

## ATTACHMENT II - SUMMARY OF COVERED MEDALLION II and MEDICAID/FAMIS PLUS SERVICES

This attachment is not intended to be a comprehensive list of benefits. All benefit limits should be verified through the appropriate DMAS Provider Manual.

Mental Health Services Are Listed At the End of this Summary Table				
Service	State Plan Reference or Other Relevant Reference	Medicaid/FAMIS Plus Covered (see notes section)	Medallion II Covered	Notes
Abortions, induced	12 VAC 30-50-100 and 12 VAC 30-50-40	No except in those cases where there would be substantial danger to health or life of mother	No	<b>The Contractor is not required to cover services for abortion.</b> Requests for abortions where the life of the mother is endangered shall be forwarded to the Department for review to ensure compliance with Federal Medicaid rules. The Department will be responsible for payment of abortion services meeting Federal Medicaid requirements under the fee-for-service program.
Case Management Services for Recipients of Auxiliary Grants	12 VAC 30-50-470	Yes	No	<b>The Contractor is not required to cover this service.</b> This service will continue to be covered through the DMAS fee-for-service system.
Case Management Services for the Elderly	12 VAC 30-50-460	Yes	No	<b>The Contractor is not required to cover this service.</b> This service will continue to be covered through the DMAS fee-for-service system.
Chiropractic Services	12 VAC 30-50-140	No	No	This service is not a Medicaid/FAMIS Plus covered service. <b>The Contractor is not required to cover this service.</b>
Christian Science Nurses and Christian Science Sanatoria	12 VAC 30-50-300	No	No	This service is not a Medicaid/FAMIS Plus covered service. <b>The Contractor is not required to cover this service.</b>
Clinic Services	12 VAC 30-50-180	Yes	Yes	The Contractor is required to cover all clinic services which are defined as preventative, diagnostic, therapeutic, rehabilitative, or palliative services, including renal dialysis clinic visits.
Colorectal Cancer Screening	12 VAC 30-50-220	Yes	Yes	The Contractor shall cover colorectal cancer screening in accordance with the most recently published recommendations established by the American Cancer Society, for the ages, family histories and frequencies referenced in such recommendations.
Court Ordered Services	Code of Virginia Section 37.1-67.4	Yes	Yes	The Contractor is required to cover all medically necessary court ordered Medallion II services.
Dental Services	12 VAC 30-50-190	No except for certain circumstances.	No except for certain circumstances.	The Contractor is required to cover CPT codes billed by an MD as a result of an accident.  The Contractor is required to cover CPT and other “non-CDT” procedure codes billed for medically necessary procedures of the mouth for adults and children.  The Contractor is required to cover medically necessary anesthesia and hospitalization services for certain individuals when determined such services are required to provide dental care.

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Service	State Plan Reference or Other Relevant Reference	Medicaid/FAMIS Plus Covered (see notes section)	Medallion II Covered	Notes
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	12 VAC 30-50-130	Yes	Yes	The Contractor is required to cover EPSDT screenings <b>(including lead screenings)</b> and diagnostic services as well as any and all services identified as necessary to correct or ameliorate any identified defects or chronic conditions. (Some services may require prior authorization) The Contractor shall screen and assess all children. The Contractor is required to cover immunizations. The Contractor is required to educate providers regarding reimbursement of immunizations and to work with the Department to achieve its goal related to increased immunization rates.
Early Intervention	Virginia Code § 2.2-5300 12VAC30-130-10 and 12VAC30-50-200	Yes	Yes	The Contractor shall cover all medically necessary, <b>Medicaid/FAMIS Plus covered services for children from birth to age three, who are determined eligible for Part C services of the Individuals with Disabilities Act by the Department of Behavioral Health and Developmental Services or applicable Early Intervention Interagency Council. The Contractor shall cover medically necessary services, including rehabilitative/developmental therapies within EPSDT guidelines, including the provision for coverage in the child's natural environment. The Contractor or its designated subcontractor may require prior authorization of therapies and services.</b>
Emergency Services	12 VAC 30-50-110 12 VAC 30-50- 12 VAC 30-50-300 12 VAC 30-120-395	Yes	Yes	The Contractor is required to cover all emergency services without prior authorization. The Contractor is also required to cover the services needed to ascertain whether an emergency exists.  The Contractor may not restrict an enrollee's choice of provider for emergency services.
Post Stabilization Care following Emergency Services	42 C.F.R. 422.100(b)(1)(iv)	Yes	Yes	The Contractor must cover post-stabilization services subsequent to an emergency that a treating physician views as medically necessary AFTER an emergency medical condition has been stabilized.
Experimental and Investigational Procedures	12 VAC 30-50-140	No	No	This service is not a Medicaid/FAMIS Plus covered service.

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Family Planning Services	12 VAC 30-50-130	Yes	Yes	<p>The Contractor is required to cover all family planning services and supplies for individuals of child-bearing age which delay or prevent pregnancy, including drugs, supplies and devices.</p> <p>The Contractor may not restrict an enrollee's choice of provider or method for family planning services or supplies, and the Contractor is required to cover all family planning services and supplies provided to its enrollees by network providers and by out-of-network providers.</p>
HIV Testing and Treatment Counseling	Code of Virginia Section 54.1-2403.01	Yes	Yes	The Contractor is required to comply with the State requirements governing HIV testing and treatment counseling for pregnant women.
Home Health Services	12 VAC 30-50-160	Yes	Yes	<p>The Contractor is required to cover home health services, including nursing services, rehabilitation therapies, and home health aide services. At least 32 home health aide visits shall be allowed. Skilled home health visits are limited based upon medical necessity. The MCO must continue to manage the following service related conditions, where medically necessary and regardless of whether the need is long-term or short-term. This includes those instances where the member cannot perform the services; where there is no responsible party willing and able to perform the services, and where and the service cannot be performed in the PCP office/outpatient clinic, etc. The MCO may cover these services under home health or may choose to manage the related conditions using another safe and effective treatment option. The MCO shall not refer for skilled nursing under the home and community based waivers for these conditions.</p> <ul style="list-style-type: none"> <li>· B-12 shots</li> <li>· Insulin injections</li> <li>· Central line and porta cath flushes</li> <li>· Blood draws, for example where the recipient is medically unstable or is morbidly obese and requires transportation via lab/MD office by ambulance</li> <li>· Changing of indwelling catheter</li> </ul>
Hospice Services	12 VAC 30-50-270	Yes	No	<b>The Contractor is not required to cover this service.</b> This service will continue to be covered through the DMAS fee-for-service system.

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Immunizations	12 VAC 30-50-130	Yes	Yes	<p>The Contractor is required to cover immunizations.</p> <p>The Contractor is required to educate providers regarding reimbursement of immunizations and to work with the Department to achieve its goal related to increased immunization rates.</p>
Inpatient Hospital Services	12 VAC 30-50-100 12 VAC 30-50-105 12 VAC 30-80-115 12 VAC 30-50-220 Chapter 709 of the 1998 Virginia Acts of Assembly § 32.1-325(A)	Yes	Yes	<p>The Contractor is required to cover inpatient stays in general acute care and rehabilitation hospitals for all enrollees.</p> <p>The Contractor is required to comply with maternity length of stay requirements.</p> <p>Contractor is required to comply with radical or modified radical mastectomy, total or partial mastectomy length of stay requirements.</p> <p>The Contractor is required to cover an early discharge follow-up visit if the mother and newborn, or the newborn alone, are discharged earlier than 48 hours after the day of delivery.</p>
Laboratory and X-ray Services	12 VAC 30-50-120	Yes	Yes	The Contractor is required to cover all laboratory and x-ray services directed and performed within the scope of the license of the practitioner.
Lead Investigations	12 VAC 30-50-227	Yes	No	<b>The Contractor is not required to cover this service.</b> This service will continue to be covered through the DMAS fee-for-service system.
Mammograms	12 VAC 30-50-220	Yes	Yes	Contractor is required to cover low-dose screening mammograms for determining presence of occult breast cancer
Medical Supplies and Equipment	12 VAC 30-50-160	Yes	Yes	<p>The Contractor is required to cover all medical supplies and equipment at least to the extent they are covered by DMAS. The Contractor is required to cover related supplies for children and nutritional supplements for adults over 21.</p> <p>The Contractor is responsible for payment of any specially manufactured DME equipment that was prior authorized by the Contractor.</p>
Mental Health Services (See last page of this table)				
Nurse-Midwife Services	12 VAC 30-50-260	Yes	Yes	The Contractor is required to cover nurse-midwife services as allowed under State licensure requirements and Federal law.

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Organ Transplantation (Reference Table of Coverage shown in Article II.G.20.)	12 VAC 30-50-540 through 12 VAC 30-50-580, and 12 VAC 30-10-280 12 VAC 30-50-100G 12 VAC 30-50-105K	Yes	Yes	For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys, corneas, hearts, lungs, and livers (from living or cadaver donors) shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma, breast cancer, leukemia, or myeloma when medically necessary. Transplant services for any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Standards for coverage of organ transplant services are in 12VAC30-50-540 through 12VAC30-50-580.
Outpatient Hospital Services	12 VAC 30-50-110 -	Yes	Yes	The Contractor is required to cover preventive, diagnostic, therapeutic, rehabilitative or palliative outpatient services rendered by hospitals, rural health clinics, or federally qualified health centers. The Contractor is required to cover limited oral surgery as defined under Medicare.
Pap Smears	12 VAC 30-50-220	Yes	Yes	Contractor is required to cover annual pap smears
Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services	12 VAC 30-50-200  12 VAC 30-50-225	Yes	Yes	The Contractor is required to cover physical therapy, occupational therapy, and speech pathology and Audiology services that are provided as an inpatient or outpatient hospital service or home health service. The Contractor's benefits shall include coverage for acute and non-acute conditions and shall be limited based upon medical necessity.
Physician Services	12 VAC 30-50-140	Yes	Yes	The Contractor is required to cover all symptomatic visits to physicians or physician extenders and routine physicals for children up to age twenty-one under EPSDT.
Podiatry	12 VAC 30-50-150	Yes	Yes	The Contractor is required to cover podiatry services including diagnostic, medical or surgical treatment of disease, injury, or defects of the human foot.
Pregnancy-Related Services	12 VAC 30-50- 12 VAC 30-50- 12 VAC 30-50-510 12 VAC 30-50-410	Yes	Yes	The Contractor is required to cover case management services for high risk pregnant women and children (up to age two).  The Contractor is required to provide to qualified enrollees expanded prenatal care services, including patient education; nutritional assessment, counseling and follow-up; homemaker services; and blood glucose meters.  The Contractor is required to cover pregnancy-related and post-partum services for sixty (60) days after pregnancy ends.

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Prescription Drugs	12 VAC 30-50-210 -	Yes	Yes	The Contractor is required to cover prescription drugs, including those prescribed by a provider during a physician visit or other visit covered by a third party payer including Mental Health visits.
Private Duty Nursing	<a href="http://websrvr.dmas.virginia.gov/manuals/General/EPSDT_Nursing.pdf">http://websrvr.dmas.virginia.gov/manuals/General/EPSDT_Nursing.pdf</a> ; 42CFR441.50 and 1905(a) of Social Security Act	Not covered for Adults. Coverage is available for children under age 21 under EPSDT.	Not covered for Adults. Coverage is available for children under age 21 under EPSDT.	The Contractor is required to cover medically necessary private duty nursing services for children under age 21 consistent with the Department's criteria described in the EPSDT Nursing Supplement, available on the DMAS website at: <a href="http://websrvr.dmas.virginia.gov/manuals/General/EPSDT_Nursing.pdf">http://websrvr.dmas.virginia.gov/manuals/General/EPSDT_Nursing.pdf</a>
Prostate Specific Antigen (PSA) and digital rectal exams	12 VAC 30-50-220	Yes	Yes	The Contractor is required to cover screening Prostate Specific Antigen (PSA) and the related digital rectal exams (DRG) for the screening of male enrollees for prostate cancer.
Prosthetics/Orthotics	12 VAC 30-50-210 12 VAC 30-60-120	Yes	Yes	The Contractor is required to cover prosthetics (arms and legs and their supportive attachments, breasts, eye prostheses) to the extent that they are covered under Medicaid. The Contractor is required to cover medically necessary orthotics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program as described in 12VAC30-60-120.
Prostheses, Breast	12 VAC 30-50-210	Yes	Yes	The Contractor is required to cover breast prostheses following medically necessary removal of a breast for any medical reason.
Reconstructive Breast Surgery	12 VAC 30-50-140	Yes	Yes	Contractor is required to cover reconstructive breast surgery
Regular Assisted Living Services Provided to Residents of Assisted Living Facilities	12 VAC 30-120-450 12 VAC 30-120 12 VAC 30-120-470 12 VAC 30-120-480	No (auxiliary grant administered by DSS.)	No	<b>The Contractor is not required to cover this service.</b> When appropriate, the Department will reimburse the Assisted Living Facility as a carve-out payment. Reference the DMAS Assisted Living Facility Provider Manual for details.
School-health Services	12 VAC 30-50-229.1	Yes	No	The Contractor is not required to cover school health services. School health services that meet the Department's criteria will continue to be covered as a carve-out service through the Medicaid/FAMIS Plus fee-for-service system. School-health services are defined under the DMAS school-health services regulations and Medicaid school provider manual.. The Contractor is responsible for covering EPSDT screenings for the general Medicaid/FAMIS Plus student population. Reference Article I. Definitions section for more details. The contractor shall not deny medically necessary outpatient or home setting therapies based on the fact that the child is also receiving therapies in a school

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Skilled Nursing Facility Care	12 VAC 30-50-130 -	Yes	No	<b>The Contractor is not required to cover skilled nursing facility care.</b> This service will be covered through the DMAS fee-for-service system. Institutionalized individuals will become excluded from Medallion II upon entry into the DMAS nursing facility authorization database. The Contractor may provide step down nursing care as an enhanced benefit to Medicaid enrollees.
Temporary Detention Orders (TDOs) & Emergency Custody Orders (ECOs)	42 CFR 441.150 and Code of Virginia 16.1-335 et seq.	Yes	Yes	The Contractor is required to provide, honor, and be responsible for all requests for payment of services rendered as a result of a TDO for Mental Health Services. The Contractor shall provide, honor and be responsible for payment of medically necessary screenings and assessments for persons who are under an emergency custody order.
Transportation	12 VAC 30-50-530 12 VAC 30-50-300	Yes	Yes	The Contractor is required to provide transportation to all Medicaid/FAMIS Plus covered services, including those Medicaid/FAMIS Plus services covered by a third party payer, and transportation to carved out services such as abortions and to services provided by subcontractors such as dental. The Contractor shall not be responsible for transportation for managed care recipients who subsequently become recipients in the federal waiver programs, as otherwise defined elsewhere in this chapter, for home and community-based Medicaid coverage (AIDS, IFDDS, MR, EDCD, Day Support, or Alzheimers, or as may be amended from time to time). These individuals shall receive acute and primary medical services via the MCO and shall receive waiver services and related transportation to waiver services via the fee-for-service program.
Vision Services	12 VAC 30-50-210	Yes	Yes	The Contractor is required to cover vision services including diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists and opticians. The Contractor is also required to cover eyeglasses under age 21. The Contractor's benefit limit for routine refractions shall not be less than once every twenty-four (24) months.

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Waiver Services (Home and Community Based)		Yes	No	The Contractor is not required to cover home and community based waiver services or transportation to related waiver services, however, individuals enrolled with a MCO that subsequently meet one or more of the criteria listed in Article II, D.1 during MCO enrollment shall be disenrolled as appropriate by DMAS, with the exception of those who subsequently become recipients in the federal waiver programs, as otherwise defined elsewhere in this chapter, for home and community-based Medicaid coverage (AIDS, IFDDS, MR, EDCD, Day Support, or Alzheimers, or as may be amended from time to time). These individuals shall receive acute and primary medical services via the MCO and shall receive waiver services and related transportation to waiver services via the fee-for-service program.

MENTAL HEALTH SERVICES				
Service	State Plan Reference or Other Relevant Reference	Medicaid/FAMIS Plus Covered (see notes section)	Medallion II Covered	Notes
<b>Inpatient Mental Health Services</b>				
Inpatient Mental Health Services Rendered in a Freestanding Psychiatric Hospital	12 VAC 30-50-230 12 VAC 30-50-250	Yes	Yes	The Contractor is required to cover medically necessary inpatient psychiatric hospital stays for covered individuals over age sixty-four (64) or under age twenty-one (21). The Contractor may authorize admission to a freestanding psychiatric hospital as an enhanced service to Medicaid enrollees.
Inpatient Mental Health Services Rendered in a Psychiatric Unit of a General Acute Care Hospital	12 VAC 30-50-100	Yes	Yes	Medically necessary inpatient psychiatric care rendered in a psychiatric unit of a general acute care hospital shall be covered for all enrollees, regardless of age, within the limits of coverage prescribed in 12 VAC 30-50-105.
Inpatient Mental Health Services Rendered in a State Psychiatric Hospital	12 VAC 30-50-230 12 VAC 30-50-250	Yes	No	<b>The Contractor is not required to cover this service.</b> This service will be covered through the DMAS fee-for-service system. Notify DMAS of all enrollee admissions to state mental hospitals.
Temporary Detention Orders (TDOs)	42 CFR 441.150 and Code of Virginia 16.1-335 et seq.	Yes	Yes	The Contractor is required to provide, honor, and be responsible for all requests for payment of services rendered as a result of a TDO for Mental Health Services.
<b>TREATMENT FOSTER CARE AND RESIDENTIAL TREATMENT SERVICES FOR CHILDREN</b>				
Treatment Foster Care (TFC) for children under age 21 years.	12VAC30-60-170 12VAC30-50-480 12VAC30-130-900 to 950	Yes	No	<b>**DMAS authorization into a TFC program will result in disenrollment of the recipient from Medallion II. The TFC provider must contact prior-authorization agent for authorization.</b>
Residential Treatment Facility Services (RTF) for children under age 21 years	12VAC30-130-850 to 890	Yes	No	<b>**DMAS authorization into a RTF program will result in disenrollment of the recipient from Medallion II. The RTF provider must contact prior-authorization agent for authorization.</b>

**OUTPATIENT MENTAL HEALTH SERVICES**

The Contractor is responsible to cover outpatient mental health services. The benefit maximum for adults **in the first year of treatment** shall not be less than 52 visits, and 26 visits per year following the first year of treatment. For children under age 21 the benefit maximum is based upon medical necessity.

Psychiatric Diagnostic Exam	12VAC30-50-180 12VAC30-50-140	Yes	Yes	See the highlighted section above.
Individual Medical Psychotherapy	12VAC30-50-140, 12VAC30-50-150 and 12VAC30-50-180	Yes	Yes	See the highlighted section above.
Group Medical Psychotherapy	12VAC30-50-140, 12VAC30-50-150 and 12VAC30-50-180	Yes	Yes	See the highlighted section above.
Family Medical Psychotherapy	12VAC30-50-140, 12VAC30-50-150 and 12VAC30-50-180	Yes	Yes	See the highlighted section above.
Electroconvulsive Therapy	12VAC30-50-140, 12VAC30-50-150 and 12VAC30-50-180	Yes	Yes	See the highlighted section above.
Psychological/ Neuropsychological Testing	12VAC30-50-140, 12VAC30-50-150 and 12VAC30-50-180	Yes	Yes	See the highlighted section above.
Pharmacological Management	12VAC30-50-140, 12VAC30-50-150 and 12VAC30-50-180	Yes	Yes	See the highlighted section above.

**COMMUNITY MENTAL HEALTH REHABILITATIVE SERVICES – STATE PLAN OPTION MENTAL HEALTH REHABILITATION SERVICES**

Community Mental Health Services	12VAC30-50-130 12VAC30-50-226 12VAC30-50-420 through 12VAC30-50-430	Yes	No	The MCO must provide information and referrals as appropriate to assist recipients in accessing these services. The MCO is required to cover transportation to and from SPO services and prescription drugs prescribed by the outpatient mental health provider.
Community Mental Retardation Services	12VAC30-50-440	Yes	No	The MCO must provide information and referrals as appropriate to assist recipients in accessing these services. The MCO is required to cover transportation to and from SPO services and prescription drugs prescribed by the outpatient mental health provider.

<b>SUBSTANCE ABUSE TREATMENT SERVICES</b>				
Out-patient substance abuse treatment		Yes	Yes	The Contractor is required to cover substance assessment and evaluation and outpatient services for substance abuse treatment for Medicaid/FAMIS Plus enrollees. The Department shall cover emergency services (crisis), intensive outpatient, day treatment and SA case management. Transportation and pharmacy services necessary for the treatment of substance abuse services including carved out services are the responsibility of the Contractor.
Residential Treatment for Pregnant Women	12VAC30-50-510	Yes	No	The MCO must provide information and referral as appropriate to assist recipients in accessing this services. The MCO is required to cover transportation to and from Community MH SPO services and prescription drugs prescribed by the mental health provider.
Day Treatment for Pregnant Women	12VAC30-50-510	Yes	No	See comment directly above.