

Service/Benefit	Covered Service/Benefit	Limits
Assertive community treatment	Eligible adults can have a team of professionals help them with mental health and substance use services, housing and other social needs for community living.	Covered for members eligible for adult mental health rehabilitation services. Prior authorization is required.
Basic behavioral health services	Services are provided in a primary care clinic and include screening for mental health and substance use issues, prevention, early intervention, medication management, treatment and referral to specialty services.	
Chiropractic services	Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from an EPSDT medical screening provider or Primary Care Provider (PCP).	Covered for members from age 0-20.
Community Psychiatric Support and Treatment (CPST)	Counseling and support provided at home, school, or work. Additional services may be available for members with special mental health care needs.	Covered for members from age 0-20 and members eligible for adult mental health rehabilitation services.
Crisis intervention and stabilization	You can get help right away if you have a mental health emergency or crisis.	
Dental	See Dental section for more information.	
Dialysis	Hemodialysis and peritoneal dialysis is covered for the treatment of End Stage Renal Disease (ESRD).	Prior authorization is required.
Durable Medical Equipment	Medical equipment, appliances, and supplies such as wheelchairs, bed rails, walkers and crutches.	Prior authorization is required.
Emergency medical services	ER (Emergency Room) services	
Emergency medical transportation	Ambulance and helicopter	
End stage renal disease services (Dialysis)	Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services and medically necessary injections.	

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Early Periodic Screening, Diagnostic, and Treatment (EPSDT)/Well-Child Checkups	<ul style="list-style-type: none"> • Medical screenings • Developmental screenings • Vision screenings • Hearing screenings • Dental screenings • Periodic and inter-periodic screenings 	Covered for members from age 0-20.
Family planning services	May obtain services in or out of network (no cost for out of network family planning).	Elective abortions are not covered.
Federally Qualified Health. Center (FQHC) Rural Health Clinic (RHC)	Professional medical and basic behavioral health services furnished by doctors (Primary Care Providers), nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists and dentists.	
Hearing aids	Hearing aids and related supplies such as earpieces and batteries.	Covered for members from age 0-20.
Home health services	<ul style="list-style-type: none"> • Skilled nursing services • Home health aide • Physical, occupational or speech therapy • Home infusion • Wound therapy 	Prior authorization is required.
Hospice	Care provided by a certified hospice agency for terminally ill members.	Prior authorization is required.
Immunizations		Covered for members from age 0-20. Members 21 and up covered for: <ul style="list-style-type: none"> • Flu • Human Papilloma virus (HPV) • Pneumococcal polysaccharide vaccine (PPSV) • Tetanus
Inpatient hospital services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide.	Prior authorization is required.
Lab tests and X-rays	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.

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Licensed Mental Health Professionals (LMHP) LMHPs are licensed by the State of Louisiana. They can be: <ul style="list-style-type: none"> • Psychiatrists • Licensed Psychologists • Medical Psychologists • Professional Counselors • Clinical Social Workers • Addiction Counselors • Marriage and Family Therapists • Advanced Practice Registered Nurses (psychiatric specialists) 	Outpatient counseling for mental health and substance use treatment.	
Maternity care services	Prenatal through postpartum	
Mental health inpatient hospital services	Mental health services provided in the hospital.	Prior authorization may be required.
Non-emergency medical transportation	Transportation to and from appointments for Medicaid covered services appointments and to extra services we offer such as adult dental care and pharmacy following a visit to your provider. See handbook for more information on extra benefits.	
Nutritional/dietician consult services	Nutritional consultation	Prior authorization is required. Not covered for members over age 21.
Outpatient services	Diagnostic and therapeutic outpatient services including outpatient surgery and rehabilitation services, therapeutic and diagnostic radiology services, chemotherapy and hemodialysis.	Prior authorization may be required.
Organ transplant and related services	Evaluation, transplant and facility costs are covered.	Donor costs are not covered. Prior authorization is required.
Pediatric day healthcare services	Services include nursing care, respiratory care, physical therapy, speech therapy, occupational therapy, assistance with aids of daily living, transportation services, and education and training.	Covered for members from age 0-20. Prior authorization is required.

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Pharmacy services	Prescription medications that are on our formulary.	Quantity limits, step therapy, and prior authorization may be required.
Physician/professional services	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists or physician assistant.	Prior authorization may be required.
Podiatrist services	Office visits, certain radiology and lab procedures and other diagnostic procedures.	Prior authorization may be required.
Psychiatric residential treatment facilities	Allows youth to live in a treatment facility to get the behavioral health care needed.	Covered for members from age 0-20. Prior authorization is required.
Psychiatrist visits	Visits with a licensed psychiatrist. A psychiatric nurse practitioner is also able to provide this service.	
Psychosocial Rehabilitation (PSR)	Services to help you feel healthy and more comfortable with other people. This counseling can include family members and other helpers.	Covered for members from age 0-20 and members eligible for adult mental health rehabilitation services. Prior authorization may be required.
Radiology services	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
Rehabilitation services	Short term stays in a long term care nursing facility for the purposes of rehabilitation.	Prior authorization is required.
Rehabilitation substance use	Outpatient and residential counseling and treatment for substance use conditions.	Prior authorization may be required.
Sexually Transmitted Disease (STD) services	Testing, counseling and treatment of all STDs and confidential HIV testing.	
Telemedicine for behavioral health services	An alternative to clinic visits in areas that have limited access to behavioral health services. Meet with your behavioral health providers from a computer.	
Therapeutic group homes	Allows youth to live in a home-like setting with a small group of other youth to get the services needed.	Covered for members from age 0-20. Prior authorization is required.
Therapy services	Occupational, physical, speech and language.	Prior authorization is required.

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Vision services	<p>Adults 21 and over:</p> <p>Your covered services include optometrist services, a free annual eye exam and \$80 toward eyewear (frames, glass or contact lenses).</p> <p>Members 21 and under:</p> <ul style="list-style-type: none"> • Services are covered when they: <ul style="list-style-type: none"> – Are given by a licensed network ophthalmologist or optometrist and – Conform to accepted methods of screening, diagnosis and treatment of: <ul style="list-style-type: none"> – Eye ailments – Visual impairments or conditions 	<p>Prior authorization may be required.</p>

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