

Service	Scope of Service	Limits and Rules	C – Covered/NC – Not Covered		
			Child	PW	A
Abortion Services	Abortion services are reimbursed through the MC+ Fee-For-Service program in the case of rape, incest, and when the life of the woman is endangered.	Covered under MC+ Fee-For-Service	C	C	C
Adult Day Health Care	Adult day health care is a program of organized therapeutic, rehabilitative and social activities provided outside the home for periods of time less than 24 hours per date of service		NC	C	C
AIDS Waiver Services	The AIDS Wavier program provides services in addition to the standard MC+ Fee-For-Service benefit package. MC+ Fee-For-Service as a cost effective alternative to nursing home placement covers these services	Covered under MC+ Fee-For-Service. Children age 0-20 are not enrolled in the AIDS Waiver program as they received the same services as a HCY benefit through the MC+ Managed Care health plan when medically necessary.	NC	C	C
Ambulance	For emergencies are covered when medically necessary.	If not medically necessary, per prudent layperson rules, member may have to pay.	C	C	C
Ambulatory Surgery Center/Birthing Centers	The Ambulatory Surgical Center (ASC) program provides a place for operative procedures that can safely be performed in an outpatient setting.	Birthing Centers are restricted to billing the facility charges for labor and delivery only.	C	C	C
Auditory and Hearing Services	Exams/Testing	Evaluation of speech, language, voice communication, auditory processing, and/or aural rehabilitation status. Comprehensive audiometry threshold evaluation, and speech recognition.	C	C	NC

	Hearing Aids	Once every 4 years per member. Batteries are covered for persons under age 21. Batteries are not covered for persons over 21.	C	C	NC
Certified Nurse Midwife	Certified Nurse Midwives may furnish all medically necessary services that are within their scope of practice. These services include family planning, well woman checks, prenatal care, delivery, post partum care, and newborn care to infants 0 through 2 months.		C	C	C
Circumcision		If child is older than 2 months, service requires prior authorization.	C	NC	NC
Community Psychiatric Rehabilitation Services		Covered under MC+ Fee-For-Service.	C	C	C
Comprehensive Day Rehabilitation Services	Services are for certain members with disabling impairments as the result of traumatic head injury.		C	C	NC
Comprehensive Substance Treatment Abuse and Rehabilitation (C-STAR) Programs		Covered under MC+ Fee-For-Service.	C	C	C

Dental		Children under 21: All dental services are covered by the health plan. Women in MC+ category Assistance for Pregnant Women: Dentures and dental services related to trauma covered by health plan. MC+ Fee-For-Service covers all other dental services. Adults age 21 and over: Dental services limited to trauma covered by the health plan. MC+ Fee-For-Service covers dental services related to disease/medical condition.	C	C	NC
	Orthodontics	Comprehensive orthodontic treatment is available only for traditional (mixed dentition) or full adult dentition when the member has reached his/her thirteenth (13 <sup>th</sup> ) birthday. Exceptions to this policy are granted only in cases of cleft palate of severe facial anomalies where early intervention would be in the best interest of the patient.	C	NC	NC
Diabetes Education	Diabetes self-management training	The program covers training upon initial diagnosis of diabetes, any significant change in the member's symptoms, condition, or treatment, and when there is a documented need for re-education or refresher training. A prescription from a physician or other health care provider with prescribing	C	C	NC

		authority is required. The initial assessment may only be performed by a physician or certified diabetes educator. One assessment per lifetime is covered.			
Durable Medical Equipment	Durable Medical Equipment (DME) include items such as prosthetics, orthotics, respiratory care equipment, home parenteral nutrition, ostomy supplies, wheelchairs, hospital beds, etc.		C	C	C
Early Periodic Screening Diagnosis & Treatment (EPSDT/HCY)	This is a special program for children to provide medically necessary services. The program is called Early Periodic Screening Diagnosis & Treatment (EPSDT) or Healthy Children and Youth (HCY). Some examples of EPSDT/HCY services are: <ul style="list-style-type: none"> <li>• An unclothed physical exam</li> <li>• Screening and testing lead levels in blood</li> <li>• Checking the growth and progress of the child</li> <li>• Vision, hearing, and dental screens.</li> <li>• Services identified from an EPSDT screen</li> <li>• Health care management.</li> </ul>		C	NC	NC
Emergency Room	Covered when medically necessary	Must be medical emergency according to prudent layperson rules	C	C	C
Emergency Medical/Mental Health Service	Inpatient and outpatient services that are furnished by a qualified		C	C	C

	provider and needed to evaluate or stabilize an emergency condition				
Family Planning Services	Examples of reproductive health services are: Contraception management: insertion of Norplant, IUD, Depo provera injections. Family planning counseling/education on various methods of birth control. Lab Tests – Pap Test Sexually Transmitted Diseases (STDs) testing Pelvic Exams Sterilization		C	C	C
Home Health	Home health visits included skilled nurse visits, home health aide visits, physical, occupational and speech therapy services, and medical supplies.	Must be medically necessary and physician ordered. Home health services must be provided in the member's home. Physical, occupational and speech therapy services are not covered for adults.	C	C	C
Hospice	Hospice services are provided when a terminally ill member elects hospice and include: <ul style="list-style-type: none"> <li>• Nursing Services</li> <li>• Counseling</li> <li>• Medicines</li> <li>• Medical Supplies</li> <li>• Personal care</li> <li>• Social work</li> <li>• 24-hour nursing care in home</li> <li>• Inpatient respite care</li> <li>• Inpatient care</li> <li>• Nursing home room and board.</li> </ul>	Hospice requirements must be met.	C	C	C
Hospital Services	Inpatient – An acute inpatient service is one in which the hospital expects to provide service to the member in the hospital for a 24-hour or	Length of stay is limited to medical necessity	C	C	C

	longer period. Outpatient – Outpatient hospital services are those services provided to a member not admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services from the hospital.				
Immunizations	Routine shots are a covered service	Shots for work or travel are not covered	C	C	C
Lab/X-Ray	Most services needed to identify and treat disease	Must be order by a physician. Lab tests performed by the Department of Health and Senior Services as requires by State law are covered through MC+ Fee-For-Service.	C	C	C
Maternity for Inpatient Hospital	Coverage shall be available for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours inpatient care following a cesarean section for a mother and newly born child.		C	C	C
Maternity and Prenatal Care	Services include prenatal visits, ultrasounds or fetal non-stress tests, delivery and post-natal care.		C	C	C
Mental Health and Substance Abuse Services	Mental Health and substance abuse services included outpatient facility, psychiatry, psychology, and counseling services except for MC+ children in the care and custody of the state. HCY psychology services are covered for persons under the age of 21. Inpatient hospital Professional services.	MC+ Fee-For-Service reimburses services for children in the care and custody of the State.	C	C	C
Mentally Retarded and Developmental Disabilities (MRDD) Waiver Services		Covered under MC+ Fee-For-Service.	C	C	C

Newborn Home Visits	Nurse visits to follow the progress of a newborn and mother	Provided for all mother/babies who leave the hospital less than 48 hours after a vaginal delivery of less than 96 hours after a cesarean.	C	NC	NC
Non-Emergency Medical Transportation	Transportation provided to the participating facility for covered medical services when no other form of transportation is available.	Transportation is not covered for members with ME coded 73 through 75 in the Children's Health Insurance Program or Category of Assistance 4 – ME codes 08, 52, 57 and 64.	C	C	C
Office Visits	Office visits with physicians or other health care providers		C	C	C
Optical	Optical services included but are not limited to eye exams, office visits, treatment, prosthetic eyes, eyeglasses and EPSDT/HCY optical screens and services. Optometrists, opticians and optical clinics provide optical services	Children under age 21: All optical services are covered by the health plan. Women in MC+ category assistance for pregnant women: Optical services are covered by the health plan except for eyeglasses. MC+ Fee-For-Service covers eyeglasses. Adults age 21 and over: Optical services limited to one eye exam every two years covered by the health plan. MC+ Fee-For-Service covers optical services related to disease/medical condition. Eyeglasses are not covered.	C	C	C Limited
Personal Care	Personal care services are tasks that assist a member in activities of daily living related to a stable chronic condition.		C	C	C
Pharmacy	Most medically necessary medicines and suppliers that are prescribed by physicians are covered.	Members over age 18 pay a \$.50 to \$2.00 dispensing fee for each prescription (with some exceptions)	C	C	C

Physical, speech and occupational therapy	Therapies for conditions that are a result of injury, disease (such as stroke), or other medical conditions up to age 21.	Restorative only or each injury or acute episode. Therapies included in an Individualized Service Plan (IFSP) or Individualized Education Plan(IEP) are covered through the MC+ Fee-For-Service.	C	C	NC
Physician injections	Injectable drugs and vaccines administered in a physician's office		C	C	C
Podiatry Service	All medical necessary podiatry services that are within the scope of practice of the podiatrist	Second opinions may be required Adults age 21 and over do not get the following podiatry services: 11719 Trimming of nondystrophic nails, any number 11720 Debridement of nail(s) by any method; 1 – 5 11721 Debridement of nail(s) by any method; 6 or more 11750 Excision of nails and nail matrix, partial of complete 29540 Strapping of ankle or foot.	C	C	C Limited
Private Duty Nurse	Private duty nursing services are covered under the Health Child and Youth (HCY) program		C	NC	NC
Protease inhibitors		Covered under MC+ Fee-For-Service.	C	C	C
Public Health Services	Services provided by local Public Health Agencies	Sexually transmitted disease (STD) screenings, diagnosis and treatment HIV testing and counseling Tuberculosis	C	C	C

		screening, diagnosis and treatment.			
Sexual Assault Forensic Examination and Child Abuse Resource Education (SAFE-CARE)		Covered under MC+ Fee-For-Service.	C	C	C
Second Opinions	For serious medical conditions where the treatment plan or diagnosis is disagreed with a second opinion may be sought.	Referrals may be required for in-network and out-of-network providers	C	C	C
Transplants	Solid organ and bone marrow/stem cell transplant services	Pre-transplant and post-transplant services are covered by the health plan. Transplant is covered through MC+ Fee-For-Service.	C	C	C