

Kentucky Medicaid Benefits

Service/Procedure	Covered	Not Covered	Prior Auth Required	Coverage, Limitations, Exclusions
Abortions	√*		√	*Abortions are covered only if the mother's life is threatened or in cases of reported rape or incest.
Allergy Care	√			Shots and allergy treatments children and adults
Ambulance - Emergency	√			
Ambulance Non-Emergent	√		√	Includes stretcher services
Bariatric Surgery	√		√	Medical necessity required.
Behavioral (Mental) Health Services	√		√*	Crisis Services, Care Management Outpatient Services (*some specific services require PA), Day Treatment (*PA required after 30 days/120 hours) Community WRAP Around Service (*PA Required after 30 days/480 units), *Assertive Community Treatment (ACT), Substance Use Disorder Outpatient Treatment (*some specific services require PA); *Intensive Outpatient Programs, Inpatient Services (*some specific services require PA), *Residential Services
Chiropractic	√			Limited to 26 visits per calendar year for children and adults.
Cosmetic Surgery (Plastic Surgery)	√	√*	√	Medical Director review required. * Cosmetic procedures or services performed solely to improve appearance.
Circumcision	√			
Dental	√		√*	<b>Children under 21:</b> 2 cleanings per 12 month period, extractions and fillings, one (1) set of standard x-rays per 12 month period <b>Adults 21 and over:</b> 1 cleaning per 12 month period, limited to one dental visit per month, extractions and fillings, one (1) set of standard x-rays per 12 month period. Subject to fee schedule and frequency limitations.  *Other dental services
Diagnostic & Radiology Services	√			Including PET Scan, CT Scan, MR, MRI and X-Rays
Durable Medical Equipment	√		√*	*PA required for rental items that have a purchase price of \$750 or more, all customized/powered wheelchairs and supplies, manual wheelchairs rentals greater than 3 months and hearing aids, tube feeding products exceeding more than 72 units or 30 cans per month, diabetic shoes. Supplies such as wound care products are covered through a durable medical equipment supplier.
EPSDT - Early and Periodic Screening, Diagnosis, and Treatment	√			Limited to children under 21. see member handbook for more information. Well child visits -
EPSDT Special Services	√		√	Special services needed for children under 21 and must meet medical necessity.
Emergency Room Services	√			
End Stage Renal Disease and Transplants	√		√	
Family Planning Services	√			Covered through the member's PCP, OBGYN, or a qualified family planning provider listed in the Provider Directory. Self referral can be made to a qualified provider. Pregnancy prevention supplies such as Depo Provera Injections, Nuvaring, and IUD if received in the provider's office. IUD's (intra uterine device) require PA in the pharmacy setting.
Hearing Aids	√		√	• Limited to children under 21 • Not to exceed \$800 per ear every 36 months
Hearing - Audiometric Services	√		√	• Limited to children under 21 • One audiologist visit per calendar year

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Home Health Services	√		√	Medically necessary (skilled) nursing visits and direct personal care home health aid.																				
Hospice	√		√	Home Setting & Inpatient (excludes institutional Hospice)																				
Hospital Services - Acute Inpatient including Inpatient Behavioral and Mental Health Services	√		√	Includes long term acute care admissions, hospitalization for mental health, and rehab hospitalizations.																				
Hysterectomy	√	√*	√	*Hysterectomy procedures, if performed for hygienic reasons or for sterilization only, are not covered.																				
Immunizations - for Children under 21	√	√*		<p>Immunizations for children 18 years of age and younger are covered through the Vaccines for Children (VFC) program. Immunizations for young adults 18 to 21 years of age will be covered through Humana - CareSource for the administration of:</p> <table border="0"> <tr> <td>Diphtheria</td> <td>Rotavirus</td> </tr> <tr> <td>Haemophilus influenzae type b</td> <td>Rubella</td> </tr> <tr> <td>Hepatitis A</td> <td>Tetanus</td> </tr> <tr> <td>Hepatitis B</td> <td>Varicella (chickenpox)</td> </tr> <tr> <td>Human Papillomavirus (HPV)</td> <td>Poliomyelitis</td> </tr> <tr> <td>Influenza</td> <td>Pneumococcal</td> </tr> <tr> <td>Measles</td> <td>Pertussis (whooping cough)</td> </tr> <tr> <td>Meningococcal</td> <td>Mumps</td> </tr> </table> <p>*No coverage for vaccines to travel outside of the United States.</p>	Diphtheria	Rotavirus	Haemophilus influenzae type b	Rubella	Hepatitis A	Tetanus	Hepatitis B	Varicella (chickenpox)	Human Papillomavirus (HPV)	Poliomyelitis	Influenza	Pneumococcal	Measles	Pertussis (whooping cough)	Meningococcal	Mumps				
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Immunizations for 21 & over	√	√*		<p>Adults 21 &amp; over - CareSource will cover the administration &amp; vaccination/immunization.</p> <table border="0"> <tr> <td>Hepatitis B</td> <td>Pentacel : Dtap/HIB/IPV</td> </tr> <tr> <td>Kinrix Dtap/IPV</td> <td></td> </tr> <tr> <td>Meningococcal</td> <td>Rotavirus</td> </tr> <tr> <td>Pneumococcal</td> <td>Rabies</td> </tr> <tr> <td>TD (Tetanus and Diphtheria)</td> <td>Pneumococcal Conjugate Influenza**</td> </tr> <tr> <td>Varicella (chickenpox)</td> <td>Hepatitis A</td> </tr> <tr> <td>Boostrix</td> <td>Hemophilus Influenza B</td> </tr> <tr> <td>IPV (Polio)</td> <td>HPV (Human Papilloma Virus)</td> </tr> <tr> <td>MMRV (Measles, Mumps, Rubella, and Varicella)</td> <td></td> </tr> <tr> <td>Diphtheria, Tetanus, Pertussis &amp; Hemophilus Influenza B (Dtap - Hib)</td> <td></td> </tr> </table> <p>*No coverage for vaccines to travel outside of the United States.</p>	Hepatitis B	Pentacel : Dtap/HIB/IPV	Kinrix Dtap/IPV		Meningococcal	Rotavirus	Pneumococcal	Rabies	TD (Tetanus and Diphtheria)	Pneumococcal Conjugate Influenza**	Varicella (chickenpox)	Hepatitis A	Boostrix	Hemophilus Influenza B	IPV (Polio)	HPV (Human Papilloma Virus)	MMRV (Measles, Mumps, Rubella, and Varicella)		Diphtheria, Tetanus, Pertussis & Hemophilus Influenza B (Dtap - Hib)	
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Infertility		√*		*Medical or surgical treatment of infertility (e.g., the reversal of sterilization, invitro fertilization, etc.)																				
Labs (Independent), Other Lab	√	√*		<p>Performed at/in the Doctor's office or independent lab with doctor's order.</p> <p>*The screening is not covered for mandatory employment drug testing.</p>																				
Mammogram	√			<p>1 Screening mammogram covered between the ages of 35-39</p> <p>1 Screening mammogram covered per calendar year for over the age of 39</p> <p>Mammogram covered for diagnosis and treatment for clinical symptoms indicative of breast cancer regardless of age.</p>																				
Maternity Services	√			<p>Nurse mid-wife services</p> <p>Pregnancy-related services</p> <p>60 days postpartum pregnancy-related services</p> <p>Services</p> <p style="text-align: right;">Alternative Birthing Center</p>																				

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Nicotine Replacement Therapy	√			
Non-network Provider Services	√		√	Urgent Care and ER visits do not require a prior authorization for emergent situation.
Nurse Advice Line (24-hour)	√			Our 24 hour nurse advice line gives unlimited access for members to speak with a registered nurses though the toll free number, 1-866-206-9599 . Registered nurses are available 24 hours a day 7 days a week, 365 days a year. For further information, please see member handbook.
Nursing Facility Services	√		√	While admitted in a long term care facility, Humana - CareSource will cover all medically necessary non-nursing facility services as long as you remain an active Humana - CareSource member. The Department of Medicaid will cover the nursing facility services.
Nutritional Dietary Consults	√			Covered for diabetes, pregnancy, complications of obesity surgery or other approved diagnoses. Coverage is provided for 1 nutritional counseling visit per year for diagnosis of obesity.
Obesity Health Services	√	√	√*	Coverage may be provided for surgery if determined to be medically necessary. *Bariatric/Lap Band Surgery liquid diets Exclusions: diet pills,
Obesity Screening and Therapy to Promote Sustained Weight Loss	√			Annually
Occupational Therapy	√		√*	Twenty (20) visits combined for habilitation/rehabilitation per year (Children and Adults) *Children under 21 eligible for additional visits with Prior Authorization
Oral Surgery	√		√	
Organ Transplants	√		√	
Orthodontics	√		√	<b>Children under 21</b> ; subject to fee schedule limitations and reimbursement not to exceed \$3000- medical necessity review required and coverage dependent upon severity
Over-the-Counter (OTC) Medications	√*			*Covered with a prescription from a doctor.
Paternity Testing		√		
Physical Therapy	√		√*	Twenty (20) visits combined for habilitation/rehabilitation per year (Children and Adults) *Children under 21 eligible for additional visits with Prior Authorization
Physician Office Services	√			Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.
Podiatry Services	√			
Post mortem services		√		
Prescription Drugs	√	√**	√*	No co-payments *Some prescription drugs require prior authorization. dysfunction drugs, weight loss drugs not covered. **Fertility, Erectile
Preventive Services	√			See member handbook for example of Preventive Services
Private Duty Nursing	√		√	Limited to 2000 hours per year
Prosthetic Devices	√		√	
Sex Change / Sex Transformation		√		
Sexually Transmitted Disease Screening	√			
Speech Therapy	√		√*	Twenty (20) visits combined for habilitation/rehabilitation per year (Children and Adults) *Children under 21 eligible for additional visits with Prior Authorization

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Sterilization	√	√*		* Sterilization of a mentally incompetent or institutionalized member is not covered.
Substance Use	√		√*	Screening, Brief Intervention and Referral Treatment (SBIRT) - Assessment & Intervention; Alcohol and/or Drug Prevention; Medication Management, Crisis Services, Care Management  *Skill Building (PA required after 30 days/480 units); *Outpatient Services (some specific services require PA), *Day Treatment (PA required after 30 days/ 120 hours), *Residential Services, *Medication Assisted Treatment
Tobacco Use	√			Assessment, Coaching Program, Phone Support, Medicine (see Nicotine Replacement Therapy in this grid) Pregnant women allowed the full amount limit of 4 face to face sessions per quit attempt
Transportation		√		Transportation to a Non-emergent health care appointment, may be available from a transportation company. This is a service offered by Kentucky Medicaid.  To get a list of companies and find out how to contact them: Call: 1-888-941-7433 Online: <a href="http://chfs.ky.gov/dms/trans.htm">http://chfs.ky.gov/dms/trans.htm</a>
Urgent Care Services	√			No Co-pay
Vision	√			<b>Age 21 and older:</b> Coverage includes 1 vision exam per calendar year <b>Age 20 and younger:</b> Coverage includes 1 vision exam and 1 pair of eyeglasses per calendar year (additional pair covered if the first pair is lost or prescription changes).  Any additional pairs of eyeglasses require medical necessity.

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