

# Covered Services and Exclusions



## COVERED SERVICES

Please visit the Humana – CareSource website at [CareSource.com/KY](https://www.caresource.com/KY) for information on common services, including dental services, the member's coverage status and other information about obtaining services. Please refer to our website and the "Referrals and Prior Authorizations" section of this manual for more information about referral and prior authorization procedures.

## BENEFIT LIMITS

In general, most benefit limits for services and procedures follow state and federal guidelines. Benefits limited to a certain number of visits per year are based on a calendar year (January through December). Please check that the member has not exhausted benefit limits before providing services by checking our website or calling Health Partner Services at **1-855-852-7005**.

This section describes the services and exclusions to benefits that are provided to our Humana – CareSource members. Humana – CareSource covers all medically

necessary covered services for members. These services are available to our health plan members at no charge. Covered services may require prior authorization. Please visit our website at [CareSource.com/KY](https://www.caresource.com/KY) for the most up-to-date list of services that require prior authorization. Under the “Provider section,” click on “Member Care,” and then “Prior Authorization.”

## PRIOR AUTHORIZATION

Some services require prior authorization. Humana – CareSource reviews all service requests for Medicaid members under the age of 21 for medical necessity. If a request for authorization is submitted, Humana – CareSource will notify the provider and member in writing of the determination. If a service cannot be covered, providers and members have the right to appeal the decision. The letter will include the reason that the service cannot be covered and how to request an appeal if necessary. Please see the “Appeal Procedures” section of this manual for information on how to file an appeal.

Covered services and exclusions for Humana – CareSource members can be found at [CareSource.com/KY](https://www.caresource.com/KY).

## COVERED BENEFITS AND SERVICES FOR MEDICAID MEMBERS

Humana – CareSource covers abortions, hysterectomy and sterilizations in very limited circumstances. Please review the information below for specific information. Visit the “Forms” section of our website for all appropriate forms to complete for an abortion, hysterectomy or sterilization. For your convenience, Humana – CareSource also has tutorials to complete these forms on our website.

Voluntary Family Planning – Voluntary family planning services are covered for eligible Humana – CareSource members. For prior authorization requirements, please refer to the Primary Care Providers section. Please note the following guidelines for voluntary family planning services:

- No referral is required
- May have family planning services provided at qualified family planning health partners (e.g., Planned Parenthood), who are not participating in the Humana – CareSource network
- Confidentiality shall be maintained for all Humana – CareSource members including those under eighteen (18) years of age. All information shall be provided in a confidential manner
- Appointments for counseling and medical services shall be available as soon as possible within a maximum of 30 days
- If it is not possible to provide complete medical services to members less than 18 years of age on short notice, counseling and a medical appointment will be provided within 10 days by another participating provider or a qualified family planning health partner
- Family planning services and all necessary follow-up care is to be confidential, assuring privacy for all members, including adolescents (Title X, 42 CFR 59.11 and KRS 214.185)

Abortion — Abortion Services are covered for eligible Humana – CareSource members in the following circumstances with prior authorization:

- Instances in which the woman suffers from a physical disorder, physical injury or physical illness, including a life-endangering physical condition caused by or arising

from the pregnancy itself that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

- Instances in which the pregnancy was the result of an act of rape and the member, the member's legal guardian, or the person who made the report to the law enforcement agency, certifies in writing that a report was filed, prior to the performance of the abortion, with a law enforcement agency having the requisite jurisdiction, unless the member was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion.
- Instances in which the pregnancy was the result of an act of incest and the member, the member's legal guardian, or the person who made the report certifies in writing that a report was filed, prior to the performance of the abortion, with either a law enforcement agency having the requisite jurisdiction, or in the case of a minor, with a county children services agency established under Chapter 5153 of the Revised Code, unless the member was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion.

### **Certification Form for Reimbursement of Abortion**

The physician performing the abortion must certify in writing to one of these circumstances by completing the MAP 235 form. The physician performing the abortion must certify that one of the three circumstances above has occurred. The physician's signature must be in the physician's own handwriting. All certifications must contain the name and address of the member. The certification form must be attached to the claim. The form may be found on the Humana – CareSource website at **CareSource.com/KY**.

The certification must be as follows:

I certify that, on the basis of my professional judgment, this service was necessary because:

- a. The woman suffers from a physical disorder, physical injury or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- b. The pregnancy was the result of an act of rape and the member, the member's legal guardian or the person who made the report to the law enforcement agency certified in writing that a report was filed, prior to the performance of the abortion, with a law enforcement agency possessing the requisite jurisdiction.
- c. The pregnancy was the result of an act of incest and the member, the member's legal guardian, or the person who made the report certified in writing that a report was filed, prior to the performance of the abortion, with either a law enforcement agency having the requisite jurisdiction, or in the case of a minor, with a county children services agency established under Chapter 5153 of the Revised Code.
- d. The pregnancy was the result of an act of rape or incest, and in my professional opinion the member was physically unable to comply with the reporting requirement.

Reimbursement will not be made for associated services, such as anesthesia, laboratory tests or hospital services if the abortion service itself cannot be reimbursed.

### **Requirements for Sterilization**

Sterilization procedures are covered if the following requirements are met:

- The member is at least 21 years of age at the time of the informed consent.
- The member is mentally competent and not institutionalized.

- Sterilization is the result of a voluntary request for services by a member legally capable of consenting to such a procedure.
- The member is given a thorough explanation of the procedure. In instances where the individual is blind, deaf or otherwise handicapped or unable to understand the language of the consent, an interpreter must be provided for interpretation.
- Informed consent is obtained on the MAP 250 Consent to Sterilization Form which may be found on the Humana – CareSource website, **CareSource.com/KY**, with legible signature(s) and submitted to our health plan with the claim.
- Informed consent is not obtained while the individual to be sterilized is in labor or childbirth seeking to obtain or obtaining an abortion, or under the influence of alcohol or other substances that affect the individual's state of awareness.
- The procedure is scheduled at least 30 days, but not more than 180 days, after the consent is signed.

These requirements are applicable to all sterilizations when the primary intent of the sterilizing procedure is fertility control.

### **Requirements for a Hysterectomy**

Written consent to the hysterectomy procedure must be obtained from members on the Patient's Acknowledgement of Prior Receipt of Hysterectomy Information form MAP 251, which may be found on the Humana – CareSource website at **CareSource.com/KY**. The primary surgeon performing the hysterectomy is responsible for securing the member's consent to the procedure.

A copy of the signed form must be provided for all hysterectomies, whether performed as a primary or secondary procedure, or for medical procedures directly related to such hysterectomies. The form should include legible signature(s) and be submitted to Humana – CareSource with the claim.

### **Abortion, Hysterectomy, Sterilization Forms and Instructions**

All forms and instructions on how to complete the forms for an abortion, hysterectomy or sterilization are located in the forms section of our website at **CareSource.com/KY**.

## **IMMUNIZATIONS**

Health care partners may administer immunizations obtained through the Vaccines for Children (VFC) program to Humana – CareSource members. The vaccines are available free of charge through the VFC program.

Members of the Kentucky Medicaid program who are 18 years of age or younger are eligible for the federally supported distribution of vaccines to improve immunization coverage levels for children. The Vaccines For Children (VFC) program is an agreement between the Kentucky Department for Public Health and the Kentucky Department for Medicaid Services to purchase and distribute vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). The goal of the VFC program is to ensure that all children who meet the eligibility criteria receive the appropriate vaccines independent of his or her parent's ability to pay for the vaccine or its administration.

## Who is Eligible to Receive VFC Vaccines?

Children, birth through 18 years of age (under 19 years of age) who:

- Are enrolled in Medicaid
- Do not have insurance
- Are American Indian or Alaskan Native
- Have health insurance that does not cover vaccines or are underinsured.

Underinsured children are eligible to receive VFC vaccines only at a federally qualified health center (FQHC) or rural health clinic (RHC).

## How do I enroll in the VFC program as a health partner?

To enroll, health partners may contact his or her CHFS Immunization Program field staff representative for their area. If you are interested in enrolling, a contact list of field staff representatives may be found at: [www.chfs.ky.gov/dph/epi/Health+Care+Professionals.htm](http://www.chfs.ky.gov/dph/epi/Health+Care+Professionals.htm). Participating health partners who administer vaccines must enroll in the VFC program through the CHFS. Participating health partners must use the VFC vaccines for Humana – CareSource members.

## Contact Information

For questions regarding vaccines or immunizations, contact the Kentucky Immunization program at **1-502-564-4478**.

Humana – CareSource will reimburse providers for the administration of Medicaid-approved vaccines as well as for the vaccines themselves, except in the case of immunizations provided by providers enrolled in the VFC program. In these cases, only the administration fee will be reimbursed.

Please see the “Member Support Services and Benefits” section for more details on immunizations.

## ANNUAL WELLNESS EXAMS FOR ADULTS

All adults are eligible to receive a wellness exam from a primary care physician (PCP) at the earliest opportunity upon enrollment with Humana – CareSource. A wellness exam may be performed annually and consists of the following:

- Routine physical exam, including (but not limited to) urinalysis, Pap smear, hemoccult, general health screen panel and other lab tests as indicated.
- Screening which consists of the following, as appropriate:
  - Mammography performed at intervals recommended by the American Cancer Society and American College of Obstetrics and Gynecology for age and risk factors
  - Prostatic-specific antigen for males
  - Flexible sigmoidoscopy every three years beginning at age 40
  - Colonoscopy as indicated for patients with high risk factors
  - Flu shots, as appropriate
  - Vision exams through PCP or vision vendor
  - Hearing exams

Please visit our provider portal at <https://providerportal.CareSource.com/KY> for up-to-date clinical and preventive care guidelines.

## BEHAVIORAL HEALTH

Behavioral health and substance use services are covered services for Humana – CareSource members. Humana – CareSource is contracted with Beacon Behavioral Health for the provision of these services. Health partners, members or other responsible parties should contact the behavioral health department at **1-855-852-7005** to verify available behavioral health and substance use benefits, and to seek an appointment or direction for obtaining behavioral health and substance use services.

Humana – CareSource requires PCPs have screening and evaluation procedures for the detection and treatment of, or referral for, known or suspected behavioral health problems and disorders. PCPs may provide clinically appropriate behavioral health services within the scope of their practice.

Humana – CareSource provides training to network PCPs on how to screen for and identify behavioral health disorders, training on Humana – CareSource's referral process for behavioral health services and clinical coordination requirements for such services. Humana – CareSource also includes coordination and quality of care training, such as behavioral health screening techniques for PCPs and new models of behavioral health interventions. Training resources can be found on our website at **CareSource.com/providers/Kentucky/Medicaid** under “Plan Resources.”

Humana – CareSource members have access to specialty behavioral health case managers for assistance in obtaining both routine and higher complexity health care services through our contracted vendor, Beacon. Humana – CareSource PCPs also can contact Beacon for assistance in facilitating specialty behavioral health services for our members. Beacon provides a comprehensive range of behavioral health care services for Humana – CareSource members. Services include outpatient routine office visits for therapy and medication management, a broad range of hospital-based services for both behavioral health and substance dependence disorders, home-based therapy services and access to community-based resources. Beacon will assist members and PCPs with health partner referrals and with making appointments for members in need of therapy and/or psychiatric services.

Humana – CareSource coordinates between behavioral health service providers and PCPs. Humana – CareSource requires that behavioral health service providers refer members with known or suspected and untreated physical health problems or disorders to their PCP for examination and treatment, with the member's or the member's legal guardian's consent. Behavioral health providers may only provide physical health care services if they are licensed to do so.

Humana – CareSource requires all members receiving inpatient behavioral health services to schedule outpatient follow-up and/or continuing treatment prior to discharge. The outpatient treatment must occur within seven days from the date of discharge. Humana – CareSource shall ensure that behavioral health partners contact patients who have missed an appointment within twenty four hours to reschedule appointments.

Humana – CareSource requires that behavioral health providers send initial and quarterly summary reports (or more frequently if clinically indicated) of a member’s behavioral health status to the PCP, with the member’s or the member’s legal guardian’s consent.

Humana – CareSource shall engage in behavioral health promotion efforts, psychotropic medication management, suicide prevention and overall person-centered treatment approaches, to lower morbidity among members with serious mental illness (SMI) and/or are seriously emotionally disturbed (SED), including members with co-occurring developmental disabilities, substance use disorders and smoking cessation.

Humana – CareSource, in its design and operation of behavioral health services, shall incorporate the following core values for Medicaid members:

- A. Members have the right to retain the fullest control possible over their behavior health treatment.
- B. Behavioral health services shall be responsive, coherently organized and accessible to those who require behavioral health care.
- C. Humana – CareSource shall provide the most normative care in the least restrictive setting and serve members in the community to the greatest extent possible.
- D. Humana – CareSource shall measure members’ satisfaction with the services they receive.
- E. Humana – CareSource’s behavioral health services shall be recovery and resiliency focused.