



SECTION 2 – COVERAGE AND LIMITATIONS

The table below outlines beneficiary coverage under ABW. Special instructions for CHP beneficiaries are noted when applicable.

Service	Coverage
Ambulance	Limited to emergency ground ambulance transport to the hospital Emergency Department (ED).
Case Management	Noncovered
Chiropractor	Noncovered
Dental	Noncovered
Emergency Department	Covered per current Medicaid policy. For CHPs, PA may be required for nonemergency services provided in the Emergency Department.
Eyeglasses	Noncovered
Family Planning	Covered. Services may be provided through referral to local Title X designated Family Planning Program.
Hearing Aids	Noncovered
Home Health	Noncovered
Home Help (personal care)	Noncovered
Hospice	Noncovered
Inpatient Hospital	Noncovered
Lab & X-Ray	Covered if ordered by an MD, DO, or NP for diagnostic and treatment purposes. PA may be required by the CHP.



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Service	Coverage
Medical Supplies/ Durable Medical Equipment (DME)	<p>Limited coverage.</p> <ul style="list-style-type: none"> ▪ Medical supplies are covered except for the following noncovered categories: gradient surgical garments, formulas and feeding supplies, and supplies related to any noncovered DME item. ▪ DME items are noncovered except for glucose monitors.
Mental Health Services	<p>Covered: Services must be provided through the PIHP/CMHSP. (Refer to the Mental Health/Substance Abuse Coverage section of this chapter.)</p>
Nursing Facility	<p>Noncovered</p>
Optometrist	<p>Noncovered</p>
Outpatient Hospital (Nonemergency Department)	<p>Covered: Diagnostic and treatment services and diabetes education services. PA may be required for some services. A \$3 copayment for professional services is required. *</p> <p>Noncovered: Therapies, labor room and partial hospitalization.</p>
Pharmacy	<p>Covered:</p> <ul style="list-style-type: none"> ▪ Products included on the Michigan Pharmaceutical Products List (except enteral formulas) that are prescribed by an MD, DO, NP or oral-maxillofacial surgeon. PA may be required. Products must be billed to MDCH or CHP, as appropriate. ▪ Psychotropic medications are provided under the FFS benefit. (Refer to the MDCH Pharmacy Benefits Manager (PBM) website for a list of psychotropic drug classes to be billed to MDCH. Refer to the Directory Appendix for website information.) The list of drugs covered under the carveout is updated as necessary. Drugs are added and deleted on a regular basis so it is imperative that the provider review this website frequently. <p>Noncovered: Injectable drugs used in clinics or physician offices.</p> <p>Copayment: \$1 per prescription</p>
Physician Nurse Practitioner (NP) Oral-Maxillofacial Surgeon Medical Clinic	<p>The following services are covered per current Medicaid policy:</p> <ul style="list-style-type: none"> ▪ Annual physical exams (including a pelvic and breast exam, and pap test). Women who qualify for screening/services under the Breast and Cervical Cancer Program administered by the LHD may be referred to that program for services as appropriate. ▪ Diagnostic and treatment services. May refer to LHD for TB, STD, or HIV-related services, as available.

* Professional services requiring a copayment are defined by the following Evaluation and Management (E&M) procedure codes. 92002-92014, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397. No copayment may be charged for family planning or pregnancy related services.

