



Provider Benefit Grid
PeachCare for Kids - Medicaid
Plan Year: 2007

SERVICES	PAR**	CO-PAYMENT	LIMIT	AUTH**
Inpatient Care				
Inpatient Care	Y	\$0	Per Admission	Y
Inpatient Mental Health Care	Y	\$0	Per Admission	Y
Inpatient Substance Abuse Treatment & Rehabilitation Services	Y	\$0	Per Admission	Y
Substance Abuse - Children (< 21), Pregnant Women <i>Inpatient Pregnancy & Birthing Centers- Delivery not covered.</i>	Y	\$0	Per Admission	Y
Partial Hospitalization	Y	\$0	Per Stay	Y
Observation	Y	\$0	Per Observation Stay <i>48 Hours or Less</i>	Y
Outpatient Care				
Outpatient Hospital	Y	\$0	Per Visit	Y
Ambulatory Surgical Center	Y	\$0	Per surgery	Y
Emergency Room Services	N	\$0	Per ER visit	N
Emergency Room Services (Non-Emergency)	N	\$0	Per ER visit	Y
Clinic Services	Y	\$0	Per Visit	N
Outpatient- Mental Health & Substance Abuse Treatments- Community Mental Health Centers (CMHC)	Y	\$0	Per Treatment	Y
Practitioner Services				
Primary Care Physician Services	Y	\$0	Per Visit	N
Specialist Physician Services <i>The following initial consultation codes do not require authorization: 99201-99205 and 99241-99245.</i>	Y	\$0	Per Visit	Y
Podiatry Services	Y	\$0	Per Visit	Y
Prenatal Care & Pregnancy-Related Services	Y	\$0	Per Visit	Y
Nurse Practitioner Services & Certified Registered Nurse Anesthetics (CRNA)	Y	\$0	Per Visit	N
Nurse Mid-Wife Services	Y	\$0	Per Visit	Y
Child Birth Education Services	Y	\$0	Per Class <i>8 classes MAX</i>	Y
Preventive Care Services				
Healthchek Services <i>Exam at birth (neonatal examination) then at 1, 2, 4, 6, 9, 12, 15, and 18 months of age. Once per year for age 2 to last day of the month of 19th birthday.</i>	Y	\$0	Per Visit	N
Healthchek Services- Blood Lead Test	Y	\$0	Per Screening	N
Healthchek Services- Immunizations VFC<19	Y	\$0	Per Immunization	N
Nutritional Counseling	Y	\$0	Per Visit <i>12 Visits per Year</i>	Y
Family Planning	N	\$0	Per Visit	N
Other Services				
Court Ordered Services	Y	\$0	Per Visit	Y
Ambulance- Emergency Basic & Advanced Life Support	N	\$0	Per Transport Limit	N
Ambulance- Non-Emergency Transportation	N	\$0	Per Transport Limit	Y
Non-Emergency Transportation	<i>Not a covered benefit under Medicaid</i>			
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



SERVICES	PAR**	CO-PAYMENT	LIMIT	AUTH**
Radiology Services - CT Scan/MRI/PET Scan/Cardiac Nuclear Testing/MRA/ SPECT	Y	\$0	Per Visit	Y
Radiology Services - OB Ultrasounds <i>More than 2 OB ultrasounds require prior authorization</i>	Y	\$0	Per Visit	Y
Independent Laboratory Services	Y	\$0	Per Visit	N
Speech Therapy	Y	\$0	Per Visit	Y
Occupational Therapy	Y	\$0	Per Visit	Y
Physical Therapy	Y	\$0	Per Visit	Y
Dialysis	Y	\$0	Per Visit	Y
Home Health Care Services	Y	\$0	Per Visit	Y
Hospice Care	Y	\$0	Per Visit	Y
Durable Medical Equipment (DME) and Rentals <i>All DME require prior authorization, unless under \$200</i>	Y	\$0	Per DME	Y
Prosthetics & Orthotics Services	Y	\$0	Per Visit	Y
Transplant Services <i>Covered: All medically Necessary Services</i>	Y	\$0	Per Procedure	Y
Prescription Drugs				
Prescription Drug Services	Y	\$0	Per Prescription <i>Six prescriptions or refills per month</i>	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 Aid	Y	One every 3 years	with prior approval	Y
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.