Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Out of Area Coverage: Inpatient Within the U.S and U.S. Territories Only	Yes	Yes	Not Covered
Ambulance: Ground	Not Covered	Not Covered	All transportation covered by the HCA. Effective 01/01/18
Ambulance: Air	Not Covered	Not Covered	All transportation covered by the HCA. Effective 01/01/18
Transplants: Organ Donation, Tissue Donation & work-up related to Transplants (Excludes Corneal)	• Refer to PA list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/ • Corneal Transplants do not require prior authorization	• Refer to PA list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/ • Corneal Transplants do not require prior authorization	Not Covered
Prescriptions , Pharmacy, Drugs	Please visit CHPW's searchable formulary (http://chpw.org/for-members/pharmacy/apple-health-formulary) to look up current formulary status of medications	Please visit CHPW's searchable formulary (http://chpw.org/for-members/pharmacy/apple-health-formulary) to look up current formulary status of medications	See Prescriptions, Pharmacy, Covered by HCA only and EXCLUDED (Not Covered by HCA or CHPW) in this grid.
Medical Injectable Drugs, injections	Yes	Yes	See Prescriptions, Pharmacy, Covered by HCA only and EXCLUDED (Not Covered by HCA or CHPW) in this grid.

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Prescriptions, Pharmacy: Medication Assisted Therapy, MAT	Yes	Yes	Not Covered
Prescriptions, Pharmacy COVERED BY HCA ONLY (includes the generic equivalents)	Covered by HCA Only: Please refer to Procedure Tool on CHPW.org - https://forms.chpw.org/pclt	Covered by HCA Only: Please refer to Procedure Tool on CHPW.org - https://forms.chpw.org/pclt	Covered by HCA Only

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Prescriptions, pharmacy: EXCLUDED (Not Covered CHPW or HCA): • Alternative Medicines • Herbal medicines • Homeopathy For Treatment of: • Impotence • Infertility • Sexual Dysfunction • Weight loss	NOT Covered by HCA or CHPW: Please refer to Procedure Tool on CHPW.org - https://forms.chpw.org/pclt	NOT Covered by HCA or CHPW: Please refer to Procedure Tool on CHPW.org - https://forms.chpw.org/pclt	NOT Covered by HCA or CHPW : Please refer to Procedure Tool on CHPW.org - https://forms.chpw.org/pclt
Vaccinations, Shots, immunizations, flu	Yes	Yes	Not Covered
Allergy Testing/Serum	Yes	Yes	Not Covered
Surgeries,surgery:	Yes	Yes	Not Covered
Mammogram: Screening	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Injections: B12 Injections	Yes	Yes	Not Covered
Vocational Rehabilitation	Not Covered	Not Covered	Not Covered
Wound Care: Outpatient	Yes	Yes	No, Not Covered
Rehabilitation: Outpatient Physical Therapy, PT	• The evaluation and reevaluation is limited to 1 per member, per provider, per calendar year, not included in 12 visit limit •12 Visits PT limit per calendar year. •PA is required after 12 visits per calendar year for additional PT services.	• Evaluation and reevaluations are not limited and are not included in the 12 visits. • Age 20 and younger, PA is required after 12 visits per calendar year for additional PT services. - EXCEPTION: This requirement is waived when services are performed in a Neurodevelopment Center of Excellence.	Not Covered
Screening, Brief Intervention, Referral and Treatment (SBIRT) IMC also has Mental Health: Brief Intervention Treatment and Substance Use Disorder: Brief Intervention.	Yes, when client is age 18 or older	Not covered for members younger than 17 years of age	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Genetic Counseling	Yes.	Yes.	Provider must bill the HCA directly for prenatal genetic counseling provided for MCO clients. HCA Criteria must be met.
Genetic Testing: Non-Prenatal	Yes	Yes	Not Covered
Genetic Testing: Prenatal	Yes	Yes	Not Covered
Allergy Injections	Yes	Yes	Not Covered
Allergy Office Visit	Yes	Yes	Not Covered
Biofeedback Therapy	Yes	Yes	Not Covered
Homeopathy	Not Covered	Not Covered	Not Covered
Hypnotherapy	Not Covered	Not Covered	Not Covered
Naturopathic Physicians (Naturopathy)	Yes	Yes	Not Covered
Osteopathic Manipulative Therapy	Yes	Yes	Not Covered
Ambulance: Facility-To- Facility	Not Covered	Not Covered	All transportation covered by the HCA. Effective 01/01/18
Attention Deficit, ADD, ADHD			Not Covered
Birth Defects And Congenital Anomalies: Office Visits	Yes	Yes	No Covered
Birth Defects And Congenital Anomalies: Surgical Treatment	Yes	Yes	Not Covered
DME: Breast Pumps (Manual)	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
DME: Breast Pumps (Electric)	Yes	Yes	Not Covered
Maternity Support Services	Not Covered	Not Covered	Part of the First Steps Program. Call 1-800-322-2588.
Blood/Blood Component	Yes	Yes	Not Covered
Cardiac Rehabilitation	Yes	Yes	Not Covered
Circumcision: Routine	Not Covered	• Effective 02/01/2021 • Covered for children under age 18. • Once per lifetime $200.00 maximum benefit for each child • Provider does not have to be contracted with CHPW; they just need to be willing to bill CHPW and must have a Core Provider Agreement with the Health Care Authority • See CHPW Circumcision Billing Guide for more information.	Not Covered
Osteopathic Manipulative Therapy	Yes	Yes	Not Covered
Hearing Aid: Surgically-implanted hearing assistance devices (Cochlear, BAHA)	New implants are not covered age 21 and older. PA required for removal or repair.	Replacement parts including batteries are covered. PA is required if parts are over $500 per line item or over $1000 total charges.	No, Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Complications from Non-Covered Service	See requirements	See requirements	Not Covered
Cosmetic Services	Not covered	Not Covered	Not Covered
Court Ordered Services	See Mental Health and Substance Use Disorder services	See Mental Health and Substance Use Disorder services	See Mental Health and Substance Use Disorder services
Court Ordered Transportation Services, including ambulance services	Not Covered	Not Covered	All transportation/ambulance covered by the HCA. Effective 01/01/18
Custodial/Convalescent Care	Not Covered	Not Covered	Contact ALTSA (Aging and Long Term Support Administration) https://www.dshs.wa.gov/altsa
Dental: Anesthesia for Dental Services In Hospital	• CHPW covers the related facility charges for dental services performed under anesthesia.	• CHPW covers the related facility charges for dental services performed under anesthesia.	• HCA covers professional charges for dental care/services provided by a dentist or an oral surgeon EXCEPTION: • CHPW covers one pre-operative (E/M) visit by the PCP prior to dental services under anesthesia to provide medical clearance.

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Dental: Accidental Services	Yes	Yes	Dental care/services provided by a dentist or an oral surgeon related to emergency, is covered by the HCA. CHPW covers the related facility charges.
Dental: Routine Services	• CHPW covers the related facility charges for dental services performed under anesthesia.	• CHPW covers the related facility charges for dental services performed under anesthesia.	• HCA covers professional charges for dental care/services provided by a dentist or an oral surgeon EXCEPTION: • CHPW covers one pre-operative (E/M) visit by the PCP prior to dental services under anesthesia to provide medical clearance.
Dental: Medically Necessary Services	Yes	Yes	Dental care/services provided by a dentist or an oral surgeon, is covered by the HCA. CHPW covers the related facility charges, when medically necessary.
Developmental Disabilities (see Applied Behavioral Health Services, ABA)	Not Covered.	See Applied Behavior Health Services, ABA	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Dialysis (hemodialysis, peritoneal, renal (kidney failure)	Yes	Yes	Not Covered
DME: Apnea Monitor	Not Covered	Yes	Not Covered
DME: Bra, Bras, Post Surgical	Yes	Yes	Not Covered
DME: Communication Devices	Yes.	Yes.	Not Covered
DME: C-pap/Bi-Pap 3 month rental, auto-Titration	Yes.	Yes.	Not Covered
DME: C-pap/Bi-pap Purchase	Yes.	Yes.	Not Covered
DME, Pharmacy: Diabetic Supplies	Yes	Yes	Not Covered
DME: Incontinent Supplies (briefs, pull-ups, Liners)	Yes, adult 20 years of age and older: • Disposable briefs and pull-up pants (any size) are limited to 150 per month. • Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.	Yes, child age 3 to 20 years of age: • Disposable briefs and pull-up pants (any size) are limited to: 200 per month. • Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.	Not Covered
DME: Enteral Therapy Formula	Yes	Yes	Not Covered
DME: Enteral Therapy Pump (Infusion Services)	Yes	Yes	Not Covered
DME: Fracture Frames	Yes	Yes	Not Covered
DME: Hospital Bed	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
DME: Humidifiers	Yes	Yes	Not Covered
DME: Insulin Pump (Infusion Services)	Yes	Yes	Not Covered
DME: Lymphedema Sleeve	Yes	Yes	Not Covered
DME: Nebulizer	Yes	Yes	Not Covered
DME: Oseogen (Bone Growth Stimulator)	Yes	Yes	Not Covered
DME: Oxygen & Related Equipment	Yes	Yes	Not Covered
DME: Prenatal Therapy and Supplies	Yes	Yes	Not Covered
DME: Patient Lifts	Yes.	Yes.	Not Covered
DME: Suction Pumps	Yes	Yes	Not Covered
DME: Chest Compression Devices	Yes	Yes	Not Covered
DME: Cough Stimulating Devices	Yes	Yes	Not Covered
DME: Wound Vac	Yes	Yes	Not Covered
Medical Nutrition Therapy	Not Covered	Yes	Not Covered
DME: TENS Unit (Covered under Medicare only)	Not Covered	Not Covered	Not Covered
DME: Trapeze Bars	Yes	Yes	Not Covered
DME: Ventilators And Related Equipment	Yes	Yes	Not Covered
DME: Wheelchairs, Scooters	Yes	Yes	Not Covered
Emergency Room Services	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Experimental / Investigational Services and Drugs	Refer to PA list	Refer to PA list	Not Covered
Prosthetics, Eye Ball Polishing	Yes	Yes	Not Covered
Vision:Eye Exam, fitting fees, refractions, visual fields (Routine)	Effective 01/01/2023 Age 21 and older: •Members must obtain routine eye exams from a provider in the VSP Network. Out of Network providers not covered. • Limit one eye exam every 24 months	Age 20 and younger: •Limit - One eye exam every year. •Members may self refer to contracted providers for routine eye exams •Effective 07/01/21 Contact fitting fees for children are covered in addition to the current eyeglasses fitting fees. •Submit routine vision exams to CHPW, not VSP for children	Not Covered
Vision: Eye Exam, Medical Condition (diagnose and treat)	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Vision: Eyeglasses and eyeglasses adjustments and repair. (Hardware)	Age 21 and older: Effective 01/01/23 • Members must obtain eyeglasses from a provider in the VSP Network. Out of Network providers not covered. • One (1) pair of glasses every 24 months for adults aged 21 and older. • Frames must be from the Genesis Collection • Basic lenses single vision, lined bifocal, and lined trifocal are covered. • Other options, tinting, etc. are not covered but available if member wants to pay the cost share. • Contacts are not covered. • Repair of glasses or replacement of lost or stolen glasses is not covered.	Children Age 20 and under: • Initial eyeglasses for children are not covered by CHPW. Vision Hardware only available through Correctional Industries (CI) Optical. Orders for eyeglasses are submitted by the optical provider to CI Optical. • Effective 07/01/21 Repair and adjustments of eyeglasses (spectacles)for children is not covered by CHPW.	Effective 07/01/21 Repair and adjustment of spectacles for children is covered by Fee for Service (HCA).

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Pharmacy, Family Planning: Birth Control, Contraception Emergency and Over The Counter (OTC)	Yes	Yes	Not Covered
Pharmacy, Family Planning: Birth Control, Contraception, Implants, Injections, IUD	Yes	Yes	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.
Maternity Services, Home Delivery: Outpatient	Yes	Yes	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network without a Plan Referral, then services are covered for HCA contracted providers by Fee-for-Service.
Maternity Services: Inpatient	Yes	Yes	Not Covered
Family Planning: Outpatient (includes observations) preventive, pap tests, mammograms	Yes	Yes	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Family Planning: Office Visits	Yes	Yes.	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.
Family Planning, Maternity: Home Delivery	Yes. Parent must fill out the CHP newborn selection form within 60 days of child's birth to ensure child eligibility.	Yes. Parent must fill out the CHP newborn selection form within 60 days of child's birth to ensure child eligibility.	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network without a Plan Referral, then services are covered for HCA contracted providers by Fee-for-Service.
Family Planning, Maternity: Newborn Care	Yes, However parent must fill out the HP newborn selection form within 60 days of child's birth to ensure child eligibility	Yes, However parent must fill out the HP newborn selection form within 60 days of child's birth to ensure child eligibility	Not Covered
Family Planning: Sterilization for Women(includes tubal ligation)	Yes, must be older than 21 years of age and sign a consent form and wait 30 days after signature. (30 day requirement may be waived in cases of premature delivery or emergency abdominal surgery.)	No, Not Covered	Yes, for member less than 21 years old and those who do not Meet other federal requirements. They must sign a consent form and wait 30 days.
Forensic Exam	Not Covered	Not Covered	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Health Education And Wellness Programs: Asthma Education	Yes	Yes	Not Covered
Health Education And Wellness Programs: Diabetic Education	Yes	Yes	Not Covered
Health Education And Wellness Programs: Nutritional Counseling	Not Covered	Yes	Not Covered
Hearing aids: Non-surgical, hearing hardware	Covered for one or both ears depending on medical necessity. Includes ear mold. Rental of hearing aid (s) for up to 2 months is covered while a client's own hearing aid (s) is being repaired.	Covered	Not Covered
Hearing Exams (audiology)	Yes	Yes	Not Covered
HIV/Aids- Screening	Yes	Yes	Not Covered
Out of Area Coverage: Routine, Preventive Care	Not Covered	Not Covered	Not Covered
Home Health Agency, Home Health Care	Yes	Yes	Not Covered
Home Infusion Therapy	Yes	Yes	Not Covered
Home intrauterine Activity Monitoring (Fetal heart Monitor)	Not Covered	Not Covered	Not Covered
Home Phototherapy Hyperbilirubinemia	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Hospice Care, Home	Yes	Yes	Not Covered
Hospital Care: Inpatient Hospice	Yes	Yes	Not Covered
Hospital Care: Inpatient	Yes	Yes	Not Covered
Hospital Care: Outpatient Surgery	Yes	Yes	Not Covered
HPV (Human papilloma Virus) Test	Yes CDC recommendations: Catch-up Vaccine through 26 years of age	Yes CDC recommendations: Adult 27 through 45 years of age	Not Covered
Hyperbaric Oxygen Pressurization	Yes	Yes	Not Covered
Vaccinations, immunizations: meningococcal vaccine	Yes	Yes	Not Covered
Incarcerated Care	Not Covered. Effective 07/01/2017	Not Covered. Effective 07/01/2017.	Covered by Health Care Authority
Infertility, Impotence and Sexual Dysfunction	Not Covered	Not Covered	Not Covered
Interpreter Services: Medical Services (not Mental Health)			For medical encounters and HCA Fair Hearings, refer to the HCA. Interpreter services only covered for administrative issues such as handling member complaints and appeals. Interpreter must be certified with the HCA.

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
IV Therapy: Outpatient	Yes	Yes	Not Covered
IV Therapy: Home	Yes	Yes	Not Covered
Learning Disabilities	Not Covered	See Applied Behavior Health Services, ABA	Not Covered
Lymphedema Treatment	Yes	Yes	Not Covered
Mammogram: Diagnostic	Yes	Yes	Not Covered
Manipulation of Spine & Extremities	See osteopathic manipulation and alternative care.	See osteopathic manipulation and alternative care.	See osteopathic manipulation and alternative care.
Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Yes	Yes	Not Covered
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Yes. Effective 01/01/2017	Yes. Effective 01/01/2017	Not Covered
Vaccinations, immunizations: Shingles (Herpes Zoster)	ZOSTAVAX - 90736: 60 years of age and older SHINGRIX - 90750: 50 years of age and older	No	Not Covered
Unlisted Codes with Charge more than $250.00	Yes	Yes	Not Covered
Mental Health: Outpatient Treatment	See specific Mental Health Service.	See specific Mental Health Service.	See specific Mental Health Service.

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Methadone Treatment	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services
Neurodevelopment Therapy	No.	Yes.	Not Covered
Mental Health: Neuropsychological Testing, Also see Psychological Assessment	Yes	Yes	Not Covered
Obesity Services, Weight Reduction and Control Services	Not Covered	Not Covered	Not Covered
Occupational Injuries	Not Covered	Not Covered	Not Covered
Office Visit	Yes	Yes	Not Covered
Orthoptic, Pleoptic Therapy, eye exercises, eye training	Yes	Yes	Not Covered
Out of Area Coverage: Urgent Care Within the U.S and U.S. Territories Only	Yes	Yes	Not Covered
Out Of Area Coverage: Emergency Room, ER Within the U.S and U.S. Territories Only	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Outpatient Diagnostic and Therapeutic Radiology, Xray, Image	Yes	Yes	Not Covered
Outpatient Diagnostic: Laboratory Services	Yes	Yes	Not Covered
Outpatient Therapeutic and Diagnostic Radiology Service, Xray, Image	Yes.	Yes.	Not Covered
Pain Clinic: Office Visits	Yes.	Yes.	Not Covered
Pain Clinic: Outpatient Rehabilitation	Yes.	Yes.	Not Covered
Pain Clinic: Treatment (e.g. nerve block, epidural)	Yes.	Yes.	Not Covered
Pain Management	Yes.	Yes.	Not Covered
Hospice Care: Palliative Care	Yes.	Yes.	Not Covered
Pathology Services	Yes	Yes	Not Covered
Physical Exams, Preventive Care, Sports Physicals for ages 6 through 18.	Yes	Yes	Not Covered
PKU (Phenylketonuria) Formula	Yes	Yes	Not Covered
Podiatry (including diabetic foot care)	Age 21 and older	Not Covered	Not Covered
Prescriptions, Pharmacy: Inpatient Drugs	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
DME: Durable Medical Equipment	Yes	Yes	Not Covered
Out of Area: Prescriptions, Pharmacy, Drugs	See requirements	See requirements	Not Covered
Prescriptions, Pharmacy: Outpatient Drugs	Yes	Yes	Not Covered
Prescriptions, Pharmacy: Mail Order Prescriptions	Not Covered	Not Covered	Not Covered
Prescriptions, Pharmacy: Take Home Drugs	Yes	Yes	Not Covered
Preventive Care, well-child checks, screening colonoscopies, Pap tests, mammograms, bone density testing, Early and periodic screening with diagnosis and treatment (EPSDT)	Yes	Yes	Not Covered
DME: Prosthetics and Orthotics (Prostheses)	Yes	Yes	Not Covered
Pulmonary Rehabilitation	Covered	Covered	Not Covered
Radiation & Chemotherapy	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Radiation & Chemotherapy: Oral Chemotherapy	Yes	Yes	Not Covered
Radiation & chemotherapy: Injectable And Infused Chemotherapy	Yes	Yes	Not Covered
Rehabilitation: Inpatient	Yes	Yes	Not Covered
Rehabilitation: Outpatient Occupational Therapy, OT	• The evaluation and reevaluation is limited to 1 per member, per provider, per calendar year, not included in 12 visit limit • 12 visit OT limit per calendar year • PA is required for any Optometrist performing occupational therapy (Orthoptic, Pleoptic Therapy). • PA is required after 12 visits per calendar year for additional OT services.	• Evaluation and reevaluations are not limited and are not included in the visit limit. • Age 20 and younger, PA is required after 12 visits per calendar year for additional OT services. - EXCEPTION: This requirement is waived when services are performed in a Neurodevelopment Center of Excellence. • PA is required for any Optometrist performing occupational therapy (Orthoptic, Pleoptic Therapy). EXCEPTION: This requirement is waived when services are performed in a Neurodevelopmental Center of Excellence.	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Rehabilitation: Outpatient Speech Therapy, ST	• The evaluation and reevaluation is limited to 1 per member, per provider, per calendar year, not included in 12 visit limit. •12 visit ST limit per calendar year. • PA required for age 21 and over, after 12 Visits ST per calendar year	Effective 01/01/16 for age 20 and under, PA not required. No unit or hour limit.	Not Covered
Respite Care: Hospice		Yes	Yes
Reversal of Sterilization	Not Covered	Not Covered	Not Covered
Saliva Testing	Not Covered	Not Covered	Not Covered
School Nurse Services	Not Covered	Not Covered	Only for special education students with individual/family special education plan (IFSP). School bills fee-for-service.
Screening Exams: (preventive) Colorectal (colonoscopy)	Yes	Yes	Not Covered
Screening Exams: (preventive)	Yes	Yes	Not Covered
Sexual Reassignment Surgery, Transgender Surgery, Transsexual Surgery	Not covered	Not Covered	May be covered by HCA

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Skilled Nursing Facility, Inpatient, SNF	Yes	Yes	If care is no longer medically necessary and changes to custodial care, fax form to DSHS: • Notice of Action – Adult Residential Services Form • FAX to DSHS at 855-635-8305. Must include the date the client's status changed. • Link to form: https://www.dshs.wa.gov/fsa/forms
Sleep Study	Yes	Yes.	Not Covered
Smoking, Tobacco, Nicotine Cessation: Services	Yes, Ages 18 and older are covered through Alere Quit-for-Life smoking cessation program. For questions, please call 1-866-784-8454.	Not covered for members younger than 18.	Not Covered
Smoking, Tobacco, Nicotine Cessation: Pharmacy, Prescription, Drugs, Nicotine Replacement	Yes	Yes	Not Covered
Substance Abuse (See Substance Use Disorder)	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Surgeries,Surgery: Abortion, Spontaneous (miscarriage)	Yes	Yes	Family planning providers not under contract with an agency-contracted MCO must bill using fee-for-service when providing services to MCO clients who self-refer outside their MCO.
Surgeries,surgery: Abortion, Elective	Not Covered	Not Covered	Not Covered
Surgeries: Ambulatory Surgery (outpatient or same day surgery)	Yes.	Yes.	Not Covered
Surgeries: Bariatric Surgery/ Weight Loss Procedures	Yes	Yes	Not Covered
Surgeries,surgery: Mammoplasty	Yes	Yes	Not Covered
Surgeries: Breast Reduction Surgery (Mammoplasty)	Yes	Yes	Not Covered
Surgeries: Cosmetic or Plastic Surgery. Including tattoo removal, face lifts, ear or body	Not Covered	Not Covered	Not Covered
Surgeries: Eye Surgery (Lasik®)(for vision improvement)	Not Covered	Not Covered	Not Covered
Surgeries: Eye Surgery (laser) (for a medical condition)	Yes	Yes	Not Covered
Surgeries,surgery: Mastectomy	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Surgeries: Reconstructive, Plastic Surgery and Supplies	Yes	Yes	Not Covered
Surgeries,surgery: Skin Tag Removal	Yes	Yes	Not Covered
Surgeries,surgery: Tonsillectomy and Adenoidectomy	Yes	Yes	No, Not Covered
Surgeries,surgery: UPP (Uvulopalatopharyngoplasty)	Yes	Yes	No, Not Covered
Surgeries,surgery: Vasectomy	See requirements	Not Covered For members 20 and younger.	Refer to HCA if less than 21 years old and those who do not meet other federal requirements.
Temporomandibular Joint (TMJ) & Myofacial Pain	Yes	Yes	Dental care/services provided by a dentist or an oral surgeon, is covered by the HCA. CHPW covers the related facility charges, when medically necessary.
Transplants: Corneal Transplant	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Habilitative Services	Ages 21 and older: Separate reimbursement for Evaluation and re-evaluation. Not included in 6 hour limit. • 6 Hours Occupational Therapy • 6 Hours Physical Therapy • 6 Visits Speech Therapy (Untimed) • PA required for ages 21 and older for more than 6 hours of any therapy service.	Ages 20 and younger, unlimited habilitative services.	Not Covered
Transplants: Organ Donation, Tissue Donation, evaluation & work-up related to Transplants (Excludes Corneal)	Yes	Yes	Not Covered
Transplants: Transplant Donor Search	Yes	Yes	Not Covered
Transportation (from and to office visits) home to office or from PCP to specialist.	Not Covered, effective 01/01/18	Not Covered, effective 01/01/18	All transportation/ambulance covered by the HCA. Effective 01/01/18
Urgent Care	Yes	Yes	Not Covered
Prescriptions, Pharmacy: Vitamins	Yes	Yes	Not Covered
Inpatient (All Planned Admissions)	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Clinical Trials	Yes	Yes	Not Covered
Mental Health: Outpatient, Applied Behavioral Analysis, ABA, Autism, ADHD	Yes	Yes	Not Covered
Mental Health: Outpatient, Electroconvulsive Therapy (ECT)	Yes.	Yes.	Not Covered
Mental Health: Outpatient, Psychiatric evaluations. This is different from IMC Mental Health: Intake Evaluation.	Yes.	Yes.	Not Covered
Mental Health: Brief Intervention Treatment, Individual, Family, Group (in addition to SBIRT)	Yes	Yes	Not Covered
Mental Health: Crisis	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Outpatient Day Support, Intensive Outpatient (IOP), Partial Hospitalization (PHP) high intensity services	Yes	Yes	Not Covered
Mental Health: Family Treatment	Yes	Yes	Not Covered
Mental Health: Freestanding Evaluation and Treatment	Yes	Yes	Not Covered
Mental Health: Group Treatment Services	Yes	Yes	Not Covered
Mental Health: High Intensity Outpatient Treatment (intensive services)	Yes	Yes	Not Covered
Mental Health: Individual Treatment Services	Yes	Yes	Not Covered
Mental Health: Intake Evaluation	Yes	Yes	Not Covered
Mental Health: Medication Management	Yes	Yes	Not Covered
Mental Health: Medication Monitoring	Yes	Yes	Not Covered
Mental Health: Inpatient Residential Setting	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Inpatient Rehabilitation Facility	Yes	Yes	Not Covered
Mental Health: Peer Support (Community Support Services)	Yes	Yes	Not Covered
Mental Health: Psychological Assessment Neuropsychological Testing	Yes	Yes	Not Covered
Mental Health: Psychological Assessment Psychological Testing	Yes	Yes	Not Covered
Mental Health: Rehabilitation Case Management (Community Support Services)	Yes	Yes	Not Covered
Mental Health: Special Population Evaluation	Yes	Yes	Not Covered
Mental Health: Stabilization Services (Crisis)	Yes	Yes	Not Covered
Mental Health: Therapeutic Psychoeducation (Education)	Yes	Yes	Not Covered
Mental Health: Care Coordination Services	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Child and Family Team Meetings	Yes	Yes	Not Covered
Mental Health: Co-occurring Treatment	Yes	Yes	Not Covered
Mental Health: Engagement and Outreach (Community Support Services)	Yes	Yes	Not Covered
Mental Health: Housing and Recovery through Peer Services (HARPS)	Yes	Yes	Not Covered
Mental Health: Interpreter Services	Yes	Yes	Not Covered
Mental Health: Court Ordered Involuntary Treatment Investigation, Court Ordered Involuntary Commitment (Crisis)	Yes	Yes	These services for members on the CHPW plan FIMCBD/FHB, are covered by the HCA.
Mental Health: Clubhouse	Yes	Yes	Not Covered
Mental Health: Request for Services Not Crisis	Yes	Yes	Not Covered
Mental Health: Respite Care	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Supported Employment	Yes	Yes	Not Covered
Mental Health: Court Ordered Testimony for Involuntary Treatment Services	Yes	Yes	Not Covered
Mental Health: Evidence Based Practice Children's Mental Health	No	Yes	Not Covered
Mental Health: Court Ordered Jail Services Community Transition	Yes	Yes	Not Covered
Mental Health: Court Ordered Offender Re-Entry Community Safety Program (ORCSP)	Yes	Yes	Not Covered
Mental Health: WA-PACT	Yes	Yes	Not Covered
Mental Health:Wraparound Services intensive services, WISe	NO for over age 21.	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Yes	Yes	Not Covered
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Yes. Covered by CHPW, effective 01/01/2017.	Yes. Covered by CHPW, effective 01/01/2017.	Not Covered
Mental Health: Outpatient, Repetitive Transcranial Magnetic Stimulation, rTMS	Yes.	Yes.	Not Covered
Mental Health: Out of Area Coverage: Within the U.S and U.S. Territories Only	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Assessment (initial)	Yes	Yes	Not Covered
Substance Use Disorder: Outpatient Case Management (Community Support Service)	Yes	Yes	Not Covered
Substance Use Disorder: Opiate Substitution Treatment Services	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder: Outpatient, Brief Outpatient Treatment - Individual, Family, Group	Yes	Yes	Not Covered
Substance Use Disorder: Outpatient Intensive Outpatient Treatment - Individual, Family, Group	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Facility	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Professional Services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Long Term Residential Facility	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Long Term Residential Professional Services	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder (SUD): Inpatient Recovery House Residential Facility	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Recovery House Residential Professional Services	Yes	Yes	Not Covered
Substance Use Disorder: Brief Intervention (Withdrawal Management)	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Acute Withdrawal Management, Detoxification	Yes	Yes	Not Covered
Substance Use Disorder: Alcohol Information School Drug Information School	Yes	Yes	Not Covered
Substance Use Disorder: Interim Services	Yes	Yes	Not Covered
Substance Use Disorder: Recovery Support (Community Support Service)	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder: Court Ordered Involuntary Commitment (Crisis)	Yes	Yes	These services for members on the CHPW plan FIMCBD/FHB, are covered by the HCA.
Substance Use Disorder: Sobering Services	Yes	Yes	Not Covered
Substance Use Disorder: Pregnant, Post Partum or Parenting (PPW) Women's Housing Support Services	Yes	Yes	Not Covered
Substance Use Disorder: Crisis	Yes	Yes	Not Covered
Substance Use Disorder: Brief Intervention (in addition to SBIRT)	Yes	Yes	No, Not Covered
Substance Use Disorder (SUD):Inpatient Rehabilitation	Yes	Yes	Not Covered
Substance Use Disorder (SUD):Inpatient Residential	Yes	Yes	Not Covered
Substance Use Disorder: Medication Management	Yes	Yes	Not Covered
Substance Use Disorder: Medication Monitoring	Yes	Yes	Not Covered
Substance Use Disorder: Request for Services, Not Crisis	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder: Out of Area Coverage: Within the U.S and U.S. Territories Only	Yes	Yes	Not Covered
Vaccinations, immunizations: HPV (Human papilloma virus) Vaccine GARDASIL® HPV	Yes. Ages 19 through 26	Yes. Ages 9 through 18.	Not Covered
Injections: Hydroxyprogesterone Caproate (Makena)	Pharmacy Benefit Only	Pharmacy Benefit Only	Not Covered
Surgeries,surgery: Tympanostomy Tubes for age 16 and under	Yes	Yes	Not Covered
Surgeries,surgery: Extracorporeal Membrane Oxygenation	Yes	Yes	Not Covered
Telehealth, Telemedicine, TelePsych (medical services, mental health, substance use disorder)	Yes	Yes	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Private Duty Nursing (for children)	Not covered for ages 18 and older	Covered ages 17 or younger	Private Duty Nursing for ages 18 and older, refer to the HCA.
Dental: Facility Charges ONLY	Covered	Covered	• HCA covers professional charges for dental care/services provided by a dentist or an oral surgeon EXCEPTION: • CHPW covers one pre-operative (E/M) visit by the PCP prior to dental services under anesthesia to provide medical clearance.
Breathalyzer Tests	Yes	Yes	
Mental health assessments for young children	Not Covered	• Ages 0 to under age 6 • Limit to 5 sessions • Travel related benefit is postponed by the HCA until 07/01/22 and is not available at this time.	Not Covered

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
ABCD dental/mouth matters, Access to Baby and Child Dentistry/Mouth Matters	Not Covered	• Ages 0 to under age 6 • Ages 0 to under age 13 with disabilities (indicator on Provider One) • Limited to one visit per day, per family, up to two visits per child in a 12- month period, per provider or clinic.	Not Covered
Cognitive impairment care planning: Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer's disease, at any stage of impairment.	• Limited to once every 180 days. • CHPW follows the same coding rules that are published by Medicare. The HCA follows these same Medicare rules.	Not Covered.	Not Covered

COMMUNITY HEALTH PLAN of Washington™

Benefit or Service	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Alternative Care •Chiropractor •Acupuncture •Massage Therapy	CHPW Value Add Benefit •Providers must be licensed in the State of WA. •Open network •No authorization or referral required •Adults and children •20 visit combined limit of Alternative Care services.	**Chiropractors:** •E & M code limit 1 per year •Spinal Manipulation •X-rays •Not covered: Massage Therapy and Physical Therapy **Acupuncture:** •E & M code limit 1 per year •Acupuncture needle treatment with or without electrical stimulation. **Massage Therapy** •E & M codes not covered •30 minutes = 1 visit	•This CHPW benefit does not require the EPSDT referral for members 20 and younger. •Chiropractic care for members 20 and younger with an EPSDT referral is still covered through the HCA.