APPENDIX G

COVERED & NON-COVERED SERVICES

Services When Provided, Would be Covered by the Capitation [1, 2]	**Non-Covered Services; Excluded from the Capitation; Can Be Billed Fee-For-Service**
Care Management	Inpatient Hospital Services
Nursing Home Care (Residential Health Care Facility)	Outpatient Hospital Services
Home Care . Nursing . Home Health Aide . Physical Therapy (PT) . Occupational Therapy (OT) . Speech Pathology (SP) . Medical Social Services	Physician Services including services provided in an office setting, a clinic, a facility, or in the home.[3]
Adult Day Health Care	Laboratory Services
Personal Care	Radiology and Radioisotope Services
DME – including Medical/Surgical Supplies, Enteral and Parenteral Formula,[4] and Hearing Aid Batteries, Prosthetics, Orthotics, and Orthopedic Footwear	Emergency Transportation
Personal Emergency Response System	Rural Health Clinic Services
Non-emergent Transportation	Chronic Renal Dialysis
Podiatry	Mental Health Services
Dentistry	Alcohol and Substance Abuse Services
Optometry/Eyeglasses	OPWDD Services
PT, OT, SP or other therapies provided in a setting other than a home. Limited to 40 visits of physical therapy and 20 visits each for OT, SP and other therapies per calendar year, except for children under 21 and the developmentally disabled.[5] MLTC plan may authorize additional visits.	Family Planning Services
Audiology/Hearing Aids	Prescription and Non-Prescription Drugs, Compounded Prescriptions
Respiratory Therapy	All other services listed in Title XIX State Plan
Nutrition	
Private Duty Nursing	
Consumer Directed Personal Assistance Services	
Community First Choice Option services[6]	
Services Provided Through Care Management:	
Home Delivered or Congregate Meals	
Social Day Care	
Social and Environmental Supports	

[1] The capitation payment includes applicable Medicare coinsurance and deductibles for benefit package services.
[2] Any of the services listed in this column, when provided in a diagnostic and treatment center, would be included in and covered by the capitation payment.
[3] Includes nurse practitioners and physician assistants acting as "physician extenders."
[4] Enteral formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism.
[5] Effective July 1, 2018. [6] Effective upon notification from the Department.