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Molina Healthcare of Washington (MHW) Benefits Index		
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Abortion	Covered is involuntary termination of pregnancy (miscarriage). Covered through Fee-For-Service is voluntary termination of pregnancy. (Apple Health IMC Contract 17.4.3.5)	Not Covered
Acupuncture	Noncovered - HCA does not reimburse for services performed by acupuncturists. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 56, WAC 182-531-0150, WAC 182-501-1700)	Not Covered
Alcoholism	See Substance Use Disorder	See Substance Use Disorder
Ambulance Transportation	Covered through Fee-For-Service. Emergent Transportation: Covered is ground ambulance transportation for emergency medical conditions. Emergency medical conditions include psychotic episodes necessitating ambulance transportation of a mentally ill member to an evaluation and treatment facility. Covered ground ambulance services include Basic and Advanced Life Support (BLS and ALS) Services, Specialty Care Transport (SCT), and other required transportation costs, such as tolls, fares and extra attendant. Includes emergency airlift transportation. (Apple Health IMC Contract 17.4.3.9, HCA Ambulance Transportation Medicaid Provider Guide page 14) Non-Emergent Transportation: Covered is when it is necessary to transport a member between facilities to receive a contracted service and when it is necessary to transport a member, who must be carried on a stretcher, or who may require medical attention in route (RCW 18.73.180) to receive a covered service. (Apple Health IMC Contract 17.4.3.8, HCA Ambulance Transportation Medicaid Provider Guide page 14)	Covered through Fee-For-Service. Emergent Transportation: Same coverage as IMC, see column on left. Non-Emergent Transportation: Not Covered

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	Court-ordered transportation services, including ambulance services. (Apple Health IMC Contract 17.4.3.6) Treat and Refer: treatment with no transport when provided by eligible providers defined as fire departments pursuant to a community assistance referral and education services program (CARES) as described in RCW 35.21.930. (Apple Health IMC Contract 17.4.3.21, HCA Ambulance Transportation Medicaid Provider Guide pages 57-58). Qualifying providers must complete and submit the HCA Treat & Refer Program Participation Attestation (HCA 60-0024) form to the HCA.	
Antigen (Allergy Serum)	Covered are antigen allergens. (Apple Health IMC Contract 17.3.4.2.1, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide, pages 196-197)	Not Covered
Applied Behavioral Analysis (ABA) - Autism	Covered is the Initial Clinical Evaluation by a Center of Excellence with a diagnosis, or suspected diagnosis of autism spectrum disorder, or other developmental delay conditions for evaluation of the appropriateness of Applied Behavioral Analysis (ABA) as part of the enrollee’s plan of care. (Apple Health IMC Contract 17.1.9.1 and WAC 182-531A-0100 to 1200) Covered is ABA treatment services and care coordination activities for enrollees with a diagnosis or suspected diagnosis of autism spectrum disorder. (Apple Health IMC Contract 17.1.9.2)	Not Covered
A.D.D. (Attention Deficit Disorder)	Covered as a medical condition if treated by PCP, pediatrician or neurologist. Covered under mental health benefit if treated by a psychiatrist or other mental health professional.	Covered under mental health benefit if treated by a psychiatrist or other mental health professional.

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Autism	See Applied Behavioral Analysis (ABA) - Autism	Not Covered
Autologous Blood	See Blood Products	Not Covered
Bariatric Surgery	Covered are surgical procedures (bariatric surgery) for weight loss or reduction consistent with WAC 182-531-1600 and WAC 182-550-2301. (Apple Health IMC Contract 17.1.39, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 128) See Weight Loss Treatments	Not Covered
Bio-feedback	Covered is bio-feedback training, when determined medically necessary. (Apple Health IMC Contract 17.1.10.16, Apple Health IMC Member Handbook)	Not Covered
Birthing Centers/Home Births	Covered are deliveries in a birthing center or at home. (Apple Health IMC Contract 16.8.4, HCA Planned Home Births and Births in Birth Centers Medicaid Provider Guide pages 12-15)	Not Covered
Birth Control	Covered are: <ul style="list-style-type: none"> • All Food and Drug Administration (FDA) approved contraceptive drugs, devices, and supplies, including emergency contraception, all long acting reversible contraceptives, all over-the-counter (OTC) contraceptives and contraceptive methods which require administration or insertion by a health care professional in a medical setting. Coverage of contraceptive drugs, devices and supplies include: All OTC contraceptives without a prescription. This includes, but is not limited to condoms, spermicides, sponges and any emergency contraceptive drug that is FDA-approved to be dispensed over the counter. There are no limits to these OTC contraceptives. OTC contraceptives must be covered without authorization or quantity limits. • Contraceptives when dispensed by either a pharmacy or a Family Planning Clinic at the time of a family planning visit. Contraceptives dispensed by a Family Planning Clinic must be covered under the medical benefit. 	Not Covered

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	<ul style="list-style-type: none"> Dispensing of 12 months of contraceptives at one time without authorization requirements related to quantity or days supplied. Duration of any authorization for contraceptives for other reasons must be no less than 12 months. (Apple Health IMC Contract 17.3.4.2.5 -17.3.4.2.5.5, Apple Health IMC Member Handbook, HCA Prescription Drug Program Medicaid Provider Guide pages 27-29, 31; 41-42, 49, 83) See Prescriptions See Family Planning	
Blood Products	Covered are Blood factors, VII, VIII, and IX and the anti-inhibitor provided to members with a diagnosis of hemophilia or von Willebrand disease when the member is receiving services in an inpatient setting. Distribution for administration in the home or other outpatient setting is covered by Fee-For-Service. (Apple Health IMC Contract 17.3.4.2.4 and 17.4.3.17.2, HCA Physician-Related Services/ Health Care Professional Services Medicaid Provider Guide pages 273-276)	Not Covered
Braces (Orthopedic)	See Durable Medical Equipment, Prosthetics and Supplies	Not Covered
Braces (Orthodontics)	Covered through Fee-For-Service (Apple Health IMC Contract 17.4.3.11) See Dental Care	Not Covered
Breast Implant	Noncovered is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. (Apple Health IMC Contract 17.1.10.9) Covered if medically necessary.	Not Covered

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	Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 56, 115-117, WAC 182-531-0150, WAC 182-501-0070)	
Breast Reductions	See Plastic Surgery	Not Covered
Bulimia	See Mental Health	See Mental Health
Cardiac Rehab	Covered is outpatient cardiac rehab CPT codes 93798 or G0422 with continuous ECG monitoring only when billed with specific diagnosis codes. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 199-200)	Not Covered
Chemical Dependency	See Substance Use Disorder	See Substance Use Disorder
Chemotherapy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 201)	Not Covered
Childbirth Classes	Covered through Fee-For-Service. (HCA Childbirth Education Medicaid Provider Guide page 13)	Not Covered
Chiropractic Care	Covered are chiropractic services for children age 20 years and younger when referred as a result of an EPSDT exam. (HCA Chiropractic Services for Children Medicaid Provider Guide page 6)	Not Covered
Circumcision of Newborns	Noncovered is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 56, WAC 182-531-0150, WAC 182-501-0070)	Not Covered

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	Covered if medically necessary. Covered are circumcisions (CPT codes 54150, 54160, and 54161) when billed with one of the following diagnosis Phimosis (N47.3-N47.8), Balanoposthitis (N47.0-N47.8, N48.1), or Balanitis Xerotica (N48.0). (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 137-138)	
Cleft Palate	Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (Apple Health IMC Contract 17.1.10.9, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 56)	Not Covered
Clinical Trials	Covered are routine costs associated with qualifying clinical trials. (Apple Health IMC Contract 16.9 and HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 52-55)	Same coverage as IMC, see column on left.
Colonoscopy	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of health impairments. (Apple Health IMC Contract 16.1.2.1) Noncovered is tomographic colonography for routine colorectal cancer screening as medically necessary. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 160)	Not Covered
Complications of Excluded Services	Covered is medically necessary treatment for complications resulting from an excluded or noncovered service. (Apple Health IMC Contract 17.1.41)	Not Covered
Counseling	See Mental Health	See Mental Health
Court Ordered Treatment	Covered Covered by Fee-For-Service program is court-ordered transportation services, including ambulance services. (Apple Health IMC Contract 17.4.3.6)	Same coverage as IMC, see column on left.

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Crisis Services	Covered are crisis services administered through the selected Behavioral Health Administrative Services Organization (BH-ASO). (Apple Health IMC Contract 9.17)	Same coverage as IMC, see column on left.
Custodial Care	See Home Health Care/Home Health Aide	Not Covered
Dementia Care Planning	Comprehensive assessment and care planning for persons living with cognitive impairment (CPT code 99483). (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide, page 84)	Not Covered
Dental Care	Covered through Fee-For-Service are professional services provided by a dentist, dental surgeon, dental hygienist, denturist, dental anesthesiologist, endodontist, periodontist, or other dental specialist for care and treatment of a dental condition, including anesthesia for dental care. (Apple Health IMC Contract 17.1.10.1.1, 17.1.10.1.2, 17.4.3.10, HCA Dental Related Services Medicaid Provider Guide pages 18-21) Covered are: <ul style="list-style-type: none"> • Prescriptions written by a dentist • Mouth Matters – The medical extension of the ABCD Program services for children ages 0-5 and ages 6-12 with a disability who are enrolled in the Developmental Disabilities Administration (DDA) waiver program • Fluoride varnish for members of all ages by a medical provider • Facility fees for the care and treatment of dental conditions 	Not Covered
Diabetes Education	Covered (HCA Diabetes Education Medicaid Provider Guide page 13)	Not Covered
Diabetic Supplies	See Prescriptions	Not Covered

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Dialysis	Covered is hemodialysis or other appropriate procedures to treat renal failure including equipment needed in the course of treatment. (Apple Health IMC Contract 17.1.27, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 202-203, HCA Kidney Center Services Medicaid Provider Guide page 15)	Not Covered
Diapers (Adult)	See Durable Medical Equipment (DME), Prosthetics and Supplies	Not Covered
Donor Human Milk	Medically necessary donor human milk for any inpatient use when ordered by a licensed health care provider with prescriptive authority or an international board-certified lactation consultant certified by the International Board of Lactation Consultant Examiners (IBCLE) for an infant who is medically or physically unable to receive maternal human milk or participate in chest feeding or whose parent is medically or physically unable to produce maternal human milk in sufficient quantities or caloric density or participate in chest feeding, if the infant meets at least one of the criteria listed in accordance with RCW 48.43.518(1)(a) – (o). (Apple Health IMC Contract 16.8.6, WAC 110-300-0281)	Not Covered
Durable Medical Equipment (DME), Prosthetics and Supplies	Covered are medical equipment and supplies including but not limited to: wheelchairs, hospital beds, respiratory equipment; prosthetic and orthotic devices; casts, splints, crutches, trusses, and braces. (WAC 182-501-0065) Covered are medical equipment and supplies and any applicable sales tax: including but not limited to DME; surgical appliances; orthopedic appliances and braces; prosthetic and orthotic devices; breast pumps; incontinence supplies for members over 3 years of age and medical supplies. Incontinence supplies shall not include non-disposable diapers unless the member agrees. (Apple Health IMC Contract 17.1.22)	Not Covered

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	<p>Covered is fitting prosthetic and orthotic devices. (Apple Health IMC Contract 17.1.10.12)</p> <p>Some limits apply. (HCA Prosthetic and Orthotic Devices Medicaid Provider Guide and Medical Equipment and Supplies Medicaid Provider Guide page 14)</p> <p>Glucometer test strips are not covered through DME benefit. Test strips must be provided by member’s local pharmacy.</p> <p>Excluded are nonmedical equipment such as ramps or other home modifications. (Apple Health IMC Handbook)</p> <p>See Oxygen See Formula (Enteral/Parenteral Nutrition)</p>	
Eating Disorders	<p>Covered if medically necessary.</p> <p>See Mental Health See Nutritional Counseling See Weight Loss Treatments</p>	<p>Covered if medically necessary.</p> <p>See Mental Health</p>
Emergency Room and Out of Area Care	<p>Covered are emergency services:</p> <p>In service area – Covered are all physical and/or behavioral health medically necessary services included in the scope of services covered by the contract.</p>	<p>Same coverage as IMC, see column on left.</p> <p>See Crisis Services</p>

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	<p>(Apple Health IMC Contract 16.1.2, Behavioral Health Services Wraparound Contract 13.1.1)</p> <p>Out of service area: Covered are emergency, post stabilization, urgent care and services that are neither emergent nor urgent but are medically necessary and cannot wait until members return to the service area. (Apple Health IMC Contract 16.1.13.1.1- 16.1.13.1.3)</p> <p>The Plan is not responsible for coverage of any services when a member is outside the US and its territories and possessions (e.g. American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). Exception: emergent and routine care is covered in British Columbia under certain circumstances (Apple Health IMC Contract 17.4.1.3, WAC 182-501-0184)</p> <p>See Crisis Services</p>	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	<p>Covered are all EPSDT screening, diagnostic, and treatment services found to be medically necessary. (Apple Health IMC Contract 17.1.31)</p> <p>Pursuant to WAC 182-501-0050, review any request for a noncovered service to determine the medical necessity of the service, including evaluating the safety and effectiveness of the requested service and to establish it is not experimental. If a service is determined to be medically necessary under the EPSDT benefit, the Contractor will provide the service, whether or not it is a contracted service, unless it is specifically excluded or prohibited by Federal rules. (Apple Health IMC Contract 17.1.31.2)</p>	Not Covered

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	<p>If any EPSDT service exceeds the “soft” limit placed on the scope, amount or duration of a service, the Contractor shall use LE procedures in accordance with WAC 182-501-0169 to determine medical necessity of the requested services and authorize the additional services as indicated. (Apple Health IMC Contract 17.1.31.2.1)</p> <p>Covered are screening services which include, but are not limited to: a complete health and developmental history that assess for physical and mental health, developmental disorders, autism and substance use disorder, a comprehensive, unclothed physical exam, immunizations according to age and health history, laboratory tests, including appropriate blood lead screening, health education and anticipatory guidance for both the child and caregiver, and screenings for: vision, dental, substance use conditions, mental health and hearing. (Apple Health IMC Contract 17.1.31.1.1)</p> <p>Covered are diagnostic and treatment services which include vision, dental and hearing services and developmental screenings for all children at 9 months, 18 months, and one between 24 to 36 months of age, autism screening for all children 18 months and 24 months of age, as well as any other services prescribed to correct or ameliorate physical, mental, psychological, medical, developmental or other health conditions discovered by and determined to be medically necessary by a qualified health care provider acting within his or her scope of practice. (Apple Health IMC Contract 17.1.31.1.3)</p> <p>Covered are annual depression screening for youth ages 12 to 18, and up to age 20 per EPSDT requirements. (Apple Health IMC Contract 17.1.10.2)</p>	
Experimental Treatment or Devices	Plans are to use criteria to determine whether an experimental or investigational service is medically necessary. (Apple Health IMC Contract 11.8)	Not Covered

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	Medicaid medical necessity determinations for its Fee-For-Service program described in WAC 182-501-0165.	
Eye Exams, Routine Refractions	<p>Covered are eye examinations and refraction and fitting services with the following limitations:</p> <ul style="list-style-type: none"> • Once every 24 months for 21 years of age or older; • Once every 12 months for 20 years of age or younger <p>Covered are additional examinations and refraction services outside the limitation described above when:</p> <ul style="list-style-type: none"> • The provider is diagnosing or treating the member for a medical condition that has symptoms of vision problems or disease; • The member is on medication that affects vision; or • The service is necessary due to lost or broken eyeglasses/contacts <p>(Apple Health IMC Contract 17.1.13, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 213-227)</p>	Not Covered
Eye Glasses	<p>Covered for members 21 years old and older, one pair of glasses every two years through Zenni Optical as a value added benefit.*</p> <p>Covered are eyeglass and contact lens fitting fees for all members.</p> <p>Covered through Fee-For-Service are eyeglass frames, lenses, and fabrication services for children under age 21, and associated dispensing services for all members. (Apple Health IMC Contract 17.1.10.22 and 17.4.3.4)</p> <p>(HCA Vision Hardware for Clients 20 Years of Age and Younger Medicaid Provider Guide pages 27-35)</p>	Not Covered

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2024	Apple Health Integrated Managed Care (IMC) Apple Health State Children’s Health Insurance Program (SCHIP), Apple Health IMC Family/Pregnancy Medical (IMC-AHFAM), Apple Health Adult IMC (IMC-AHA), Apple Health Blind Disabled IMC (IMC-AHBD)	Behavioral Health Services Only (BHSO) If Not Covered , is part of the Medicaid physical health benefit covered through Fee-For-Service or Medicare
Family Planning	Covered are family planning services provided or referred by a participating provider or practitioner. (Apple Health IMC Contract 17.1.10.5) See Birth Control	Not Covered
Fertility Drugs	Noncovered is care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for donor ovum, sperm, womb, and reversal of vasectomy or tubal ligation. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 56, WAC 182-531-0150, WAC 182-501-0070)	Not Covered
Formula (Enteral/Parenteral Nutrition)	<p>Infant formula for oral feeding is covered by the Women, infants and Children (WIC) program in the Department of Health. (Apple Health IMC Contract 17.4.4.4)</p> <p>PCP should call WIC at (800) 841-1410. If not on WIC formulary, Plan responsible.</p> <p>Covered are enteral nutrition products and supplies for tube-feeding for all enrollees. (HCA Enteral Nutrition Medicaid Provider Guide pages 24-31)</p> <p>Covered are parenteral nutritional supplements and supplies for all enrollees. (HCA Home Infusion Therapy/ Parenteral Nutrition Medicaid Provider Guide pages 16-28)</p> <p>Covered are 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.</p> <p>Parenteral and enteral nutrition supplied through specialized DME providers.</p>	Not Covered

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	(Apple Health IMC Contract 17.1.19)	
Gastroplasty	See Bariatric Surgery	Not Covered
Genetic Services	Covered are genetic services when medically necessary for diagnosis of a medical condition. (Apple Health IMC Contract 17.1.10.17, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 204) See Prenatal Genetic Counseling	Not Covered
Glucometers	See Prescriptions	Not Covered

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Habilitative Services	Covered for Apple Health Adult IMC members only who have a congenital or genetic condition. Children: No limitation; Adults: Twenty-four (24) units each for physical and occupational therapy and six (6) units of speech therapy, subject to limitation extensions as determined medically necessary. Habilitative services do not include: <ul style="list-style-type: none"> • Day habilitation services designed to provide training, structured activities and specialized services to adults; • Chore services to assist with basic needs; • Vocational services; • Custodial services; • Respite care; • Recreational care; • Residential treatment; • Social services; and • Educational services. (Apple Health IMC Contract 17.1.36, HCA Habilitative Services Medicaid Provider Guide pages 14-26)	Not Covered
Health Education	Covered is member health education. (Apple Health IMC Contract.17.1.10.14) Covered under EPSDT. (HCA EPSDT Medicaid Provider Guide) See Diabetes Education	Not Covered

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	See Nutritional Counseling	
Hearing Aids	Covered are monaural and binaural hearing aids, including fitting, follow-up care, batteries, and repair for children and adults. (Apple Health IMC Contract 17.1.31, HCA Hearing Hardware Medicaid Provider Guide pages 15-29) See Implants	Not Covered
Hearing Exam	Covered when medically necessary.	Not Covered
Home Birth	See Birthing Centers/Home Birth	Not Covered
Home Health Care/ Private Duty Nursing	Covered are acute home health services including home health social work services. (Apple Health IMC Contract 17.1.20 and 17.1.21, HCA Home Health Services (Acute Care Services) Medicaid Provider Guide pages 19-25) Covered is medical intensive children’s private duty nursing for children age 17 and younger. (Apple Health IMC Contract 17.1.10.7) Covered through DSHS, Aging and Long-Term Services Administration (AL TSA) is long-term private duty nursing for members 18 and over. (Apple Health IMC Contract 17.4.3.18) Covered through AL TSA is community based services (e.g. COPES, CFC and Personal Care Services). (Apple Health IMC Contract 17.4.4.1)	Not Covered
Hospice Care	Covered when a member, a physician, or an authorized representative under RCW 7.70.065 initiates hospice care. The member’s physician must provide certification that the member is terminally ill and certify that the member has a life expectancy of six months or less and is appropriate for hospice care. Hospice	Not Covered

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	<p>care is provided skilled nursing facilities/ nursing facilities, hospitals, hospice care centers and the member’s home. Hospice services include:</p> <ul style="list-style-type: none"> • Palliative Care and Care Coordination: Provision of skilled care services and care coordination to Enrollees with a life-limiting medical condition under a palliative care model. Services can be provided in the following settings, but not limited to, hospice care centers, hospitals, clinics, and the Enrollee’s home. (Apple Health IMC Contract 17.1.25) • Pediatric Concurrent Care: Treatment, including diagnostics that is related to an Enrollee’s terminal condition for an Enrollee aged twenty and younger who voluntarily elects hospice care. Pediatric concurrent care preserves the Enrollee’s rights to hospice care without waiving any rights to services that the Enrollee is entitled to under Title XIX Medicaid and Title XXI CHIP. (WAC 182-551-1860, Apple Health IMC Contract 17.1.26.1) <p>(Apple Health Contract 17.1.26, HCA Hospice Services Medicaid Provider Guide pages 32-35)</p>	
Hospitalization	<p>Covered are hospital inpatient services. (WAC 182-531-0100, Inpatient Hospital Services Medicaid Provider Guide)</p> <p>Covered are: inpatient services provided by a Nursing Facility, Skilled Nursing Facility or other acute care setting, when services are determined medically necessary and nursing facility services are not covered by DSHS’ Aging and Long Term Supports Administration, or provided when the Plan determines that nursing facility care is more appropriate than acute hospital care. (Apple Health IMC Contract 17.1.4)</p> <p>Inpatient administrative days are covered for birthing parent of newborns with Neonatal Abstinence Syndrome or Neonatal Opioid Withdrawal Syndrome. (HCA</p>	See Inpatient Behavioral Health

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	<p>Inpatient Hospital Services Medicaid Provider Guide pages 87-88, WAC 182-550-4550)</p> <p>Inpatient services at Certified Public Expenditure (CPE) hospitals for Categorically Needy- Blind and Disabled (IMC-AHBD) identified by HCA are covered by Fee-For-Service. (Apple Health IMC Contract 5.21.4 and 17.1.4.1) Associated professional claims are covered by the Plan.</p> <p><u>CPE Hospitals:</u> University of Washington Medical Center Harborview Medical Center Cascade Valley Hospital Evergreen Hospital and Medical Center Olympic Medical Center Samaritan Hospital – Moses Lake Skagit County Hospital District #2 – Island Skagit Valley Hospital Valley General Hospital – Monroe Valley Medical Center – Renton</p> <p>Covered by Fee-for-Services are hospital services related to the implantation of Allogeneic Processed Thymus Tissue (Rethymic) for the treatment of congenital athymia.</p> <p>See Inpatient Behavioral Health</p>	
Immunizations	See Vaccinations	Not Covered

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Implants	<p>Covered are Bone Anchored Hearing Aids (BAHA), including BAHA devices (both surgically implanted and soft band headbands), replacement parts, and batteries: For Enrollees age 20 and younger. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 126-127.</p> <p>Covered are Bilateral Cochlear Implants, including implants, parts, accessories, batteries, chargers, and repairs. (HCA Hearing Hardware Medicaid Provider Guide pages 15-29, Apple Health IMC Contract 17.1.33 and WAC 182-531-0200(4)(c))</p>	Not Covered
Impotence	Noncovered is care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for donor ovum, sperm, womb, and reversal of vasectomy or tubal ligation. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 56, WAC 182-531-0150, WAC 182-501-0070)	Not Covered
Incarcerated Members (in Jail or Prison)	<p>Covered through the Washington State Department of Corrections (DOC) is any service provided to a member while incarcerated. (Apple Health IMC Contract 17.4.4.5)</p> <p>Covered are inpatient hospital services to members who are inmates of a city or county jail facility when an inpatient admission occurs during the first month of the incarceration period and HCA has paid a premium for that month to the Plan. The contractor shall provide transitional care coordination services to inmates upon release from jail in accordance with subsection 14.22. (Apple Health IMC Contract 17.1.35)</p>	Not Covered
Infertility	See Impotence	Not Covered

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Inpatient Behavioral Health	<p>Covered is Substance Use Disorder Withdrawal Management</p> <p>Covered is Inpatient/Residential Substance Abuse Treatment Services. Rehabilitative services, including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward Enrollees who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with an SUD. Techniques have a goal of assisting Enrollees in their recovery for individuals with SUDs. Provided in certified residential treatment facilities with sixteen (16) beds or less. Excludes room and board. Residential treatment services require additional program-specific certification by DOH and include:</p> <ul style="list-style-type: none"> • Intensive inpatient services • Recovery house treatment services • Long-term residential treatment services • Youth residential services <p>(Apple Health IMC Contract 1.153)</p> <p>Covered are inpatient professional mental health services except when the Enrollee is approved for placement in a state hospital. (Apple Health IMC Contract 17.1.4.5)</p> <p>Covered is court-ordered behavioral health Involuntary Treatment Act (ITA) commitment prior to the date the ninety (90) day court order is issued. (Apple Health IMC Contract 17.1.4.4)</p> <p>Covered through Fee-For-Service ninety (90) to one hundred eighty (180) day court order, where the individual is approved for placement in a state hospital or</p>	Same coverage as IMC, see column on left.

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	HCA-contracted long-term mental health community hospital bed or E&T. (Apple Health IMC Contract 17.4.3.7) Covered are Institute of Mental Disease (IMD) Services.	
Keratotomy/ Keratoplasty (Refractive Lensectomy)	See Plastic Surgery	Not Covered
Laboratory Tests	Covered is performing and/or reading diagnostic tests. (Apple Health IMC Contract 17.1.10.6)	Not Covered
Learning Disorders	See Neurodevelopmental Therapy	Not Covered
Lifetime Maximum Benefit Limit	There is no life time maximum limitation on Plan payments.	There is no life time maximum limitation on Plan payments.
Mammogram	Covered are medically necessary services relating to the prevention, diagnosis, and treatment of Enrollee’s disease, condition, and/or disorder that results in health impairments and/or disability 42 C.F.R. § 438.210(a)(5)(ii)(A). (Apple Health IMC Contract 16.1.2.1, HCA Physician-Related Services/Health Care Professional Services Medicaid Provider Guide page 150)	Not Covered
Mammoplasty	See Plastic Surgery	Not Covered
Manipulative Therapy	Covered are Osteopathic Manipulative Therapy (OMT) services only when provided by either an osteopathic physician licensed under chapter 18.71 RCW or a naturopathic physician licensed under chapter 18.36A RCW. 10 manipulations (CPT Codes 98925-98929) are covered per calendar year. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 228)	Not Covered

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Massage Therapy	Covered during physical therapy and occupational therapy treatment only. (HCA Outpatient Rehabilitation Medicaid Provider Guide page 35) Otherwise noncovered - HCA does not reimburse for services performed by massage therapists. (HCA Physician-Related Services/Health Care Professional Services Medicaid Provider Guide page 56, WAC 182-531-0150, WAC 182-501-0070)	Not Covered
Maternity Care	See Prenatal Care	Not Covered
Medication Assisted Treatment (MAT)	See Substance Use Disorder	See Substance Use Disorder
Mental Health	Covered are medically necessary behavioral health services which may include the following Rehabilitative Behavioral Health Services. (Apple Health IMC Contract 17.1.14) <ul style="list-style-type: none"> • Behavioral Health Care Coordination and Community Integration: means a range of activities furnished to engage Enrollees in treatment and assist them in transitioning from a variety of inpatient, residential, or non-permanent settings back into the broader community. To be eligible, the Enrollee must need transition support services in order to ensure timely and appropriate Behavioral Health treatment and Care Coordination. This service is further described in the Medicaid State Plan at Attachment 3, Section 13.d. (Apple Health IMC Contract 1.28, 17.1.14.1) • Crisis Intervention: also referred to as “Crisis Services,” means screening, evaluation, assessment, and clinical interventions provided to Medicaid-enrolled individuals experiencing a Behavioral Health crisis. Crisis Services are not specific to mental health only. Crisis Services may be provided to both mental health and substance use clients. (Apple Health IMC Contract 1.78, 17.1.14.2) 	Same coverage as IMC, see column on left.

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	<ul style="list-style-type: none"> • <u>Crisis Stabilization:</u> (also referred to as Stabilization Services), means services provided to Medicaid-enrolled individuals who are experiencing a Behavioral Health crisis. This service includes follow-up after a crisis intervention. These services are to be provided in the person's own home, or another home-like setting, or a setting that provides safety for the individual and the Mental Health Professional. Crisis Services may be provided to both mental health and substance use clients. (Apple Health IMC Contract 1.258, 17.1.14.3) • <u>Intake Evaluation, Assessment and Screenings (Mental Health):</u> means an evaluation of an Enrollee’s Behavioral Health, along with their ability to function within a community, to establish the medical necessity for treatment, determine service needs, and formulate recommendations for treatment. Intake evaluations must be initiated prior to the provision of any other Behavioral Health services, except those specifically stated as being available prior to an intake. (Apple Health IMC Contract 1.154, 17.1.14.4) • <u>Medication Management:</u> means the prescribing and/or administering of psychiatric medications and reviewing of medications and their side effects. (Apple Health IMC Contract 1.180, 17.1.14.6) • <u>Medication Monitoring:</u> means one-on-one cueing, observing, and encouraging a Medicaid-enrolled individual to take their psychiatric medications as prescribed. (Apple Health IMC Contract 1.181, 17.1.14.7) • <u>Mental Health Treatment Interventions:</u> means services delivered in a wide variety of settings that promote recovery, using therapeutic techniques. These services are provided, as Medically Necessary, along a continuum from outpatient up through residential and inpatient levels of care and include evaluation, stabilization, and treatment. Services provided in facility settings must have the appropriate state facility licensure. This service is further 	

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	described in the Medicaid State Plan at Attachment 3, Section 13.d. (Apple Health IMC Contract 1.185, 17.1.14.8) • Peer Support : means scheduled activities to promote wellness, recovery, self-advocacy, development of natural supports and maintenance of community living skills. (Apple Health IMC Contract 1.211, 17.1.14.9) (HCA Mental Health Services Billing Guide and IMC Service Encounter Report Instructions (SERI)) See Prescriptions	
Military Coverage (VA Benefits)	For members who have primary insurance, the Plan shall coordinate benefits in accordance with the 42 U.S.C § 1396a(a)(25) and other applicable law. (Apple Health IMC Contract 18.2.3)	Not Covered
Naturopathy	Covered (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 40 WAC 182-502-0002)	Not Covered
Neurodevelopmental Therapy – Long Term PT, OT and Speech	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy: services for the restoration or maintenance of a function affected by a member’s illness, disability, condition or injury, or for the amelioration of the effects of a developmental disability. (Apple Health IMC Contract 17.1.17)	Not Covered
Nicorette Gum	See Prescriptions	Not Covered
Norplant-Implantable Contraceptives	See Birth Control	Not Covered
Nursing Homes	See Skilled Nursing Facilities	Not Covered

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2024	Apple Health Integrated Managed Care (IMC) Apple Health State Children’s Health Insurance Program (SCHIP), Apple Health IMC Family/Pregnancy Medical (IMC-AHFAM), Apple Health Adult IMC (IMC-AHA), Apple Health Blind Disabled IMC (IMC-AHBD)	Behavioral Health Services Only (BHSO) If Not Covered , is part of the Medicaid physical health benefit covered through Fee-For-Service or Medicare
Nutritional Counseling/Therapy	Covered is nutritional counseling by a certified registered dietician for specific conditions such as failure to thrive, feeding problems, cystic fibrosis, diabetes, high blood pressure, and anemia. (Apple Health IMC Contract 17.1.10.15 and Medical Nutrition Therapy Medicaid Provider Guide page 17) See Weight Loss Treatments	Not Covered
Obesity Treatments	See Nutritional Counseling See Weight Loss Treatments	Not Covered
Occupational Therapy	See Physical Therapy	Not Covered
Oral Surgery	See Dental Care	Not Covered
Organ/Tissue Transplants	Covered are tissue and organ transplants: Heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, kidney-pancreas, cornea, small bowel, and peripheral blood stem cell. (Apple Health IMC Contract 17.1.11) The transplant procedures must be performed in a hospital designated by HCA as a "center of excellence" for transplant procedures. Covered are skin grafts and corneal transplants at any hospital when medically necessary. Covered are organ procurement fees and donor searches. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 277-279) Per MHW Medical Director transplant coverage decisions are complex. Providers must contact Molina to obtain specific information. Some transplants are well	Not Covered

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	proven by medical research. Others are not and may not work for a member’s situation. The provider needs to contact Molina about each situation.	
Orthotics	See Durable Medical Equipment, Prosthetics and Supplies	Not Covered
Out of Area Care	See Emergency Room and Out of Area Care	See Emergency Room and Out of Area Care
Outpatient Behavioral Health	See Mental Health	See Mental Health
Outpatient Surgery	Covered are Outpatient Hospital Services provided by acute care hospitals; including surgeries, labs, diagnostics and emergency room, including facility charges for the care and treatment of dental conditions). (Apple Health IMC Contract 17.1.5) Covered are services provided at ambulatory surgery centers including services for care and treatment of dental conditions. (Apple Health IMC Contract 17.1.8) Covered are facility costs of surgical procedures that can be performed safely on an ambulatory basis in an Ambulatory Surgery Center. (HCA Ambulatory Surgery Centers Medicaid Provider Guide page 16)	Not Covered
Over-Age Dependents	Not applicable, WA Medicaid determines eligibility.	Not applicable, WA Medicaid determines eligibility.
Oxygen	Covered is respiratory equipment, services and supplies. (Apple Health IMC Contract 17.1.23, HCA Respiratory Care Medicaid Provider Guide pages 23-89)	Not Covered
Pain Clinics	Covered is one inpatient hospital stay, up to 21 consecutive days, once per lifetime. The Plan may cover Plan-contracted facilities. (WAC 182-550-2400)	Not Covered

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Physical Exams	See Preventive Care	Not Covered
Physical Therapy	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health IMC Contract 17.1.17.1) (HCA Outpatient Rehabilitation Medicaid Provider Guide pages 23-27)	Not Covered
Plastic & Reconstructive Surgery	Noncovered is cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness. Covered are cosmetic, reconstructive, or plastic surgery, and related services and supplies to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 50 and 56 Apple Health IMC Contract 17.1.10.9, WAC 182-531-0150)	Not Covered
Podiatry	Covered are services for children under age 21 when medically necessary. Noncovered is foot care for adults age 21 and older to treat chronic acquired conditions of the foot such as, but not limited to: <ul style="list-style-type: none"> • Removal of warts, corns, or calluses • Trimming of nails and other regular hygiene care • Treatment of flat feet • Treatment of high arches • Bunions and tailor’s bunion • Adult acquired flatfoot (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 57, WAC 182-531-0150, WAC 182-501-0070)	Not Covered

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	Covered is treatment of the lower extremities only when there is an acute condition, an exacerbation of a chronic condition, or presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease and evidence that the treatment will prevent, cure or alleviate a condition in the member that causes pain resulting in inability to perform activities of daily living, acute disability, or threatens to cause the loss of life or limb, unless otherwise specified. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 296-300; 314-316)	
Pre-existing Conditions	Covered are medically necessary services. (Apple Health IMC Contract 16.1.2)	Not Covered
Prenatal Care	Covered are maternity care, delivery, and newborn care services. (Apple Health IMC Contract 16.8.1, WAC 182-531-0100, HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 23-259) Noncovered are early, elective inductions (before 39 weeks) that do not meet medically necessary indicators set by the Joint Commission. (Apple Health IMC Contract 17.4.4, WAC 182-533-0400)	Not Covered
Prenatal Genetic Counseling	Covered by Fee-for-Service is prenatal diagnosis genetic counseling provided to members to allow members and their PCPs to make informed decisions regarding current genetic practices and testing. (Apple Health IMC Contract 17.4.3.16, HCA Physician-Related Services/Health Care Professional Services Billing Guide pages 208-211) See Genetic Services	Not Covered

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Prescriptions	<p>Covered are prescription and over-the-counter drug products according to the Preferred Drug List (PDL) and HCA approved formulary from participating rebate eligible manufacturers. The Plan’s formulary shall include all therapeutic classes in the HCA’s Fee-For-Service drug file and a sufficient variety of drugs in each therapeutic class to meet member’s medically necessary health care needs. (Apple Health IMC Contract 17.3.1)</p> <p>Covered are Psychotropic medications according to the Plan’s approved formulary when prescribed by a medical or mental health professional, when he or she is prescribing medications within his or her scope of practice with appropriate authorization. (Apple Health IMC Contract 17.3.4.2.3)</p> <p>Covered are birth control methods/contraceptive drugs authorized in one-year supply dispensed at one time unless a member requests a smaller supply or the prescribing physician instructs that the patient must receive a smaller supply. The Plan shall authorize on-site dispensing of the prescribed birth control methods/contraceptive drugs at family planning clinics. Contraceptives dispensed by a Family Planning Clinic must be covered under the medical benefit. (Apple Health IMC Contract 17.3.4.2.5)</p> <p>Covered drug products shall include family planning drugs, devices, and drug-related supplies, prescription vitamins and mineral products, drug-related devices and drug-related supplies as an outpatient pharmacy benefit, preservatives, flavoring and/or coloring agents, only when used as a suspending agent in a compound, over-the-counter and prescription drugs to promote smoking cessation. (HCA Prescription Drug Program Medicaid Provider Guide pages 27-32; 40-41)</p>	Not Covered

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	<p>Glucometers are covered under MHW policy that provides True Metrix glucometer. Requests for other glucometers require prior authorization through Pharmacy on Pharmacy Request Form to demonstrate why member must use other meter.</p> <p>Glucometer test strips are only covered under the prescription benefit and must be provided by member’s local pharmacy.</p> <p>See Birth Control</p>	
Preventive Care	<p>Covered is preventive care.</p> <p>Covered are medical examinations and mental health evaluations, including wellness exams for adults and EPSDT for children, immunizations, and referrals for further behavioral health assessment and other services as needed. (Apple Health IMC Contract 17.1.10.1)</p>	Not Covered
Prosthetic Limbs	See Durable Medical Equipment, Prosthetics and Supplies	Not Covered
Pulmonary Rehab	HCPCS code G0424 (Pulmonary rehab w/ exer.) is noncovered. (CNC in Physician’s fee schedule and Coverage Indicator 0 in the Outpatient fee schedule)	Not Covered
Psychiatric Disorders	See Mental Health	See Mental Health
Radial Keratotomy	See Plastic Surgery	Not Covered

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Radiology	Covered are radiology, and other medical imaging services, screening and diagnostic services and radiation therapy. (Apple Health IMC Contract 17.1.12) Covered are radiology services such as but not limited to CT scans, PET scans, MRI, ultrasound, mammograms, heart catheterizations and nuclear medicine. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide pages 150-164)	Not Covered
Reconstructive Surgery	See Plastic Surgery	Not Covered
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Covered are Screening, Brief Intervention and Referral to Treatment (SBIRT) services for adolescents and adults known to have or at high risk for substance abuse, to include substances with or without anxiety or depression. (Apple Health IMC Contract 17.1.37, Physician Related Services/Health Care Professional Services Medicaid Provider Guide pages 266-269).	Same coverage as IMC, see column on left.
Second Opinions	The Plan must authorize a second opinion regarding the member’s health care from a qualified health care professional within the Plan’s network or provide authorization for the member to obtain a second opinion outside the Plan’s network, if the Plan’s network is unable to provide for a qualified health care professional. (Apple Health IMC Contract 16.2)	Not Covered
Skilled Nursing Facilities	Covered are: inpatient services provided by a Nursing Facility, Skilled Nursing Facility or other acute care setting, when services are determined medically necessary or provided when the Plan determines that nursing facility care is more appropriate than acute hospital care. (Apple Health IMC Contract 17.1.4.2) The Plan shall coordinate with the SNF or NF to provide care coordination and transitional care and shall ensure coverage of all medically necessary services, prescriptions and equipment not included in the negotiated SNF daily rate. This	Not Covered

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	includes but is not limited to: prescription medications, durable medical equipment, therapies, intravenous medications, and any other medically necessary service or product. (Apple Health IMC Contract 14.19.3) Covered by Aging and Long-Term Services Administration (AL TSA) is care that is determined to not be medically necessary for rehabilitation. If the member continues in the SNF, AL TSA will cover the stay from the date of the Plan denial letter. (Apple Health IMC Contract 17.4.4.2)	
Sleep Disorders	Covered as a medical condition.	Not Covered
Smoking Cessation (Tobacco/Nicotine Cessation)	Molina My Health – Tobacco Cessation Program Adult members, age 18 and older, who are ready to try and quit tobacco use will work directly with a trained Health Educator to: <ul style="list-style-type: none"> • Make an individualized tobacco cessation plan of care • Get support throughout the quit process <p>Members must meet certain requirements. Members who meet the requirements are enrolled automatically.</p> <p>Members can self-refer to a program or providers can refer by calling Molina’s Health Management Department at (866) 891-2320 (TTY/TDD: 711). Members can ask to be removed at any time.</p>	Not Covered
Speech Therapy	Covered are neurodevelopmental services, occupational therapy, speech therapy, and physical therapy. (Apple Health IMC Contract 17.1.17) (HCA Outpatient Rehabilitation Medicaid Provider Guide pages 27-29)	Not Covered
Spinal Manipulations	See Chiropractic Care and Manipulative Therapy	Not Covered

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Sterilization (Tubal Ligation, Salpingectomy and Vasectomy)	<p>Covered for members over age 21. The Plan shall assure all sterilizations and hysterectomies performed under the contract are in compliance with 42 CFR 441 Subpart F and that the federal consent form (HHS-687). A hysterectomy requires the Hysterectomy Consent and Patient Information form (HCA 13-365). (Apple Health IMC Contract 16.3, HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 137, Sterilization Supplemental Medicaid Provider Guide, pages 14-27)</p> <p>Excluded are sterilizations for members under age 21 or those that do not meet other federal requirements (42 CFR 441 Subpart F). (Apple Health IMC Contract 17.4.3.13). Covered through Fee-For-Service - HCA sterilization consent form must be completed see above.</p> <p>Noncovered is reversal of vasectomy or tubal ligation. (HCA Physician Related Services/Healthcare Professional Services Medicaid Provider Guide page 50, WAC 182-501-0070)</p>	Not Covered
Substance Use Disorder	<p>Covered are medically necessary behavioral health services to enrollees. Covered are clinically appropriate Medicaid Services in the event that the Plan does not have available resources to provide GFS services. Within available resources services are covered related to (Behavioral Health Services Wraparound Contract 13.2):</p> <ul style="list-style-type: none"> • Prevention, intervention and after-care of behavioral health conditions • Achievement of age-appropriate growth and development • Attainment, maintenance or regaining of functional capacity <p>Covered are medically necessary behavioral health services which may include the following:</p>	<p>Same coverage as IMC, see column on left.</p> <p>Not Covered are all drugs FDA labeled or prescribed as Medication Assisted Treatment (MAT) or maintenance therapy for substance use disorders, with the exception of take-home Naloxone which is covered.</p>

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	<ul style="list-style-type: none"> • <u>Crisis Intervention</u>: also referred to as “Crisis Services,” means screening, evaluation, assessment, and clinical interventions provided to Medicaid-enrolled individuals experiencing a Behavioral Health crisis. Crisis Services are not specific to mental health only. Crisis Services may be provided to both mental health and substance use clients. (Apple Health IMC Contract 1.78 and IMC Service Encounter Report Instructions (SERI)) • <u>Crisis Stabilization</u>: (also referred to as Stabilization Services), means services provided to Medicaid-enrolled individuals who are experiencing a Behavioral Health crisis. This service includes follow-up after a crisis intervention. These services are to be provided in the person's own home, or another home-like setting, or a setting that provides safety for the individual and the Mental Health Professional. Crisis Services may be provided to both mental health and substance use clients. (Apple Health IMC Contract 1.258 and IMC Service Encounter Report Instructions (SERI)) • <u>Intake Evaluation, Assessment and Screenings (Substance Use or Problem Gambling Disorder)</u>: means a comprehensive evaluation of an Enrollee’s behavioral health, along with their ability to function within a community, to determine current priority needs and formulate recommendations for treatment. The intake evaluation for substance use disorder includes a review of current intoxication and withdrawal potential, biomedical complications, emotional, behavioral, cognitive complications, readiness to change, relapse potential, and recovery environment. Intake evaluations for problem gambling disorders includes a biopsychosocial clinical assessment. (Apple Health IMC 1.155, 17.1.14.5) • <u>Peer Support</u>: means scheduled activities to promote wellness, recovery, self-advocacy, development of natural supports and maintenance of community living skills. (Apple Health IMC Contract 1.211 and IMC Service Encounter Report Instructions (SERI)) 	See Wraparound Services

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	<ul style="list-style-type: none"> • <u>Substance Use Disorder Brief Intervention:</u> means a time limited, structured behavioral intervention designed to address risk factors that appear to be related to Substance Use Disorders, using SUD screening tools and brief intervention techniques, such as evidence-based motivational interviewing and referral to additional treatment services options when indicated. This service may be provided prior to an intake evaluation or assessment. (Apple Health IMC Contract 1.262, 17.1.14.10) • <u>Substance Use Disorder Case Management:</u> case management services assist clients in gaining access to needed medical, social, education, and other services. (Apple Health IMC Contract 17.1.14.11) • <u>Substance Use or Problem Gambling Disorder Treatment Interventions:</u> means services delivered in a wide variety of settings across the continuum that promote recovery, using therapeutic techniques. These services are provided, as Medically Necessary, along a continuum from outpatient up through residential and inpatient levels of care. (Apple Health IMC Contract 1.26, 17.1.14.12) • <u>Substance Use Disorder Withdrawal Management:</u> means services required for the care and/or treatment of Enrollees intoxicated or incapacitated by alcohol or other drugs that are provided during the initial period of care and treatment while the Enrollee recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in state certified facilities. (Apple Health IMC Contract 1.264, 17.1.14.13) • <u>Opiate Treatment Programs:</u> means a designated program that dispenses approved medication as specified in 21 C.F.R Part 291, for opioid treatment programs in accordance with WAC 246-341-1000. (Apple Health IMC Contract 1.200,17.1.15) 	

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	(Apple Health IMC Member Handbook) Covered are all drugs FDA labeled or prescribed as Medication Assisted Treatment (MAT) or maintenance therapy for substance use disorders, with the exception of methadone dispensed directly by opiate substitution treatment programs. The Contractor will cover all MAT according to guidelines and requirements determined by HCA. (Apple Health IMC Contract 17.3.4.2.6) See Wraparound Services	
Supplies (Non-Durable)	See Durable Medical Equipment, Prosthetics and Supplies	Not Covered
Telemedicine	Covered when used to substitute for an in-person face-to-face encounter. (HCA Telemedicine Medicaid Provider Guide and WAC 182-501-0300)	Covered when used to substitute for an in-person face-to-face encounter. (HCA Telemedicine Medicaid Provider Guide and WAC 182-501-0300)
TMJ	Covered is medically necessary services. (Apple Health IMC Contract 16.1.2)	Not Covered
Transgender Health Services	Covered is medical care including hormone therapy for any transgender enrollees and puberty-blocking treatment for transgender adolescents and mental health services to treat gender dysphoria. (Apple Health IMC Contract 17.1.10.19) Covered through Fee-For-Service is surgical procedures related to gender reassignment surgery and electrolysis and postoperative complications. (HCA Transhealth Program Medicaid Provider Guide pages 17-18, WAC 182-531-1675)	Covered are mental health services to treat gender dysphoria.
Transplants	See Organ Transplants	Not Covered

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2024	Apple Health Integrated Managed Care (IMC) Apple Health State Children’s Health Insurance Program (SCHIP), Apple Health IMC Family/Pregnancy Medical (IMC-AHFAM), Apple Health Adult IMC (IMC-AHA), Apple Health Blind Disabled IMC (IMC-AHBD)	Behavioral Health Services Only (BHSO) If Not Covered , is part of the Medicaid physical health benefit covered through Fee-For-Service or Medicare
Travel Immunizations	See Vaccinations	Not Covered
Urgent Care	Covered are urgent care services associated with the presentation of medical signs that require immediate attention but are not life threatening. (Apple Health IMC Contract 16.1.13.1.2) See Crisis Services	Covered are urgent care services associated with the presentation of behavioral health conditions that require immediate attention but are not life threatening. (Apple Health IMC Contract 16.1.13.1.2) See Crisis Services
Vaccinations (Immunizations)	Covered are immunizations. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide pages 235-236) Covered is shingles vaccine for members over age 60 years and over. Additional requirements for members under 60 years of age. (Apple Health IMC Contract 17.1.10.4) Covered is Human Papillomavirus (HPV) for female and male members, ages 9 through 26 years only. Covered are Advisory Committee on Immunization Practices (ACIP) recommended vaccines including those recommended for the sole purpose of international travel. (HCA Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide page 58, WAC 182-531-0150, WAC 182-531-0950)	Not Covered

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Vasectomy	See Sterilization	Not Covered
Vitamins	Covered are therapeutic vitamins and iron prescribed for prenatal and postnatal care. (Apple Health IMC Contract 17.3.4.2.2) Covered are prescription vitamins and mineral products, when prescribed for clinically documented deficiencies, prenatal vitamins and fluoride varnish for children under the early and periodic screening, diagnosis and treatment (EPSDT) program. (HCA Prescription Drug Program Medicaid Provider Guide pages 28-29)	Not Covered
Vision Therapy	Covered is vision therapy. (HCA Physician-Related Services/ Healthcare Professional Services Medicaid Provider Guide page 216)	Not Covered
Vocational Rehabilitation	Long term in-depth vocational rehabilitation is covered through DSHS under the Division of Vocational Rehabilitation (http://www.dshs.wa.gov/dvr/).	Not Covered
Weight Loss Drugs	Noncovered are drugs prescribed for weight loss or gain. (HCA Prescription Drug Program Medicaid Provider Guide pages 19; 29) See Weight Loss Treatments	Not Covered
Weight Loss Treatments	Covered are surgical procedures for weight loss or reduction consistent with WAC 182-531-1600. (Apple Health IMC Contract 17.1.38) Noncovered except as provided in WAC 182-531-1600, is weight reduction and control services, procedures, treatments, devices, drugs, products, gym memberships, equipment for the purpose of weight reduction, or the application of associated services. (WAC 182-531-0150, WAC 182-501-0070, HCA Physician-Related/Healthcare Professional Services Medicaid Provider Guide page 58)	Not Covered

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	See Bariatric Surgery See Nutritional Counseling	
Wraparound with Intensive Services (WISe)	Wraparound with Intensive Services (WISe) means a range of services that are individualized, intensive, coordinated, comprehensive, culturally competent, and provided in the home and community. The WISe Program serves children and youth under the age of 21 who are experiencing mental health symptoms that are causing severe disruptions in behavior and/or interfering with their functioning in family, school, or with peers requiring: a) the involvement of the mental health system and other child-serving systems and supports; b) intensive care collaboration; and c) ongoing intervention to stabilize the youth and family in order to prevent more restrictive or institutional placement. (Apple Health IMC Contract 1.291 and 17.1.16)	Same coverage as IMC, see column on left.
Wraparound Services for Substance Use Disorder and Mental Health Services	<p>*** Note: services are not exhaustive and are subject to fund availability and clinical/program eligibility requirements***</p> <p>Covered based on availability of resources are:</p> <ul style="list-style-type: none"> • Room and Board - Consistent with the requirements for Residential Treatment Facility Licensing through the Department of Health WAC 246-337. • Behavioral Health Personal Care • High Intensity Treatment including non-Medicaid PACT, IRT services or New Journeys services and supports • Urinalysis Testing • Therapeutic Interventions for Children • Sobering Services - short-term (less than 24 consecutive hours) emergency shelter, screening, and referral services. • Rehabilitation Case Management • Provider Travel for Mental Health Assessment for Young Children (MHAYC) 	Same coverage as IMC, see column on left.

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	<ul style="list-style-type: none"> • Interim Services - services to enrollees who are currently waiting to enter a treatment program • Opioid Dependency/HIV Services Outreach • Childcare Services – in order to complete parent’s plan of Substance Use Disorder treatment services. • Expanded Community Services • Recovery Support Services • Outreach and Engagement • Assistance with transportation that would not otherwise be covered by Medicaid. • Family Hardship - transportation and lodging for family members traveling more than fifty (50) miles from home to a treatment facility to support a youth receiving services. • Continuing Education and Training • Assistance with application for entitlement programs • Alcohol/Drug Information School • Pregnant, Post-Partum or Parenting Women’s (PPW) Housing Support Services • Supported Employment • Jail Transition Services <p>(Behavioral Health Services Wraparound Around Contract Section 13.2.2 and 13.2.4)</p>	

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