

## COVERED SERVICES – MEDICAL – Revised 06/01/10

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)
<b>Child Checkup</b> 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
<b>Children’s Dental</b> Basic dental services for persons under 21 years of age	All routine, surgical, fillings, extractions, orthodontic, dentures and repairs under 21 years of age. No co-pay
<b>Adult Dental</b> 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. No co-pay
<b>Circumcisions</b>	Expanded Benefit – Covered Service at Shands Jacksonville <b><u>Only</u></b> during initial hospital stay or within the first 10 days of life. No co-pay
<b>Physician/Professional Services</b> Physician visits Preventive care visits Diagnosis Treatment and/or surgery	No co-pay
<b>Independent Lab and X-ray Services</b>	Requires PCP referral  No co-pay
<b>Adult Health Screening</b>	One visit per year  No co-pay
<b>Inpatient Hospital Services</b> 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

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<p><b>Outpatient Hospital Services</b>                      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.</p>
<p><b>Emergency Services</b>                      Includes post-stabilization services</p>	<p>Provides emergency transportation (ambulance) to the hospital                      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</p>
<p><b>Transportation (To and From Medical Care)</b>                      For appointment and non-emergency care</p>	<p>Bus passes Available                      No co-pay</p>
<p><b>Prescribed Drug Services</b>                      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</p>
<p><b>Diabetes Supplies and Education</b>                      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</p>
<p><b>Supply Visit and Supplies (Home Care)</b></p>	<p>No co-pay</p>
<p><b>Dialysis Facility Services (Free-standing)</b>                      Includes labs, dialysis, supplies and ancillary</p>	<p>No co-pay</p>
<p><b>Durable Medical Equipment (DME) and Prosthetics</b>                      Durable medical equipment used in the home</p>	<p>No co-pay</p>
<p><b>Home Healthcare Services</b>                      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</p>
<p><b>Prosthetic Devices</b>                      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.</p> <p>No co-pay</p>
<p><b>Dressings (Splints, Casts and Braces)</b></p>	<p>No co-pay</p>
<p><b>Behavioral Health Services</b></p>	<p>Counseling and referral services by a participating hospital then a Community Mental Health Center. No PCP referral required</p> <p>No Co-pay</p>

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<p><b>Therapy Services - Physical, Respiratory, Occupational and Speech</b></p>	<p>Evaluations and visits up to a maximum of 14 units per week.</p> <p>Respiratory, Occupational and physical therapy covered only for Members 20 years of age and younger.</p> <p>Speech therapy: no age limit for augmentative and assistive communication systems</p> <p>No co-pay</p>
<p><b>Hearing Services (Adult and Child)</b> 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</p>	<p>One hearing aid per ear every three years, if medically necessary</p> <p>Three hearing aid repairs per year outside of warranty starting after one year from date the hearing aid is received.</p> <p>No co-pay</p>
<p><b>Vision Care/Eyeglasses (Adult and Child)</b></p>	<p>Eyeglasses, eyeglass repairs and adjustments are covered. No referral needed.</p> <p>Limited to new or replacement of medically necessary eyeglasses. Also limited to two pairs of eyeglasses per 365 days.</p> <p>No co-pay</p>
<p><b>Optometry and Medical Eye Care</b></p>	<p>No co-pay</p>
<p><b>Podiatry Services</b></p>	<p>No referral or authorization needed 24 visits per year. Visit 25 will be denied for benefits exhausted.</p> <p>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.</p> <p>One new patient evaluation and management every three years.</p> <p>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.)</p> <p>No co-pay</p>
<p><b>Chiropractic Services</b></p>	<p>No referral or authorization needed for first 24 visits per year. Visit 25 will be denied for benefits exhausted.</p> <p>Includes a new patient visit, manipulation of the spine and spinal X-rays.</p> <p>Limited to one visit per day and total 24 during a calendar year. Medicaid does not reimburse massage or heat treatments.</p> <p>No co-pay</p>
<p><b>Transplant Services</b></p>	<p>Organ Transplant Services</p> <p>Covers pre and post transplant services for transplants. Post transplants up to 1 year.</p> <p>No co-pay</p>
<p><b>Family Planning Services</b></p>	<p>No referral needed. This service can be obtained by any FCA provider and does not require prior authorization.</p> <p>No co-pay</p>
<p><b>Interpreter Services</b> Includes vision or hearing impaired.</p>	<p>Services are free of charge for all foreign languages.</p> <p>No co-pay</p>

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<b>Other Services and Enhancements</b>	Smoking cessation/Stop smoking Children’s programs Pregnancy prevention Prenatal and postpartum pregnancy programs Substance abuse screening and programs <b>Some Enhancements require co-pay</b>
<b>Exclusions (Not Covered by FCA)</b>	Long-term care (Nursing Home)  Hospice

**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.