

### III. COVERED SERVICES

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### III. COVERED SERVICES

As a managed care organization contracted with the MC+ Program, Missouri Care is required to make available a very specific list of Covered Services to its enrolled members. The services listed in Attachment III-A are available to Missouri Care members (exceptions to coverage by Category of Aid and/or Age are noted below). These services are covered when medically necessary.

All covered services, except behavioral health services, well-woman exams, mammograms and family planning services must be provided by or arranged by the member's PCP. Some services must be prior authorized by Missouri Care.

Medicaid beneficiaries may not be balance billed for services included in their benefit package.

Attachment III-A is not an exhaustive list. The specific services to be delivered to Missouri Care members are described in detail in the Division of Medical Services (DMS) MC+ Policy Statement. If you have questions as to whether a service is covered, contact the Missouri Care Prior Authorization Department or your Provider Relations Representative.

#### **3.1 BENEFIT PACKAGE**

See “List of Covered Services” (hyperlink located under *Covered Services*)

#### **3.2 BEHAVIORAL HEALTH SERVICES LIMITATIONS**

All members who are not covered under MC+ within Category of Aid 4 (foster children) shall be eligible to receive all Medically Necessary mental health and substance abuse services included in the comprehensive benefit package. For children under the MC+ Category of Aid 4, mental health services shall be provided by the State on a fee-for-service basis.

### **3.3 EXCLUDED SERVICES**

The following services are examples of services that are not provided by the MC+ Program or Missouri Care. Specific excluded services are described in the DMS MC+ Policy Statement. These services may be billed to the member provided a release has been signed, the member understands these services are not covered by Missouri Care or Medicaid, and realizes he/she will be responsible for payment.

- Acupuncture
- Hair transplants
- Removal of tattoos
- Routine foot care
- Occupational therapy and speech services for those over twenty-one (21)
- Sex change operations and reversal of voluntarily induced sterilization
- Services or items furnished only for cosmetic purposes
- Services (procedures, technologies, or non-drug therapies) determined by the Missouri MC+ Program or Missouri Care Chief Medical Officer to be experimental, investigational or provided primarily for the purpose of research
- Personal care items such as toothbrushes and television sets in hospital rooms
- Services not rendered in accordance with the Missouri MC+ Program rules or contractual requirements
- Services that are not Medically Necessary
- Methadone detoxification services
- Preparation of reports
- Services rendered when a physician is not in attendance and in direct supervision of the service

### **3.4 EXCLUDED PLAN SERVICES COVERED BY THE STATE**

The following services are examples of services that are not the responsibility of Missouri Care to provide, but may be provided on a fee-for-service basis by the State, if appropriate.

- Abortion services (subject to Medicaid program benefits and limitations)
- Physical, occupational and speech therapy services for children included in:
  - 1) The Individual Education Plan (IEP); or
  - 2) The Individual Family Service Plan (IFSP)
- Environmental lead assessment for those children with elevated blood lead levels
- Community Psychiatric Rehabilitation Program services
- Protease inhibitors

- Lab tests performed by the Department of Health and Senior Services as required by law (e.g., metabolic testing for newborns)
- Sexual Assault Forensic Examination (SAFE) and Child Abuse Resource Education (CARE) exams and all related diagnostic studies furnished by a SAFE trained Medicaid enrolled provider
- MRDD waiver services for MRDD waiver participants
- Bone marrow/stem cell and solid organ transplant services (corneal tissue transplants are covered as an outpatient benefit under by Missouri Care). Services include the hospital stay from the date of the transplant through the date of discharge, procurement, and physician services related to the transplant and procurement procedures. Pre-transplant services and services following discharge are the responsibility of Missouri Care.
- Mental health services for Category of Aid 4 children in State care and custody
  - 1) Inpatient Services – patients with a dual diagnosis admission (physical and mental) have their hospital days covered by Missouri Care.
  - 2) Outpatient Services – mental health visits are not the responsibility of Missouri Care when rendered by a:
    - a. Comprehensive Substance Treatment and Rehabilitation Center (CSTAR) provider
    - b. Psychiatrist
    - c. Licensed psychologist, licensed clinical social worker, provisional licensed clinical social worker, licensed professional counselor or provisional licensed professional counselor
    - d. Psychiatric advanced practice nurse or home health psychiatric nurse
    - e. State certified mental health or substance abuse program
    - f. A qualified mental health professional in the following settings:
      - i. Federally qualified health center (FQHC)
      - ii. Rural health clinic (RHC)
- Home Birth Services
- Targeted Case Management for Mental Health Services
- The Interdepartmental Initiative for Children with Severe Needs and Their Families (The Initiative)
- Adult dental services subject to program limitations
- Eyeglasses for adults subject to program limitations