

COVERED SERVICES

Section 14

Overview

The Plan will, at a minimum, provide medically necessary services and benefits as outlined below and pursuant to the Georgia State Medical Plan and the Georgia Medicaid Policies and Procedures Manual.

Service	Coverage Limitations
Ambulatory Surgical Services	
Audiology Services	Not covered for members age 21 and older. Available under EPSDT as part of a written service plan.
Childbirth Education Services	
Dental Services	Preventive, diagnostic and treatment services provided to members under age 21. Emergency Services only for members age 21 and older.
Durable Medical Equipment	
Early and Periodic Screening, Diagnostic, and Treatment Services	
Emergency Transportation Services	
Emergency Care, Urgent Care and Post Stabilization Services	Emergency Care and Urgent Care are subject to Prudent Lay Person Standards for coverage. Post Stabilization Services are those related to an emergency medical condition and that are required to maintain, improve or resolve the member's condition. Prior authorization is not required for these services.
Family Planning Services and Supplies	
Federally Qualified Health Center Services	Ambulatory services such as dental services are subject to any limitations applicable to the specific ambulatory service.

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Home Health Services	Not covered: social services, chore services, meals on wheels, audiology services.
Hospice Services	Available to members certified as being terminally ill and having a medical prognosis of life expectancy of six months or less.
Inpatient Hospital Services	
Laboratory and Radiological Services	Not covered: portable X-ray services; services provided in facilities not meeting the definition of an independent laboratory or X-ray facility; services or procedures referred to another testing facility; services furnished by a State or public laboratory; services or procedures performed by a facility not certified to perform them.
Mental Health Services	Community Mental Health Rehabilitation services are only available as part of a written service plan.
Nurse Midwife Services	
Nurse Practitioner Services	
Nursing Facility Services	Not covered: Long-term nursing facility stays (over 30 days)
Obstetrical Services	
Occupational Therapy Services	Not covered for members age 21 and older. Available under EPSDT as part of a written service plan.
Optometric Services	Not covered for members age 21 and older: routine refractive services and optical devices.
Orthotic and Prosthetic Services	Not covered for members age 21 and older: orthopedic shoes and supportive

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	devices for the feet which are not an integral part of a leg brace; hearing aids and accessories.
Oral Surgery	
Outpatient Hospital Services	
Pharmacy Services	Not covered: certain outpatient drugs pursuant to Section 1927(d) of the Social Security Act. Additionally, certain over the counter (OTC) drugs must be included, pursuant to the Georgia State Policies and Procedures Manual.
Physical Therapy Services	Not covered for members age 21 and older. Available under EPSDT as part of a written service plan.
Physician Services	
Podiatric Services	Not covered: services for flatfoot; subluxation; routine foot care, supportive devices; vitamin B-12 injections.
Pregnancy-Related Services	
Private Duty Nursing Services	Not covered
Rural Health Clinic Services	
Speech Therapy Services	Not covered for members age 21 and older; available under EPSDT as part of a written service plan.
Substance Abuse Treatment Services (Inpatient)	Substance abuse treatment, inpatient and rehabilitative, are covered as part of a written service plan.
Swing Bed Services	
Targeted Case Management	Covered for pregnant women under age 21 and other pregnant women at risk for adverse outcomes; infants and toddlers with established risk for developmental delay.

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Transplants	Not covered for members age 21 and older: heart, lung, and heart/lung transplants.
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