

Service/Procedure	Covered	Not Covered	Prior Auth Required	Comments
Abortions	√		√	Elective abortion is excluded (not covered) unless it is to save the life of the mother; or, in the case of rape; or, in the case of incest. Not covered in any other situations. Must be prior authorized. Must have signed MDCH Abortion Acknowledgement & Consent Record. Must have signed MDCH Recipient Verification of Coverage.
Acupuncture		√		
Alcohol & Substance Abuse (Detox)		√		Inpatient hospitalization is covered if medically necessary if the individual is hospitalized for medical complications due to substance abuse. The existence of substance abuse as a secondary diagnosis does not render the admission payable by FFS, CSM is responsible for the claim. Payment for screening and stabilization in the ER are covered by CSM, whether the patient is admitted or not.
Alcohol & Substance Abuse (Rehabilitation)		√		
Allergy Care	√			
Ambulance, Ambulette, Air transportation	√			
Ambulatory Surgery Centers	√			
Anesthesia	√			
Assistant Surgeons	√			
Autopsy		√		
Biofeedback		√		
Cardiac Rehab	√			As of 04/01/2010, services are covered.
Chemotherapy	√			
Chiropractic	√			Limit 18 visits per year and one x-ray that is ordered by Chiropractor for the members under the age of 21. Members 21 years of age and older are limited to 5 visits per year. Requires prior auth for non-par.
Contact Lens	√ limited			Contact lenses are covered only if the Member has a vision problem that cannot adequately be corrected with eye glasses.
Cosmetic Surgery (Plastic Surgery)		√		Cosmetic surgery is not covered, except for reconstructive breast surgery or to correct a functional defect. Requires medical necessity determination and prior authorization.
County/City/Health Dept Immunization STD Clinic	√			
Dental		√		Routine dental services are not covered. If a dental service must be performed in the hospital, CSM covers the anesthesia & hospital charges (not dentist charges).
Diagnostic Testing	√		√ *	* May need prior auth. See CSM prior auth list
Dialysis, Renal	√			No prior authorization is required for par or nonpar providers
Diapers** Incontinent Supplies	√			
Durable Medical Equipment	√		√ *	* Many need prior auth. DME \$750 or more requires prior auth. See CSM DME/Medical Supplies no prior auth list
Electro-Convulsive Therapy				Refer to CompCare/Community Mental Health for coverage determination.
Emergency Room Services	√			
Enuresis Alarms	√		√	
EPSDT	√			
Family Planning Services	√			Self referral to qualified provider. All pregnancy prevention supplies covered without prior auth.
Hearing Aids and Hearing Evaluations	√		√	For Members under 21 years of age 1 hearing exam is covered per year if the hearing exam is being done to determine whether a hearing problem exists. The purchase of one single hearing aid unit per ear is covered. The hearing aid unit must be a conventional amplification device, positioned in the ear, behind the ear or on the body type and identified as basic to the Member's amplification requirements. CareSource members age 21 and older – 1 hearing exam per year but Hearing aids are not covered by Medicaid or CareSource; however, hearing exams, supplies for hearing aids and repairs associated with hearing aids are covered.

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Home Health Services	√		√	Speech therapy is not covered in the home care setting.
Home Maker		√		
Hospice	√		√	
Hospitalizations				
- Inpatient	√		√	
- Observation	√			Prior authorization required for non par providers.
Hyperbaric Oxygen Services	√			Prior authorization required for non par providers.
Immunizations	√			Immunizations for travel or employment purposes are not covered.
Infertility	√			Infertility diagnosis and testing are covered. Other fertility services are not covered.
Injections (J-codes through Pharmacy department)	√			
Investigational Drugs, Devices, Services		√		
Labs (Independent), Other Lab & X-Ray Providers	√			
Lamaze Classes	√			
Long Term Care Nursing Home		√		Services for custodial or basic care in a long term care facility are excluded (not covered).
Mammogram	√			
Mental Health	√			Coverage is limited to 20 outpatient mental health visits per year. Refer to CompCare/Community Mental Health for coverage determination.
MRI/Open MRI	√		√	
Nurse Midwife	√			
Nutritional Dietary Consults	√			Covered for diagnosis of Diabetes or when member is enrolled in CSM weight management program. May be covered with prior auth for other conditions. Services must be rendered in a nonfacility setting.
Nutritional Supplements	√		√	
Obstetrical services	√			Prior authorization is not required for par or nonpar services for OB/GYN services
Obesity Health Services	√		√	Diet pills, liquid diets & bariatric surgery require prior authorization. CSM has a Weight Management program members may enroll in to assist with weight loss & healthy lifestyle (contact is CM department).
Occupational Therapy	√		√ >18	Short term OT is covered; must be habilitative (lead to restoring function), not developmental. Benefit is 18 visits per year.
Orthotics/ Prosthetics	√		√ *	* Many require a prior auth. See CSM DME/Medical Supplies no prior auth list
Out of Area Urgent & Emergency Care	√			
Pain Management Services	√		√	
Pap Smears	√			
Partial Hospitalizations (Psychiatric)		√		
Paternity Testing		√		
Penile implants	√		√	
Pharmaceutical Services	√		√ *	* Some require prior auth.
Physical Therapy	√		√ >18	Short term PT is covered; must be habilitative (lead to restoring function), not developmental. Benefit is 18 visits per year.
Physician Assistants	√			Services/procedures provided by a physician assistant under the supervision and direction of his/her supervising physician(s) are covered if the services are listed as standard functions for a physician assistant approved by the state medical board.
Podiatry	√			Podiatry care for members 21 years of age or under are covered. Members 21 years or older are limited to 5 visits per year unless the diagnosis is for diabetes then there is no limit.
Prenatal Services	√			
Psychiatric Residential Treatment Centers				Refer to CompCare/Community Mental Health for coverage determination.
Psychological/ Psychiatry Services				Refer to CompCare/Community Mental Health for coverage determination.
Pulmonary Rehab	√			As of 04/01/2010, services are covered.
Rehab Services				
- Inpatient	√			
- Outpatient		√		
Second Opinions	√			
Sex Change Operations		√		

Michigan Medicaid Benefits

Service/Procedure	Covered	Not Covered	Prior Auth Required	Comments
Skilled Nursing Facility (SNF)	√		√	Covered for up to 45 days in a rolling 12-month period when prior authorized by CSM. Services must lead to rehabilitation & increased ability to function.
Sleep Study	√			
Speech and Hearing Therapies	√		√	
Sterilization	√		√	If member is over 21 years of age at the time the consent is signed and consent is signed at least 30 days and no more than 180 days prior to the procedure. Reversal of sterilization is not covered.
Transplants	√		√	All transplants are reviewed by the medical director. The Medical Case Manager should coordinate all services.
Transportation	√			Through LogistiCare for medically necessary transportation.
Ultrasound	√			
Vision	√			Vision Service Plan (VSP) provides the following benefit: Vision Service Plan (VSP) provides the following benefit: Routine eye exams, one pair of clear corrective lenses and eyeglass frames every two years. Replacement for eyeglasses that are lost, broken or stolen are covered twice per year for members under age 21 Members age 21 and older – 1 eye exam a year • Glasses and contact lenses are not covered by Medicaid or CareSource. A discount on the purchase of glasses or contacts from a company called VSP can be utilized. The discounts are: • 20% off frames, lenses and lens options • 15% off contact lens exam