



Service	Coverage	Benefit Limitation	Comments
<u>(Jump to Excluded Services)</u>			
Allergy Services (Antigen /Allergy Serum/ Allergy Shots)	Covered		<u>Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018</u>
Ambulance Services - Air Transportation	Covered through HCA FFS		<u>Ambulance and ITA Transportation Billing Guide 1/1/2018</u>
Ambulance Services - Emergency Transportation	Covered through HCA FFS	Emergencies, or when transporting between facilities. Ground only. Please see provider guide for other coverage details.	<u>Ambulance and ITA Transportation Billing Guide 1/1/2018</u>
Ambulatory Surgery Center	Covered		<u>Ambulatory Surgery Centers Billing Guide 1/1/2018</u>
Anesthesia Services	Covered		<u>Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018</u>
Annual well-child visits and annual routine adult physicals	Covered	1 per calendar year *Apple Health Core Connections members are not limited to one visit.	Adult Medical Screenings <u>Benefits Overview</u>
Applied Behavioral Analysis (ABA)	Covered through HCA FFS	For members age 20 and below	<u>Applied Behavioral Analysis (ABA) Program Billing Guide 1/1/2018</u> <u>Medicaid enrolled Applied Behavioral Analysis (ABA) providers</u>
Audiology Services	Covered		<u>Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018</u>

Autism Screening	Covered		
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 auth.</p> <p>Stage III – surgical procedure after stage II complete, requires prior auth.</p>	<p>Stage II services include dietician services as well as mental health counseling. Must be performed at a facility considered a center for excellence.</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 Policy regarding Bariatric Surgery.</p>
Behavioral Health Benefit (mental health and substance use disorder services) for Integrated Managed Care (IMC) and Behavioral Health Services Only (BHSO).			
<p>Mental Health:</p> <p>Mental Health Services Billing Guide 1/1/2018</p> <p>Applied Behavioral Analysis (ABA) Program Billing Guide 1/1/2018</p>			
<ul style="list-style-type: none"> Applied Behavioral Analysis (ABA) 	Covered	Medicaid-enrolled Applied Behavioral Analysis (ABA) providers	<p>Assist children with autism spectrum disorders and their families, to improve the core symptoms associated with these disorders.</p> <p>Applied Behavioral Analysis (ABA) Program Billing Guide 1/1/2018</p>
<ul style="list-style-type: none"> Bio-feedback Therapy 	Covered	See Physician and Other Health Professional Fee Schedule for coverage details	Non-Pharmaceutical treatment where individuals learn to control bodily processes common in a variety of disorders such as muscle tension, blood pressure, or heart rate, through the regulation of brain wave activity.
<ul style="list-style-type: none"> Brief Intervention and Treatment 	Covered		<p>Short-term counseling, solution-focused on a specific problem.</p> <p>Mental Health Services Billing Guide 1/1/2018</p>

• Day Support	Covered		Intensive program to learn or assist with independent living skills.
• Depression Screening	Covered		Covered under the EPSDT program Mental Health Services Billing Guide 1/1/2018 Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program Billing Guide 1/1/2018
• Inpatient Psychiatric Evaluation and Treatment/Community Hospitalization	Covered		Inpatient care, in a hospital or facility. Does not require an intake evaluation before this service.
• Family Treatment	Covered		Family-centered counseling to assist with communication improvement and conflict resolution. Mental Health Services Billing Guide 1/1/2018
• Freestanding Evaluation and Treatment Services	Covered		A facility where emergency, short-term inpatient, residential, or outpatient behavioral health services are offered.
• Group Treatment Services	Covered		Counseling where a small group meets to talk regularly, interact, and engage in psychosocial education facilitated by a group leader. Mental Health Services Billing Guide 1/1/2018
• High Intensity	Covered		Services that are provided by a team to help clients reach goals in their individual service plan such as PACT or WISE.
• Individual Treatment Services	Covered		Counseling and/or other activities designed to help clients meet individualized treatment goals. Mental Health Services Billing Guide 1/1/2018
• Intake Evaluation	Covered	See below: Psychiatric diagnostic evaluation	Meeting between the member and a professional to help identify individual treatment needs and goals. Mental Health Services Billing Guide 1/1/2018
• Medication Management	Covered	One per client, per day, in an outpatient setting	Prescription services and education about medication side-effects as well as benefits. Mental Health Services Billing Guide 1/1/2018

• Medication Monitoring	Covered		Service may include education, reminders, and the measurement of medication concentrations in the blood. Mental Health Services Billing Guide 1/1/2018
• Mental Health Service Provided in Residential Settings	Covered		Services and interventions provided in vivo along with associated support services.
• Peer Support	Covered		Support and assistance provided by someone who has a mental illness, is in recovery, and is trained to help clients learn to cope, plan, and work towards recovery.
• Psychological Testing/Assessment	Covered	Psychological testing is limited to two units without prior authorization (PA).	Tests and assessments used to help with diagnosis and treatment planning. Mental Health Services Billing Guide 1/1/2018
• Neuropsychological Testing	Covered	Requires PA	Mental Health Services Billing Guide 1/1/2018
• Psychiatric diagnostic evaluation	Covered	One psychiatric diagnostic interview exam allowed per client, per provider, per calendar year.	Help with diagnosis, evaluation and treatment planning. Mental Health Services Billing Guide 1/1/2018
• Rehabilitation case Management	Covered		A collaborative process which includes assessment, planning, implementation, coordination, monitoring, and evaluation of the options and services needed to meet an individual's health needs and recovery goals.
• Special Population Evaluation	Covered		Services provided to a client by someone with special training in working with children, older adults or those from a minority background, to help set treatment goals. Mental Health Services Billing Guide 1/1/2018
• Stabilization Services	Covered		Provided in a home or home-like setting to help prevent a hospital stay by engaging in psychiatric stabilization on a short-term basis.

• Therapeutic Psychoeducation	Covered		Education about mental illness, mental health treatment choices, medicine, and recovery.
• WISe (Wraparound with Intensive Services)	Covered		Comprehensive behavioral health services that engage the family and supports, for children up to age twenty-one (21) with complex behavioral health needs.
Substance Use Disorder: <u>Substance Use Disorder Billing Guide 10/1/2017</u>			
Substance Use Disorder Residential Facility			
• Adult Residential	Covered		16 beds or less (non-IMD)
• Pregnant and Parenting Residential	Covered		16 beds or less (non-IMD)
• Youth Residential	Covered		16 beds or less (non-IMD)
Substance Use Disorder Inpatient Facility	Covered		16 beds or less
• Acute Withdrawal management services	Covered	Covered once per day, per client	Controlled facility where patients have care from professionals who monitor the withdrawal, dispense appropriate medications and offer opportunities to engage in calming practices. Individuals may have used within the last 24 hours. Symptoms can be acute and/or life threatening. <u>Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018</u>
• Sub-acute withdrawal management services	Covered	Covered once per day, per client	Sub-acute detox will differ as the mind and body are rid of substances, but the lingering effects of withdrawal may cause negative psychological and physical symptoms. <u>Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018</u>

Substance Use Disorder Outpatient Services	Covered		
• Assessments	Covered	Covered once per treatment episode for each new and returning client.	Preliminary evaluations to determine whether key features of substance use are present in an individual. Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018
• Group Therapy	Covered		Psychoeducational groups that teach about substance use, skills development groups to hone skills necessary to manage addiction, and support from peers to lead to constructive change. Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018
• Individual Therapy	Covered	See provider billing guide for limitations.	Recognize signs and symptoms of addiction, redirect urges, encouragement, and motivation to achieve abstinence, and identify triggers for use. Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018
• Opiate Substitution Treatment	Covered	See provider billing guide for limitations.	Supplies a prescribed replacement drug for opiate use, such as methadone or buprenorphine which is usually administered orally in a supervised clinical setting. Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018
• Case Management	Covered		Offering a single point of contact with the health and social services system. Services are individualized and client driven involving advocacy, connection to community resources, referrals, treatment planning, and psychosocial education. Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018

<ul style="list-style-type: none"> • Urinalysis Drug Testing 	Covered	See provider billing guide for limitations	Technical analysis to determine the presence or absence of specified drugs or their metabolites within the body. Substance Use Disorder Billing Guide (Fee-for-Service) 1/1/2018
Blood Products	Covered		Include: blood, blood components, human blood products, and their administration.
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 auth. Should the member need a 2nd pump for whatever reason, this requires a prior auth.</p> <p>Hospital grade rental pump requires prior auth as this is different than pumps provided through Nextra Health.</p>	Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018 To inquire or request, please send e-mail to: WASSFB@CENTENE.COM Nextra Health
Chemotherapy	Covered	Also check procedure code to determine if prior auth is required for drugs. (J codes)	Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018

Chiropractic Services	Covered	<p>ONLY for children age 20 and under, referred by PCP after EPSDT visit</p> <p>Members over age 20 (including pregnant women) see Osteopathic Manipulative Treatment</p>	Chiropractic Services Billing Guide (For Clients Age 20 and Younger) 1/1/2018
Cosmetic Surgery	See Comments		<p>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.</p> <p>There are Clinical Policies regarding “Cosmetic Reconstructive Surgery,” and “Reduction Mammoplasty”</p>
Dental Services	Covered through HCA FFS	Routine dental and treatment	<p>Questions about Medicaid's dental coverage are best directed to the member's dentist. If/when that is not practical, clients with questions, complaints, or problems are welcome to call the Medical Assistance Customer Service Center at 1-800-562-3022 or email Medicaid (ASKMEDICAID@HCA.WA.GOV)</p>
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 1/1/2018

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/ http://www.nextrahealth.com/). All other brands require prior auth.	Please see our Preferred Drug list for Diabetic Supplies See Insulin Pens
Dialysis	Covered	No prior auth required. All providers	Kidney Center Services Billing Guide 1/1/2018
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 auth requirements.	Durable Medical Equipment (DME) & Non-CRT Wheelchairs Billing Guide 1/1/2018 There are Clinical Policies regarding “DME Coverage Guidelines”, and “Protocols for Authorizing Noninvasive Positive Pressure Ventilation (NIPPV).”
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
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered		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 immunizations, laboratory tests, a dental screening, and health education.

			Encouraged in lieu of traditional sports physical, which is not covered.
Emergency Room Services	Covered	No prior auth is required for out of state urgent or emergent care. Members may access the closest in-state emergency room regardless of facility network status.	Available 24 hours per day, 7 days per week anywhere in the U.S. See Urgent Care requirements
Family Planning (birth control, contraceptives)	Covered	Contraceptive counseling Methods include: barrier, LARC, Oral and OTC, tubal ligation, vasectomy, IUD, emergency contraception (like Plan B)	Family Planning Billing Guide 1/1/2018
Habilitative Services	Covered	Some limitations, exclusions and quantity limits apply. No prior auth for initial evaluation for all providers. Treatment will require prior auth.	Habilitative Services Program Billing Guide 1/1/2018

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</p>
Hearing Aids	<p>Children –age 20 and younger Hearing aids are covered by Health Plan. Members age 22 and older - no coverage. Also covers Cochlear Implants.</p>	<p>Some limitations, including but not limited to age, diagnosis, and quantity. Please verify using the HCA billing guides.</p>	<p>Hearing Hardware Billing Guide 1/1/2018</p> <p>There are Clinical Policies regarding Bilateral Cochlear Implants WA, Bone-Anchored Hearing Aid, Cochlear Implant Replacements.</p>
Hearing Exams	Covered		<p>Hearing exams are covered by health plan's network of providers.</p>
Hepatitis B	Covered according to criteria	Check guidelines for criteria	<p>Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018</p>

Hepatitis C	Covered through HCA FFS	Specifically for HCV Medications, prescribing providers may also request authorization by contacting the agency, 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 1/1/2018
Home Births	Covered	No authorization required	Planned Home Births & Births in Birthing Centers Billing Guide 1/1/2018 There is a Clinical Policy regarding “OB Home Health Programs.”
Home Health Care Services	Covered	Some limitations, exclusions and quantity limits apply. ALL professional services provided in the home require a prior auth.	Home Health (Acute Care Services) Billing Guide 1/1/2018 There are Clinical Policies regarding “Home Health Authorizations,” and “OB Home Health Programs.”
Hospice Care	Covered	Prior Authorization is required.	Hospice Services Billing Guide (For Hospice Agencies, Hospice Care Centers, and Pediatric Palliative Care Providers) 10/1/2017 There is a Clinical Policy regarding “Hospice Coverage.”

Hospital Services (Inpatient and Outpatient)	Covered	ALL inpatient stays require notification to Coordinated Care within one business day of admission. Some services require prior auth.	<p>Notifications after discharge need to be submitted as a retro-auth request, even if notification is also within one business day.</p> <p>There are Clinical Policies regarding “Administrative days for IP stays,” along with “avoidable readmissions.”</p>
Hysterectomy	<p>Covered</p> <p>Not covered for the sole purpose of sterilization. See Exclusions.</p>	<p>No prior auth is required for providers performing hysterectomies at inpatient facilities or for par providers performing hysterectomies in par outpatient facilities.</p> <p>Prior auth is still required for non-par providers performing hysterectomies in the outpatient setting, and for non-par outpatient facilities.</p>	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/Health Care Professional Services Billing Guide 3/1/2018
Incontinence Supplies	Covered w/diagnosis of incontinence	Some limitations, including but not limited to age, diagnosis, quantity please verify using the HCA billing guides.	<p>Nondurable Medical Supplies and Equipment Billing Guide 1/1/2018</p> <p>Link to our Preferred DME Vendor: Shield HealthCare</p>

Insulin Pens	Covered	No prior auth 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.
Laboratory Services	Covered	Genetic testing requires prior auth - check prior auth tool for specific CPT codes.	Medicaid Pre-Auth Tool There are several Clinical 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 FFS		These services must be approved by the Aging and Long Term Services Administration (ALTSA). Call 1-800-422-3263.
Mammograms	Covered	Standard and 3D are covered per the HCA Guidelines	Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018
Maternity Support Services	Covered through HCA FFS	Nutritional counseling, targeted case management, family training, and counseling.	Part of the DSHS First Steps Program. For information contact the Family Health Hotline at (800) 322-2588.
Maternity Preterm Labor Prevention	Covered	17P/Makena injections provided through Acaria	Alerte at-risk Pregnancy

		Elective inductions less than 39 weeks require prior auth.	
Medical Supplies	Covered	Some limitations, including age, diagnosis, quantity please verify using the HCA billing guides.	Nondurable Medical Supplies and Equipment Billing Guide 1/1/2018
Nutrition – Enteral & Parenteral Nutrition for Home Use	Covered	Oral enteral nutrition is not covered for clients 21 years of age and older. Non-oral feeding for adults is covered.	Enteral Nutrition Billing Guide 1/1/2018
Nutrition – Infant Formula for Oral Feeding	Covered	Infant formula for oral feeding provided by the Women, Infants, and Children (WIC) program in 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 1/1/2018

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.
Oxygen and Respiratory Services	Covered	Some limitations, including age, diagnosis, quantity— please verify using the HCA billing guides.	Respiratory Care Billing Guide 1/1/2018 There is a Clinical Policy 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 auth may be required please check our Prior Auth Tool.	There is a Clinical Policy regarding “Interventional Pain Management.”
Pharmacy Services	Covered	Effective 5/1/2017 pharmacy services are being administered by CVS Caremark	Preferred Drug List (PDL) (855) 757-6565 for Telephonic Prior Auth requests (866) 716-5099 for Peer-to-Peer Reviews
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 3/1/2018

Pregnancy Termination - Voluntary	Elective abortion covered through HCA FFS		Health Care Authority: (800) 562-3022
Prenatal Genetic Counseling	Covered through HCA FFS		Health Care Authority: (800) 562-3022
Private Duty Nursing for Children	Covered	For ages 0-17 only, prior auth required. Clients 18 years and older contact the Aging and Disabilities Services Administration at (360) 493-4512	Medically Intensive Children's Program (MICP) Flyer (English) Medically Intensive Children's Program (MICP) Flyer (Spanish) Private Duty Nursing for Children Billing Guide 10/1/2017 For Adults: Social services supplement for adults 1/1/2017
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 1/1/2018 There is a Clinical Policy regarding “Microprocessor Controlled Lower Limb Prosthetics.”
Radiology and X-rays	Covered	Check CPT codes for prior auth requirements.	NIA Magellan There are Clinical Policies regarding “Digital EEG Spike Analysis,” and “Video Electroencephalography (V-EEG).”
Radiology/High Tech Imaging Services	Covered	Contact National Imaging Associates (NIA) for prior auth requirements.	NIA Magellan Servicing, Coordinated Care: (800) 727-8627



Reconstructive Surgery after Mastectomy	Covered	Prior auth is required	There is a Clinic Policy regarding “Cosmetic Reconstructive Surgery.”
Skilled Nursing Facility	Covered	Prior auth is required	Nursing Facilities Billing Guides 1/1/2018
Sleep Study	Covered	Must be done in an agency approved sleep center or a home sleep study. No prior auth is required for home sleep studies.	Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018 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 1-866-274-5791. Members may also be identified by health plan physicians, case manager or other health plan programs. Tobacco Cessation Program
STD Treatment	Covered		Members may go to a health department, Family Planning clinic, or PCP.
Sterilization Procedures Age 21 and over	Covered	For individuals under the age of 21, covered FFS under DSHS. Must complete consent form 30 days prior or meet waiver requirements. Consent form required with the claim.	Physician-Related Services/Health Care Professional Services Billing Guide 3/1/2018
Substance Use and Alcohol Treatment	Covered through Provider One	Contact your local BHO for a treatment provider	Link to all BHO Billing Guides

Synagis	Covered	Prior auth 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 3/1/2018
Therapy - Physical, Occupational, and Speech	Covered	<p><u>As of 11/1/2017</u>, no auth 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 auth per calendar year, but all <u>treatment requires prior auth.</u></p>	<p>Outpatient Prior Auth required for NONPAR providers.</p> <p>NIA will review claims for medical necessity. Additional information</p> <p>HCA covers these services through Provider One for children when provided in an approved Neurodevelopmental Center. See link for Neurodevelopmental Centers.</p> <p>http://www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/ChildrenwithSpecialHealthCareNeeds/Partners/NeurodevelopmentalCenters</p>
Transgender Services	Covered Effective 07-01-2015	The MCO covers office visits, hormone replacement medications, and counseling services. Re-assignment surgery is covered through Provider One.	Transgender Health Program

Transplant Service	Covered	Certain limitations apply. See prior auth list for information.	Transplant Check List Phone: (866) 447-8773 There are Clinical Policies regarding “Intestinal & Multivisceral Transplant,” and “Lung Transplantation.”
Transportation (Non-Emergency Medical Transportation)	Covered through HCA FFS		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. 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. Transportation service (non-emergency)
Tuberculosis (TB) Screening and Follow up care	Covered		Members may go to a health department or PCP for screening.
Ultrasound (US)	Covered	Prior auth is no longer required for greater than two (2) OB US as of 3/1/2017. For OB US prior to 3/1/2017 please see the requirements detailed in the corresponding link.	Routine US greater than 2 <u>prior</u> to 3/1/17 and all detailed or vaginal US see link below for criteria: There is a Clinical Policy regarding “OB Ultrasound Guidelines.”

Urgent Care	Conditional	Refer to Participating Providers first: https://providersearch.coordinatedcarehealth.com/	Member can go to ANY urgent care; however, the urgent care clinic has the right to turn the member away. (Non-Par Walk-In Clinics require prior auth). MUST be an urgent care clinic, not an ER.
Vaccines	Covered/ Conditional	Please see comments See Exclusions Section for excluded vaccines.	<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. Medicaid covers Gardasil for female and male clients, ages 9 through 26 years only. • Flu vaccines can be administered “when needed” at a primary care physician's office or the pharmacy. • Shingles vaccine for ages 60 and up (no exceptions, even if member has had a previous episode).
Vision Services and Eyewear	Covered	For individuals 20 years and under: 1 eye exam with refraction, per calendar year. Adults 21 years and over: 1 eye exam with refraction, every 2 calendar years.	NOTE: For children through 20 years of age, eyeglasses, contact lenses, and hardware fittings are covered separately through Provider One. Hardware - locate vision care providers who will bill HCA for prescriptions for hardware Envolv Vision (The link to Envolv works best when used on the Google Chrome Browser.)



			Benefits managed by Envolve Vision (800) 334-3937. Providers Only.
Women's Health Care	Covered	Includes: Family planning services; birth control; HIV/Aids testing; immunizations; STD treatment and follow up care; TB screenings and follow up care.	Members may go to a Family Planning clinic, health department, or PCCM clinic.

Health Technology Assessment (HTA)	<p>Washington's Health Technology Assessment (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>
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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	
Nonmedical 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.