



Provider Benefit Grid
Georgia Families - Medicaid
Plan Year: 2007

SERVICES	PAR**	CO-PAYMENT	LIMIT	AUTH**
Inpatient Care				
Adults (21+)	Y	\$12.50	Per Admission	Y
Adults (21+) Admitted thru Emergency Room*	Y	\$0	Per Admission	Y
Children (< 21), Pregnant Women, Nursing Facility Residents and Hospice Care Members	Y	\$0	Per Admission	Y
Substance Abuse*	Y	\$12.50	Per Admission	Y
Substance Abuse - Children (< 21), Pregnant Women, Nursing Facility Residents and Hospice Care Members	Y	\$0	Per Admission	Y
Mental Health Care*	Y	\$12.50	Per Admission	Y
Mental Health Care - Children (<21), Pregnant Women, Nursing Facility Residents and Hospice Care Members	Y	\$0	Per Admission	Y
Partial Hospitalization	Y	\$0	Per Stay	Y
Observation	Y	\$0	Per Observation Stay 48 Hours or Less	Y
No co-pay for admits from urgent care, transfers from different hospital, SNF or other health facility.				
Outpatient Care				
Adults (21+)*	Y	\$3	Per Visit	Y
Children (<21), Pregnant Women, Nursing Facility Residents and Hospice Care Members	Y	\$0	Per Visit	Y
Ambulatory Surgery Center*	Y	\$3	Per Visit	Y
Ambulatory Surgery Center - Children (<21), Pregnant Women, Nursing Facility Residents and Hospice Care Members	Y	\$0	Per Visit	Y
Emergency Room Services	N	\$0	Per Visit	N
Emergency Room Services* (Non-Emergency)	N	\$6	Per Visit	Y
Emergency Room Services (Non-Emergency) - Children (<21), Pregnant Women, Nursing Facility Residents, Hospice Care Members	N	\$0	Per Visit	Y
Birthing Centers	Y	\$0	Per Visit	Y
No co-pay for admits from urgent care, transfers from different hospital, SNF or other health facility				
Practitioner Services				
Primary Care Physician Services	Y	\$0	Per Visit	N
Specialist Physician Services				
The following initial consultation codes do not require authorization: 99201-99205 and 99241-99245.	Y	\$0	Per Visit	Y
Oral Maxiofacial Surgeon*	Y	\$2	Per Visit	Y
Obstetrical Services	Y	\$0	Per Visit	Y
Podiatry Services <i>Not covered: Services for flatfoot, subluxation, routine foot care, supportive devices and Vitamin B-12 injections.</i>	Y	\$0	Per Visit	Y

SERVICES	PAR**	CO-PAYMENT	LIMIT	AUTH**
Urgent Care Services	N	\$0	Per Visit	N
Rural Health Clinic Services or Federally Qualified Health Center Visit*	Y	\$2	Per Visit	N
Child Birth Education Services*	Y	\$0	Per Class 8 Classes MAX	Y
No co-pay for Children<21, Pregnant Women, Nursing Facility Residents, Hospice Care Members, Family Planning Service and Emergency Services				
Preventive Care Services				
Screening Mammograms	Y	\$0	Per Procedure 1 Per Year	N
Nutritional Counseling	Y	\$0	Per Visit 12 Visits Per Year	Y
Healthchek Services- Children <21	Y	\$0	Per Visit	N
Healthchek Services- Blood Lead Test- Children <21	Y	\$0	Per Screening	N
Healthchek Services- Immunizations VFC<19	Y	\$0	Per Immunization	N
Immunization Clinic Visit- Adults 21+	Y	\$0	Per Immunization	N
Family Planning	N	\$0	Per Visit	N
Colorectal Cancer Screenings (Prior Authorization required for Colonoscopy)	Y	\$0	Per Visit	N
Other Services				
Independent Laboratory Services	Y	\$0	Per Visit	N
Radiology Services- Basic <i>Covered in a hospital setting or in a physician's office setting only. Not Covered: Mobile X-ray Services, Services provided in facilities not meeting the definition of independent X-ray facility, Services furnished by a facility not certified to perform them.</i>	Y	\$0	Per Visit	N
Radiology Services- CT Scan/MRI/MRA/SPECT/PET Scan/Cardio Nuclear Testing	Y		Authorization Required	Y
Radiology Services - OB Ultrasounds <i>More than 2 OB Ultrasounds require prior authorization</i>	Y	\$0	Per Visit	Y
Dialysis	Y	\$0	Per Visit	Y
Home Health Care Services <i>Not Covered: Social Services, Chore Services, Meals on Wheels, Audiology Services</i>	Y	\$0	Per Visit	Y
Therapy - Physical, Occupational & Speech, Adults (21+) <i>Covered for adults 21 yrs old and above, when medically necessary and authorized for short-term rehabilitation</i>	Y	\$0	Per Visit	Y
Therapy - Physical, Occupational & Speech, Children (<21)	Y	\$0	Authorization Required	Y
Nursing Facility Services	Y	\$0	30 Day MAX Stay	Y
Private Duty Nursing Services	Y	\$0	Per Visit	Y
Hospice Care	Y	\$0	Per Visit	Y
Ambulance- Emergency	N	\$0	Per Transport	N
Ambulance- Emergency Air Transport	N	\$0	Per Air Transport	N
Ambulance- Non-Emergency Transportation	N	\$0	Per Transport Limit	Y
Non-Emergency Transportation	<i>Not a covered benefit under Medicaid</i>			
Durable Medical Equipment (DME) and Rentals <i>All DME require prior authorization, unless under \$200</i>	Y	\$0	Per DME	Y



SERVICES	PAR**	CO-PAYMENT	LIMIT	AUTH**
Prosthetics & Orthotics Services	Y	\$0	Per Item	Y
Swing Bed Services	Y	\$0	Per Visit	Y
Transplant Services - Children (<21)	Y	\$0	Per Procedure- ALL	Y
Transplant Services - Adults (21+) <i>Heart and Lung Transplants not covered for adult members (21+).</i>	Y	\$0	Per Procedure	Y
Prescription Drugs				
Prescription Drug Services	Y	Co-Pay \$0.50 \$1.00 \$2.00 \$3.00	Cost to State under \$10.00 \$10.01 to \$25.00 \$25.01 to \$50.00 \$50.01 or more	N
Over-the-Counter (OTC) Drugs <i>Physician's prescriptions required for all OTC drugs. Must be prescribed from approved list of covered OTC drugs.</i>	Y	\$0	Covered in Full	N
OTC Mail Order	Y	\$10	Per month for personal care items without physician prescription	N
Hearing Services				
Hearing Services - Children (<21)	Y	\$0	Per Screening	Y
Hearing Services - Adults (21+)	Not covered for members age 21 and older			
Hearing Aid - Children (<21)	Y	\$0	One every 3 years	Y
Binaural Hearing Aids - Children (<21)	Y	\$0	Two every 3 years	Y
Hearing Aid Repairs - Children (<21)	Y	\$225 limit per calendar year for out-of-warranty repairs		
Contracted Networks				
Psychological Care	Provided through Magellan Behavioral Health			
Dental Care	Provided through Doral Dental Services			
Hearing Care	Provided through Hear USA			
Vision Care	Provided through Avesis			

Please see the WellCare Provider Handbook for additional information.

KEY**

PAR
Y- Member must seek care from a WellCare participating provider
N- Member may seek care from any provider

AUTH
Y- Service requires authorization
N- Service does not require authorization

Customer Service & Provider Hotline
(866) 231-1821
TTY/TDD (877) 247-6272

This Provider Benefit Grid is not intended to be an all-inclusive list of covered services. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.