee for Service:</p> <ul style="list-style-type: none"> • Gender reassignment surgery 	<p>Transgender Health Program</p> <p>Billing Requirements for Transgender Services</p>



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		<ul style="list-style-type: none"> 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 Service	Covered	Certain limitations apply. See prior authorization list for information.	<p>Transplant Check List</p> <p>Corporate Centralized Transplant Unit PH: (866) 447-8773</p> <p>There are Clinical & Payment Policies regarding “Intestinal & Multivisceral Transplant,” and “Lung Transplantation.”</p>



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Transportation (Non-Emergency Medical Transportation)	Covered through HCA Fee for Service		<p>HCA pays for transportation services to and from needed, non-emergency health care appointments. If you have a current services card, you may be eligible for transportation.</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 services (non-emergency)</p>
Tuberculosis (TB) Screening and Follow up care	Covered		Members may go to a health department or PCP for screening.
Ultrasound (US)	Covered	<p>Prior authorization is no longer required for greater than two (2) OB US as of 3/1/2017. These OB US are limited to very specific CPT codes and Diagnosis codes. Please see the clinical policies regarding this benefit.</p> <p>For OB US prior to 3/1/2017 please see the requirements detailed in the corresponding link.</p>	<p>Routine US greater than 2 <u>prior</u> to 3/1/17 and all detailed or vaginal US see link below for criteria:</p> <p>There is a Clinical & Payment Policies regarding “OB Ultrasound Guidelines.”</p> <p>Policy number: CP.MP.38</p>



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Urgent Care	Covered	Refer to Participating Providers first: https://providersearch.coordinatedcarehealth.com/	Members can go to ANY urgent care clinic that is participating, however, the urgent care clinic has the right to turn the members away. NON Participating providers do not require a Prior Authorization to see members. MUST be an urgent care clinic not an ER.
Vaccines/ Immunizations	Covered/ Conditional	Please see comments See Exclusions Section for excluded vaccines. Medicaid covers Gardasil for female and male clients, ages 9 through 26 years only. Flu vaccines can be administered at a physician's office or the pharmacy (for ages 7+) Shingles vaccine for ages 60 and up (some exceptions may apply)	<ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Diphtheria, Tetanus, Pertussis (DTaP) • Haemophilus influenzae type B (Hib) • Polio • Pneumococcal Conjugate (PCV) • Measles, Mumps, Rubella (MMR) • Shingles/Varicella Zoster (Chicken Pox) • Gardasil/Human Papilloma Virus (HPV). Gardasil is administered in a series of two shots.



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Vision Services	Covered	<p>For individuals 20 years and under: 1 eye exam with refraction, per calendar year.</p> <p>Adults 21 years and over: 1 eye exam with refraction, every 2 calendar years.</p>	<p><u>NOTE:</u> For children through 20 years of age, eyeglasses, contact lenses, and hardware fittings are covered separately through Provider One.</p> <p><u>Hardware</u> - locate vision care providers who will bill HCA for prescriptions for hardware</p> <p><u>Envolv Vision</u> (works best when used on the Google Chrome browser)</p> <p>Benefits managed by Envolv Vision PH: (800) 334-3937 (Providers Only)</p>
Women's Health Care Include: Family Planning services; birth control; HIV/Aids testing; Immunizations; STD treatment and follow up care; TB Screenings and follow up care	Covered		Members may go to a Coordinated Care provider, Family Planning clinic, health department, or PCCM clinic.



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<p>Health Technology Assessment (HTA)</p>	<p>Washington's HTA program uses scientific evidence to determine if health services are safe and effective. The HTA Program supports the independent Health Technology Clinical Committee (HTCC), which makes coverage decisions that apply to state purchased health care programs.</p> <p>HTA denials must be issued as medical necessity denials unless the benefit is non-covered in the fee schedule per HCA directive.</p> <p>This includes but is not limited to: kyphoplasty, robotic-assisted surgery, autologous blood/platelet-rich plasma injections, etc.</p>		<p>If the requested service is not a covered benefit per HTA you may send an Exception to Rule (ETR) request. To submit, use the standard Prior Authorization Request Form, add ETR to the top of the form, and fax in as usual.</p> <p>See link to find out the conditions of coverage of the requested services</p> <p>Health Technology Reviews</p>



Excluded Services

Alternative Medicine	NOT COVERED	For example: acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic care for adults	NOT COVERED	When not provided as osteopathic manipulations performed by a D.O.
Circumcisions (Elective)	NOT COVERED	Not covered per HCA as of 9/16/2013
Cosmetic or plastic surgery	NOT COVERED	Including tattoo removal, face-lifts, ear or body piercing, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	NOT COVERED	
Hysterectomies	NOT COVERED	Not covered if performed for an individual for the sole purpose of permanent sterilization.
Marriage counseling and sex therapy	NOT COVERED	
Non-medical equipment	NOT COVERED	Such as ramps or other home modifications.
Personal comfort items	NOT COVERED	
Physical exams needed for sports, employment, insurance, or licensing	NOT COVERED	
Services not allowed by federal or state law	NOT COVERED	
Travel vaccines	NOT COVERED	Vaccines needed for travel outside the Country (i.e. Yellow Fever, Typhoid, Malaria, Japanese Encephalitis etc.).
Weight reduction and control services (Bariatric Surgery is Covered)	NOT COVERED	This includes weight loss drugs, products, programs, classes, or gym memberships or equipment for the purpose of weight reduction.