

## MCO COVERED SERVICES

Services for which LDH has established specific minimum coverage and reimbursement policies are noted below with an asterisk (\*) when included in this Manual. Outside of this Manual, certain services for which LDH has established minimum coverage and reimbursement policies are located in the **Medicaid Services Manual**, as notated below. Policies for in-lieu of services and value-added benefits are not included in this section.

### ❖ Physical Health Services

- Advanced Practice Registered Nurses\*
- After Hours Care on Evenings, Weekends, and Holidays\*
- Allergy Testing and Allergen Immunotherapy\*
- Ambulatory Surgical Services\*
  - Ambulatory Surgical Centers (Non-Hospital)\*
  - Outpatient Hospital Ambulatory Surgery\*
- Anesthesia\*
- Applied Behavior Analysis Therapy (age 0-20) (Refer to **Medicaid Services Manual**, Applied Behavior Analysis)
- Assistant Surgeon/Assistant at Surgery\*
- Audiology Services
- Bariatric Surgery\*
- Breast Surgery\*
- Cardiovascular Services\*
- Chiropractic Services\* (age 0-20)
- Cochlear Implant\* (age 0-20)
- Community Health Workers\*
- Concurrent Care – Inpatient\*
- Diabetes Self-Management Training\*
- Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies (Refer to **Medicaid Services Manual**, Durable Medical Equipment)
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services\* (age 0-20)
- Emergency Services\*
- End Stage Renal Disease Services (Refer to **Medicaid Services Manual**, End Stage Renal Disease)
- Eye Care and Vision Services\*
- Family Planning Services\*
- Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Services (Refer to **Medicaid Services Manual**, Federally Qualified Health Centers, Rural Health Clinics)
- Genetic Counseling and Testing\*
- Glasses, Contacts, and Eye-Wear (Refer to **Medicaid Services Manual**, Vision)
- Gynecology\*
- Home Health-Extended Services (age 0-20) (Refer to **Medicaid Services Manual**, Home Health)
- Home Health Services\*

- Hospice Services (Refer to **Medicaid Services Manual**, Hospice)
- Hospital Services\*
  - Inpatient Hospital Services\*
  - Outpatient Hospital Services\*
- Hyperbaric Oxygen Therapy\*
- Immunizations\*
- “Incident to” Services\*
- Intrathecal Baclofen Therapy\*
- Laboratory Services\*
- Limited Abortion Services\*
- Medical Transportation Services\*
- Newborn Care and Discharge\*
- Obstetrics\*
- Organ Transplants\*
- Pediatric Day Healthcare Services (age 0-20) (Refer to **Medicaid Services Manual**, Pediatric Day Health Care)
- Personal Care Services\* (age 0-20) (Refer to **Medicaid Services Manual**, Personal Care Services. Refer to this Manual for policies specific to EVV.)
- Pharmacy Services\*
- Physician Administered Medication\*
- Physician Assistants\*
- Physician/Professional Services\*
- Podiatry Services
- Portable X-Ray Services\*
- Preventive Services for Adults\* (age 21 and older)
- Radiology Services\*
- Routine Care Provided to Enrollees Participating in Clinical Trials\*
- Sinus Procedures\*
- Skin Substitutes for Chronic Diabetic Lower Extremity Ulcers\*
- Sterilization\*
- Telemedicine/Telehealth\*
- Therapy Services\*
- Tobacco Cessation Services
- Vagus Nerve Stimulators\*
- ❖ Behavioral Health Services
  - Basic Behavioral Health Services\*: Services provided through primary care, including, but not limited to, screening for mental health and substance use issues, prevention, early intervention, medication management, and treatment and referral to specialty services.
  - Specialized Behavioral Health Services (Refer to the Behavioral Health Services Provider Manual chapter of the **Medicaid Services Manual** and its appendices for all specialized behavioral health services.)
    - Licensed Practitioner Outpatient Therapy
      - Parent-Child Interaction Therapy (PCIT)
      - Child Parent Psychotherapy (CPP)

