

COVERED SERVICES – MEDICAL – Revised 12/13/10

The table below outlines the covered services for FCA members.

PLEASE NOTE: PROVIDER SHALL NOT BILL OR SEEK PAYMENT FROM MEMBERS FOR MISSED APPOINTMENTS

SERVICES INCLUDE:

Type of Healthcare Service	FCA Will Pay (All Services No Co-pay)
Child Checkup Health and development history Unclothed physical assessments or examinations Nutritional assessments Routine immunization updates Laboratory tests (including lead screening) Vision screenings Hearing screenings Dental screenings Health education and development assessments	Unclothed physical assessment 10 visits during the first two years, then one visit per year from 2 to 20 years of age. No co-pay/ No Pre-authorization
Children’s Dental Basic dental services for persons under 21 years of age	All routine, surgical, fillings, extractions, orthodontic, dentures and repairs under 21 years of age. Oral Maxillofacial Surgery Pre-authorization Required No co-pay/ No referral required
Adult Dental Basic dental services for adults age 21 years and older	Basic dental services for adults age 21 years and older. Adult services include medically necessary emergency dental procedures to alleviate pain or infection. Emergency dental care shall be limited to emergency oral examinations, necessary radiographs, extractions, incisions and drainage of abscesses. Adult dental services also shall include dentures, partial dentures (one upper and lower per lifetime) and related services. Oral Maxillofacial Surgery Pre-authorization Required No co-pay/No referral required – No Pre-Authorization required
Circumcisions	Expanded Benefit – Covered Service at Shands Jacksonville <u>Only</u> during initial hospital stay or within the first 10 days of life. No co-pay/ No Pre-authorization
Physician/Professional Services Physician visits Preventive care visits Diagnosis Treatment and/or surgery	No co-pay/ No referral required – No Pre-Authorization required Pre-Authorization Required - Plastic Surgery, Obstetrics (OB) and Oral Maxillofacial Surgery
Independent Lab and X-ray Services	Requires PCP referral No co-pay/ No Pre-Authorization required
Adult Health Screening	One visit per year No co-pay/ No Pre-Authorization required
Inpatient Hospital Services Full member care	Covers a maximum of 45 Inpatient days for the period from July 1 through June 30. Unlimited for children under 21 years of age. No co-pay/ No referral required – Pre-Authorization required

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<p>Outpatient Hospital Services Emergency Department visits Lab tests and X-rays Medical supplies (including casts and splints) Oxygen and blood transfusion Outpatient surgical procedures Physical therapy</p>	<p>Covered Services - \$1500/year (July 1 – June 30) for patients age 21 and over. No reimbursement limit for children 20 years and younger.</p> <p>Emergency Services will be reimbursed for outpatient hospital services for the duration of the emergency.</p> <p>No co-pay/Referral required–No Pre-Authorization required Pre-Authorization Required - Blood Transfusion, Medical Supplies</p>
<p>Emergency Services Includes post-stabilization services Includes Emergency Transportation (ambulance)</p>	<p>Provides emergency transportation (ambulance) to the hospital</p> <p>Post-stabilization services are covered without prior authorization (Services that are medically necessary after an emergency medical condition has been stabilized)</p> <p>No co-pay/No Pre-Authorization required</p>
<p>Transportation (To and From Medical Care) For appointment and non-emergency care</p>	<p>Bus Passes Available No co-pay/ No Pre-Authorization required</p>
<p>Prescribed Drug Services Prescription drugs and pharmacy</p>	<p>Unlimited generic prescriptions Limited to 4 brand name prescriptions per month for recipients 21 years of age and older. No limit on number of prescriptions for recipients under 21 years of age. Must have prescriptions filled at a Medicaid pharmacy No co-pay/ No Pre-Authorization required</p>
<p>Diabetes Supplies and Education Medically appropriate and necessary equipment, supplies and services used to treat diabetes, including outpatient self-management training and educational services</p>	<p>No co-pay/No Referral required–Pre-Authorization required</p>
<p>Supply Visit and Supplies (Home Care)</p>	<p>No co-pay/No Referral required–Pre-Authorization required</p>
<p>Dialysis Facility Services (Free-standing) Includes labs, dialysis, supplies and ancillary</p>	<p>No co-pay/Referral required–No Pre-Authorization required</p>
<p>Durable Medical Equipment (DME) and Prosthetics Durable medical equipment used in the home</p>	<p>No co-pay/Referral required–Pre-Authorization required</p>
<p>Home Healthcare Services Does not include homemaker services, Meals on Wheels, companion, sitter or social services</p>	<p>Services provided by registered nurse or licensed practical nurse, private-duty nursing, personal care services, medical supplies, appliances and DME. Limited four visits by nurses and/or aides per day and 60 visits by nurses and/or aides per lifetime (special auth for additional).</p> <p>Authorization required for services</p> <p>No co-pay/No Referral required–Pre-Authorization required</p>
<p>Prosthetic Devices Heart pacemakers, artificial limbs and eyes</p>	<p>Some customized orthotics and prosthetics can be authorized for members in nursing facilities and for persons 21 years of age and younger. Some services may be authorized for adults. No co-pay/No Referral required–Pre-Authorization required</p>
<p>Dressings (Splints, Casts and Braces)</p>	<p>No co-pay/No Referral required–Pre-Authorization required</p>

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Behavioral Health Services	Counseling and referral services by a participating hospital then a Community Mental Health Center. No PCP referral required No co-pay/ No Referral required–Pre-Authorization required
Therapy Services - Physical, Respiratory, Occupational and Speech	Evaluations and visits up to a maximum of 14 units per week. Respiratory, Occupational and physical therapy covered only for Members 20 years of age and younger. Speech therapy: no age limit for augmentative and assistive communication systems No co-pay/Referral required–Pre-Authorization required
Hearing Services (Adult and Child) Diagnostic testing, hearing aids, hearing aid evaluations, hearing aid fitting and dispensing, hearing aid repairs and accessories (within limits). Cochlear implant services require prior authorization Newborn hearing screening prior to discharge from hospital	One hearing aid per ear every three years, if medically necessary Three hearing aid repairs per year outside of warranty starting after one year from date the hearing aid is received. No co-pay/No Referral required–Pre-Authorization required
Vision Care/Eyeglasses (Adult and Child)	Eyeglasses, eyeglass repairs and adjustments are covered. No referral needed. Limited to new or replacement of medically necessary eyeglasses. Also limited to two pairs of eyeglasses per 365 days. No co-pay/No Referral required–Pre-Authorization required
Optometry and Ophthalmology Medical Eye Care	No co-pay/Referral required–No Pre-Authorization required
Podiatry Services	No referral or authorization needed 24 visits per year. Visit 25 will be denied for benefits exhausted. Limited to one visit per day, not to exceed two per month (except for emergencies). One long-term care or custodial facility service per month, per Provider or group, with a referral. One new patient evaluation and management every three years. Elective surgery requires authorization. (Except for persons under 21 years of age who have child checkup screenings within 12 months of the date of surgery.) No co-pay/Referral required–No Pre-Authorization required
Chiropractic Services	No referral or authorization needed for first 24 visits per year. Visit 25 will be denied for benefits exhausted. Includes a new patient visit, manipulation of the spine and spinal X-rays. Limited to one visit per day and total 24 during a calendar year. Medicaid does not reimburse massage or heat treatments. No co-pay/Referral required–No Pre-Authorization required
Transplant Services	Organ Transplant Services Covers pre and post transplant services for transplants. Post transplants up to 1 year. No co-pay/No Referral required–Pre-Authorization required
Family Planning Services	No referral needed. This service can be obtained by any FCA provider and does not require prior authorization. No co-pay/No Referral required–No Pre-Authorization required

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Interpreter Services Includes vision or hearing impaired.	Services are free of charge for all foreign languages. No co-pay/ No Referral required–No Pre-Authorization required
Other Services and Enhancements	Smoking cessation/Stop smoking Children’s programs Pregnancy prevention Prenatal and postpartum pregnancy programs Substance abuse screening and programs Some Enhancements require co-pay/Referral required - No Pre-Authorization required
Exclusions (Not Covered by FCA)	Long-term care (Nursing Home) Hospice Not Covered by FCA

Maternity Services

Maternity services include the following;

- Nursing assessment and counseling
- Florida's Healthy Start Prenatal Risk Screening
- Nutritional assessments
- Delivery and follow-up care
- Florida's Healthy Start Infant (Postnatal) Screening and follow-up care

As soon as the member is determined to be pregnant and immediately after the baby is born, the member should report the birth to DCF at 1-866-762-2237 and FCA Member Services at 1-866-270-2422.

The Women, Infant and Children (WIC) Program includes referrals for all pregnant, breast-feeding and post-partum women, infants and children up to 5 years of age.