

ADVANTAGE MEDICAID

Effective Date: 1/1/2019 thru Current Date

Benefit Package: MD

Advantage Member Handbook English:

<https://www.paramounthealthcare.com/assets/documents/advantage/Advantage-Member-Handbook.pdf>

Advantage Member Handbook Spanish:

https://www.paramounthealthcare.com/assets/documents/advantage/advantage_member_handbook-espanol.pdf

Community Resources by County:

<https://www.paramounthealthcare.com/medicaid/tools-and-resources/community-resources>

Social Services Support (help with bills, food, housing, etc.) included in this online Community Resource Guide. Or call 211 or visit 211.org to find local services and get help today. 2-1-1 is the gateway that connects people with community resources and volunteer opportunities.

MyParamount.org – Member personal, secure Paramount Advantage Webpage

MyParamount gives you access to your information (ID card, provider information, claims information, and more) all on your smartphone, tablet, or desktop computer. Stay well-connected with us, and we'll make sure you're well-covered.

<https://www.myparamount.org/>

Advantage Member Additional Services, Incentives and Reward Programs:

<https://www.paramounthealthcare.com/medicaid/additional-services/>

- Prenatal to Cradle Program,
- Cradle to Crib
- Transportation Assistance Program
- Cleveland Browns Healthy Rewards
- Who Dey! Healthy Rewards
- CareSignal
- Personal Call Center Rep

SERVICE	BENEFIT
Child Age Limit	Does Not Apply
Coinsurance	None
Deductible	None
Deductible Carryover	Does Not Apply
Maximum Out-Of-Pocket / Copay	Does Not Apply
Maximum Lifetime Benefit	Does Not Apply
Pre-Existing Conditions	Does Not Apply
Student Coverage Rider+	Does Not Apply
COVID-19 for Paramount Advantage Members	Select the link for Paramount Health Care information related to COVID-19. https://www.paramounthealthcare.com/covid-19/for-medicaid-members <ul style="list-style-type: none"> • Call your doctor if you need medical advice.

	<ul style="list-style-type: none"> For general health questions, members can also call Paramount's 24/7 nurse line at 800-234-8773.
<p>For Telehealth Care use the ProMedica OnDemand mobile app, it allows you to have an unscheduled, live video visit with a board-certified provider – 24/7/365 – no matter where you are.</p> <p>Virtual visits provide real-time audio and video through our OnDemand mobile app or website. You'll use your mobile phone, tablet or computer for the visit.</p>	<p>You will need to register for an account and enter the Service Key "paramountadvantage" when prompted. Then, you will be able to begin your free online doctor visit.</p> <p>We recommend setting up an account before becoming sick and needing to use the service.</p> <p>View step-by-step ProMedica OnDemand instructions</p> <p>https://www.promedicaondemand.org/landing.htm</p>
<p>Primary Care Services: Primary Care Provider (PCP)</p> <p>Paramount Advantage Participating Providers are listed in your Provider Directory or online at https://www.paramounthealthcare.com/find-a-provider/</p>	<p>Covered Services Sick Visits – all ages</p> <p>Wellness Checkups - over age 20</p> <p>Well-child (Healthchek) exams for children under the age of 21 (provided by PCP).</p> <p>Fluoride application applied in primary care office coverage is limited to members younger than six years of age. Limit one application every 180 days effective 1/1/2021.</p> <p>Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source.</p> <p>Smoking Cessation (PCP and Dental visit)</p>
Sports Physicals	Covered
<p>Immunizations</p> <p>Link for a schedule for Shots for Tots https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</p>	<p>Covered Service</p> <p>Your PCP can administer the immunizations.</p> <p>HPV Vaccines Gardasil 9 (90651), ages 9-45, does not require prior authorization</p> <ul style="list-style-type: none"> Children and adults aged 9 through 26 years: HPV vaccination is routinely recommended at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV Vaccination is recommended for all persons through age 26 years who are not <p>Adequately vaccinated.</p> <ul style="list-style-type: none"> Adults aged greater than 26 years: Catch-up HPV vaccination is not recommended for all Adults aged greater than 26 years. Instead, shared clinical decision-making regarding HPV vaccination is recommended for some adults aged 27 through 45 years who are not adequately vaccinated. HPV vaccines are not licensed

	<p>for use in adults aged greater than 45 years.</p> <p>Shingles vaccines</p> <ul style="list-style-type: none"> • Shingrix (Shingles) zoster vaccines for ages 50 and older • Zoster (Shingles) vaccines for ages 60 and older <p>Work related vaccines - vaccines included in a work physical for e.g. DOT exams are covered.</p> <p>Policy Exclusion – Travel immunizations</p>
<p>Specialist Services: Office Visits</p> <p>**Transition of Care Requirements for Prior Authorization</p>	<p>Covered Service</p>
<p>Acupuncture</p> <p>Administered by a health care provider who is a legally qualified physician practicing within the scope of his/her license.</p>	<p>Covered Service</p> <p>With a diagnosis for migraine or low back pain.</p> <p>For additional visits prior authorization is required for services with a diagnosis for migraine or low back pain.</p> <p>Effective 1/1/2017 Manual stimulation (without electrical stimulation) 20 visits per calendar year allowed without a prior authorization.</p> <p>Effective 10/01/2017 30 visits per calendar year allowed without a prior authorization.</p> <p>Manual stimulation (without electrical stimulation) Electro-acupuncture (with electrical stimulation)</p>
<p>Allergy Testing / Treatment</p>	<p>Covered Service</p>
<p>Annual GYN Exam</p>	<p>Covered Service</p>
<p>Abortion – Elective</p>	<p>Not Covered</p>
<p>Ambulance, Ambulette, Air Transportation</p>	<p>Covered Service medically necessary Includes non-emergency transportation services requiring medical, physical, mental, or behavioral assistance.</p> <p>Questions or complaints on all transportation covered by Paramount Advantage, please contact Paramount Advantage Member Services at 800-462-3589 Mon-Fri, 7am-7pm.</p>

<p>Autism Spectrum Disorder (ASD)</p> <p>Types of Therapy Applied Behavioral Analysis (ABA) Intensive behavior therapy (IBT)</p>	<p>Effective 7/1/2018 Covered Service with prior authorization.</p> <p>Individuals are covered under the age of 21 who have been diagnosed with an autism spectrum disorder (ASD).</p>
<p>Bariatric Services – Obesity</p>	<p>Covered Service with prior authorization:</p> <ul style="list-style-type: none"> • Adjustable Gastric Banding (AGB) • Biliopancreatic Diversion with Duodenal Switch (BPD/DS) • Roux-en-Y Gastric Bypass (RYGBP) • Sleeve Gastrectomy • Vertical Gastric Banding (VGB) <p>Paramount utilizes InterQual criteria sets for medical necessity determinations.</p> <p>Not covered Reconstructive surgery (i.e., excision of excessive skin) following obesity surgery</p>
<p>Chiropractic Benefits –</p> <p>Coverage spinal manipulation and related diagnostic imaging services</p>	<p>Age 20 and younger 30 Visits Per 12 Month ROLLING Period.</p> <p>Chiropractic services & spinal manipulation prior authorization required for children under 4 years of age</p> <p>Age 21 and older 15 Visits Per 12 Month ROLLING Period.</p> <p>The existence of the subluxation must be demonstrated either by a diagnostic x-ray or by physical examination.</p> <p>Not Covered Repeat x-rays or other diagnostic tests in consumers with chronic, permanent conditions will not be considered medically necessary and are not a covered service.</p> <p>Physical therapy should not be done in a chiropractic setting. Physical therapy services for Paramount members should be performed by licensed physical therapists in a par facility.</p> <p>The evaluation and management services (E&M) billed by chiropractor is not covered. The chiropractic manipulative treatment (CMT) includes a brief pre-manipulation assessment.</p> <p>The following are examples of services (not an all-inclusive list) that, when performed or ordered by the chiropractor, are excluded from coverage:</p> <ol style="list-style-type: none"> a) Maintenance therapy (therapy that is performed to treat a chronic, stable condition or to prevent deterioration) b) Laboratory test c) Evaluation and management services d) Physical therapy e) Traction

	<ul style="list-style-type: none"> f) Supplies g) Injections h) Drugs i) Diagnostic studies j) Orthopedic devices k) Equipment used for manipulation l) Any manipulation which the x-ray or other tests does not support the primary diagnosis.
<p>Dental Benefits</p> <p>See DentaQuest Reference Manual</p> <p>**Transition of Care Requirements for Prior Authorization</p> <p>.</p>	<p>Covered Service(s)</p> <ul style="list-style-type: none"> • Fillings • Porcelain Crowns with prior authorization • Root Canals • Simple Extractions • Smoking Cessation covered (PCP and Dental visit) • Stainless Steel Crowns. • X-Rays <p>Not covered</p> <p>Retreatment of a root canal.</p> <p>The following require Prior Authorization</p> <ul style="list-style-type: none"> • General Anesthesia • Therapeutic drug injection • Fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting) • Removable appliance therapy (includes appliances for thumb sucking and tongue thrusting) • Porcelain Crowns • Full And partial Dentures • Removal of impacted teeth • Unspecified TMD therapy, Both children and adults, by report <p>Age 20 and younger</p> <p>One Routine Dental Exam and Cleaning <u>every six months</u> (not before six months after the initial exam and cleaning).</p> <p>Fluoride treatment</p> <p>Fluoride application applied in primary care office coverage is limited to members younger than six years of age. Limit one application every 180 days effective 1/1/2021.</p> <p>Topical fluoride treatments in dentist office including sodium fluoride, stannous fluoride, or acid phosphate fluoride applied as a form of gel, varnish, or in-office rinse. Topical application of fluoride varnish. Topical application of fluoride. Coverage is limited to patients younger than 21. Limit one application every 1 per 180 days.</p> <p>Requires Prior Authorization</p> <ul style="list-style-type: none"> •Inhalation of nitrous oxide/analgesia, anxiolysis

	<p>Orthodontia Coverage is limited to patients younger than 21 with Prior Authorization. Coverage of comprehensive orthodontic service is limited to treatment of existing or developing malocclusion, misalignment, or malposition of teeth that has, or may have, an adverse medical or psychosocial impact on the patient.</p> <p>Orthodontic service is considered to be medically necessary when its purpose is to restore or establish structure or function, to ameliorate or prevent disease or physical or psychosocial injury, or to promote oral health. Purely cosmetic orthodontic service is not covered.</p> <p>Age 21 and older 1 Routine Dental Exam And Cleaning <u>every 12 months</u></p> <p>Per medical condition: Adults with diabetes allowed 2 Routine Cleanings very 6 Month(s), every 180 days with prior authorization.</p>
<p>Diagnostic Services At Physician's Office</p> <p>At Diagnostic Facility</p>	<p>Covered Service</p> <p>Covered Service. Must meet Medically Necessary</p> <ul style="list-style-type: none"> • ECG • EKG • Lab • Ultrasound • X-Ray
<p>Diagnostic Services</p>	<ul style="list-style-type: none"> • MUGA / Multigated Acquisition Scan - no authorization required.
<p>Diagnostic Services</p> <p>Breast Tomosynthesis Digital (3D)</p> <p>Magnetic Resonance Imaging (MRI) of the Breast with or without Computer-Aided Detection (CAD)</p> <p>Genetic Testing Breast / Ovarian Cancers</p>	<ul style="list-style-type: none"> • Screening digital breast tomosynthesis (3D mammogram) – no authorization required. • MRI Breast – medically necessary – no authorization required. • BRCA & BART Testing, including BRACAnalysis, CDH1, requires prior authorization. • MBI Molecular Breast Imaging - no authorization required.
<p>Diagnostic Services Computed Tomography (CT) and Computed Tomography Angiography (CTA) Scans.</p>	<p>The following procedures require a prior authorization:</p> <ul style="list-style-type: none"> • CT Head with contrast • CT Head with and without contrast • CT Maxillofacial area, (sinus) with contrast • CT Angiography (CTA), Head - includes post-processing

	<ul style="list-style-type: none"> • CT Cervical Spine without contrast • CT Thoracic Spine without contrast • CT Pelvis without contrast • CT Pelvis with contrast • CT Lower Extremity with contrast • CT Abdomen without contrast • CT Abdomen and Pelvis; without contrast material • CT Orbit/Sella or Posterior Fossa or outer, middle or inner ear
Diagnostic Services Stress test	<ul style="list-style-type: none"> • Nuclear Stress Test / Myocardial perfusion imaging, tomographic (SPECT) - Medical Necessity
Diagnostic Services Bone Density	<p>Bone mineral density measurement DEXA scans as screening for osteoporosis: prior authorization not required</p> <ul style="list-style-type: none"> • peripheral ultrasound • central dual x-ray absorptiometry (DEXA) • central dual x-ray absorptiometry (DEXA) with vertebral fracture assessment • peripheral DEXA • peripheral single energy x-ray absorptiometry • Vertebral fracture assessment by dual-energy x-ray absorptiometry (DEXA)
Diagnostic Services Magnetic Resonance Imaging (MRI) and MR Angiography (MRA) procedures performed in an office and elective outpatient setting.	<ul style="list-style-type: none"> • MRI Temporomandibular Joint - per medically necessary. <p>The following procedures require a prior authorization:</p> <ul style="list-style-type: none"> • MR Angiography, head; without contrast material(s), followed by contrast material(s) and further sequences • MRI, brain (including brain stem); with contrast material(s) • MRI, spinal canal and contents, cervical; with contrast material(s) • MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic • MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar • MRI, pelvis; with contrast material(s) • MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
Durable Medical Equipment (DME) **Transition of Care Requirements for Prior Authorization	<p>Covered DME Services as prescribed by your provider are subject to Medicaid DME guidelines and/or Paramount Medical Policies.</p> <p>Some items may require prior authorization per Medical Necessity.</p> <ul style="list-style-type: none"> • Blood pressure monitor • Breast pumps are considered Durable Medical Equipment (DME) so they require a prescription from your OB/GYN or Certified Nurse Midwife and can be

	<p>ordered at 36 weeks.</p> <ul style="list-style-type: none"> • Breast Pump, Manual, any types 1 per 2 years • Breast Pump, Electric, any types 1 per 5 years <p>Diabetes</p> <ul style="list-style-type: none"> • Glucose monitor • Insulin Pumps <p>Enteral nutrition</p> <ul style="list-style-type: none"> • defined as oral or tube-delivered caloric sustenance products for those Medicaid consumers demonstrating a disability or life-threatening disease with significant nutritional problems that cannot be managed by ordinary food or food placed in blender. <p>Incontinence Products / Diapers</p> <ul style="list-style-type: none"> • Supplies must be medically necessary and prescribed by your doctor. • Supplies are not covered for children under age 3. • Diapers may be provided for children with diagnosed incontinence and who are past the potty training age. <ul style="list-style-type: none"> • Nebulizer, with compressor 1 per 5 years <ul style="list-style-type: none"> • Orthotic Foot Devices with a Supinator Removable Inner Mold or a Pronator Removable Inner Mold <ul style="list-style-type: none"> • TENS Unit <ul style="list-style-type: none"> • Vaporizer, room type 1 per 4 years <ul style="list-style-type: none"> • Walker 1 per 5 years <ul style="list-style-type: none"> • Wheelchair, manual, 1 per 5 years requires prior authorization per medical necessity. <ul style="list-style-type: none"> • Wheelchair, power, 1 per 5 years requires prior authorization per medical necessity.
Emergency Conditions Urgent Care	<p>Covered Service – In Plan Provider no authorization required</p> <p>Urgent care treatment in an urgent care facility does not require prior authorization for payment of services.</p> <p>Urgent Out-of-Plan facility must be willing to bill Paramount Health Care for services. (To prevent member out of pocket expense).</p>
Gender Transition Reassignment Surgery	Prior Authorization
Infertility Treatment	Not Covered

<p>Hearing Aid Benefits</p>	<ul style="list-style-type: none"> • Covered For One (1) Aid Every 4 Years. • Hearing Aids For Both Ears – Binaural Hearing Aids With Prior Authorization. • Repair, modification of hearing aid • No prior authorization required if < \$100 and within time limit. • 1 per 120 days (less than \$100), • Repair 1 per year (\$100 or greater) prior authorization required.
<p>Home Health Services</p> <p>Private Duty Nursing</p> <p>Respite Care</p> <p>**Transition of Care Requirements for Prior Authorization.</p>	<p>All require Prior Authorization with Medical Necessity</p> <p>Prior Authorization is required for all Respite Care Services.</p> <ul style="list-style-type: none"> • Respite Care with Prior Authorization for children under 21. • Respite Care benefit to a limited to members that are either under the age of 21 who are determined eligible for social security income for children with disabilities, or supplemental security disability income for adults, under age 21, disabled since childhood and their families who meet the criteria.
<p>Hospice Care</p>	<p>Covered Service No prior authorization required.</p>
<p>Hospital Based Physicians: (Includes: ER Physician, Anesthesiology, Pathology And Radiology)</p>	<p>Covered Service</p>
<p>Human Organ Transplant</p>	<p>Prior Authorization with Medical Necessity</p>
<p>Inpatient Hospital – Facility Services</p> <p>**Transition of Care Requirements for Prior Authorization</p>	<p>Prior Authorization with Medical Necessity</p>
<p>Inpatient / Outpatient - Professional Services (I.E.: Hospital Visits, Consultations, Surgeon Fees)</p> <p>**Transition of Care Requirements for Prior Authorization</p>	<p>Covered Service</p>
<p>Inpatient Rehabilitation Admission</p>	<p>Medical (or Physical) Prior Authorization with Medical Necessity (Examples after knee or heart surgery etc.)</p>
<p>Maternity / Pregnancy Care</p> <p>**Transition of Care Requirements for Prior Authorization</p> <p>For additional information, please view online Advantage Member Handbook www.ParamountHealthCare.com/Documents/Advantage/Advantage-Member-Handbook.pdf</p>	<p>Covered Services</p> <ul style="list-style-type: none"> • Prenatal appointments. • Postpartum visits by an OB/GYN or other prenatal care practitioner. • Postpartum Visiting Nurse Program. If you have had a baby, you are eligible for a minimum of two visits to your home by a nurse (Home visit does not qualify for Prenatal to Cradle rewards program).

- Postpartum Depression Program. A postpartum depression survey is mailed to moms two weeks after delivery.
- Care coordination, health education support
- If your pregnancy is considered high-risk or you or your newborn have serious health complications, you may qualify for Case Management.
- NICU Discharge Program. Babies who are discharged from the neonatal intensive care unit are eligible for a minimum of two visits by a nurse from a Paramount Advantage home healthcare provider.
- Breast Pumps and Lactation / Breastfeeding Classes with prescription from your OB/GYN or certified nurse-midwife.
- Family Planning Services.

The most important gift you can give your baby is early and regular pregnancy care. Paramount Advantage wants you and your baby to get a healthy start!

Prenatal to Cradle Program

Effective July 1st 2020 members who newly enroll in the Prenatal to Cradle program are eligible to receive up to \$150 in Visa Rewards after registering at:

www.ParamountHealthCare.com/Rewards or call Member Services at 800-462-3589.

As a Paramount Advantage Member, you are eligible to receive up to \$150 in reward cards just by attending all your prenatal and postpartum appointments.

The schedule below is a minimum guide of what your doctor, midwife, or OB Provider may request of you and the minimum number of appointments you must attend to earn rewards. Only appointments with your provider count towards the program.

Timeframe during Pregnancy to Earn Reward	Appointments Required to Earn Reward	VISA Reward Value
1st Trimester <i>Day 0 – Day 84 Weeks 1-13</i>	1 or more <i>appointments</i>	\$50
2nd Trimester <i>Day 85 – Day 196 Weeks 14-28</i>	3 or more <i>appointments</i>	\$25
3rd Trimester <i>Day 197 – Day 280 Weeks 24-40</i>	8 or more <i>appointments</i>	\$25
Postpartum <i>7 days through 84</i>	1 or more <i>appointments</i>	\$50

To Enroll Prenatal to Cradle Rewards Program
www.ParamountHealthCare.com/Rewards or call
Member Services at 800-462-3589.

days after delivery		
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Reward cards are awarded based on visits billed (or claims submitted) by your doctor, midwife, or provider. You do not need to submit anything else to receive these rewards.

- Please know all of your previous appointments count - we go back to the very beginning of your pregnancy (or when you became a Paramount Advantage member) and count all the appointments you have already attended.
- Reward cards expire 12 months after being issued.
- Reward values may be combined if more than one trimester or postpartum qualification is met at time of gifting.
- Reward cards are mailed to the most recent address Paramount Advantage Member Services Department has on file.

Member who are enrolled before July 1st 2020 in the Prenatal to Cradle program are eligible to receive up to \$125 in Visa / Walmart Rewards.

In addition to earning Prenatal to Cradle reward cards, your name has been entered one time into a drawing for a chance to win a four-week supply of diapers. Diaper winners will be randomly selected each month and notified by phone.

To Enroll Cradle to Crib Rewards Program
www.ParamountHealthCare.com/Rewards or call
Member Services at 800-462-3589.

Cradle to Crib Rewards Program

As a Paramount Advantage Member, you are eligible to receive a \$100 reward card just by taking your baby to at least six of the eight recommended well-visit appointments before turning 15 months old.

Join Paramount Advantage's Cradle to Crib (CTC) baby well visit reward program today at:

ParamountHealthcare.com/Rewards

To qualify for the \$100 Visa reward card your baby must attend at least 6 of these 8 recommended well-visits before turning 15 months old:

- 3-5 day well-visit
- 1 month well-visit
- 2 month well-visit
- 4 month well-visit
- 6 month well-visit
- 9 month well-visit
- 12 month well-visit
- Before 15-month birthday well-visit

Reward cards expire 12 months after being issued.

- Please know, all of your baby's previous appointments count - we go back and count all well visit appointments attended up until your baby turns 15 months old.

	<ul style="list-style-type: none"> Reward cards are awarded based on visits billed (or claims submitted) by your baby's pediatrician. You do not need to submit anything else to receive these rewards. Reward cards are mailed to the most recent address that Paramount Advantage's Member Services department has on file.
<p>Mental Health / Substance Abuse Behavioral Health (BH)</p> <p>**Transition of Care Requirements for Prior Authorization</p> <p>Member Services Department: toll-free 1-800-462- 3589, TTY users 1-888-740-5670.</p> <p>24 / 7 / 365 ProMedica Call Center – 24 Hour Nurse Line - telephone number is toll-free 1-800-234-8773, or the Ohio Relay Service TTY toll-free 1-800-750- 0750.</p>	<p>Marriage counseling not covered service.</p> <p>Court-ordered treatment, Behavioral Health (BH) and Substance Use Disorder (SUD) services - covered with medical necessity.</p> <p>Covered services Mental Health / Substance Abuse / Behavioral Health (BH):</p> <p>Office Administered Medications</p> <p>Medication-Assisted Treatment for Addiction</p> <p>Community Psychiatric Support Services Group Individual Group Counseling - Alcohol and/or drug services H0005 Individual Counseling Behavioral Health (BH) and Substance Use Disorder (SUD)</p>
<p>Link to SAMHSA (Federal) website to find services per providers in Ohio. Provider LOCATOR MAP</p>	
<p>https://findtreatment.samhsa.gov</p>	<ul style="list-style-type: none"> Mental Health Day Treatment Group - max units on one date of service is 2. Per Day - max units on one date of service is 1.
<p>Paramount Advantage Participating Providers are listed in your Provider Directory or online at https://www.paramounthealthcare.com/find-a-provider/</p>	<ul style="list-style-type: none"> Psychotherapy (Counseling): Individual, Group and Family Family Group Individual Individual with E/M
<p>American Society of Addiction Medicine (ASAM)</p>	<ul style="list-style-type: none"> Psychosocial Rehabilitation Substance Use Disorder (SUD) Peer Recovery Support Group Individual Therapeutic Behavioral Service (TBS) Group Individual <p>Urine drug screening (collection, handling and point of service testing) – max unit on one date of service is 1</p> <p>Prior Authorization (PA) Required.</p> <ul style="list-style-type: none"> Assertive Community Treatment (ACT) Institutions for Mental Disease (IMDs). Prior Authorization with Medical Necessity Intensive Home Based Treatment (IHBT)

	<ul style="list-style-type: none"> • Mental Health Inpatient: Prior Authorization with Medical Necessity • Substance Abuse Inpatient acute short-term hospital care (Detoxification): Prior Authorization with Medical Necessity • Substance Use Disorder (SUD) Partial Hospitalization <p>Prior Authorization Required Once Limit Is Reached. (BH Manual Table 1.5 Prior Authorization)</p> <ul style="list-style-type: none"> • Alcohol or Drug Assessment 2 hours per patient per calendar year per billing agency H0001. Does not count toward ASAM level of care benefit limit. • Psychiatric Diagnostic Evaluations 1 visit per person per calendar year per billing agency. • Psychiatric Diagnostic Evaluation with medical services 1 visit per person per calendar year per billing agency. • Psychological Testing 12 hours/visits per person per calendar year (12 visits include combined Psychological testing, Developmental testing, and Neurobehavioral status exam). 8 hours/visits Neuropsychological testing per person per calendar year. • Screening Brief Intervention and Referral to Treatment (SBIRT) 1 visit per person, per calendar year Cannot be billed by provider type 95. Prior authorization once limit is reached. • Substance Use Disorder (SUD) Residential Treatment Two 30 day stays per calendar year are allowed without prior authorization. Day 31 requires prior authorization and must meet medical necessity criteria. Any additional admission (3rd or more) within the same calendar year requires prior authorization from Day 1.
<p>Outpatient Hospital Services: (Including Outpatient Surgery Facility Charges)</p>	<p>Covered Service.</p>
<p>Medical Nutrition Therapy (MNT)</p>	<p>Covered Service when medically necessary for chronic disease, including diabetes mellitus, kidney disease, eating disorders, and seizures.</p> <p>Prescribed by a physician and furnished by a qualified provider (e.g., registered dietician and licensed dietitians)</p> <ul style="list-style-type: none"> • Initial assessment visit • Follow-up intervention visits • Reassessments as necessary during 12-month episode of

	<p>care to assure compliance with dietary plan.</p> <ul style="list-style-type: none"> • 3 hours maximum in 1st year.
<p>Podiatry Services / Routine Foot Care – Professional Services</p>	<p><u>Covered Service.</u> Podiatry services become medically necessary and not routine, when the routine service is performed for a medically approved condition and will be allowed six times a year (once every 60 calendar days).</p> <p><u>Not a Covered Service</u> Routine foot care, removal and/or trimming of corns, calluses and/or nails, and preventive maintenance in specific medical conditions, is considered a non-covered service.</p>
<p>Prescription Drug Rider</p> <p>Transition of Care Requirements Prescribed drugs shall be covered without prior authorization (PA) for at least the first 90 days of membership, or until a provider submits a prior authorization and the MCP completes a medical necessity review, whichever date is sooner. The MCP shall educate the member that further dispensation after the first 90 days will require the prescribing provider to request a PA.</p>	<p>Pharmacy drug benefit; Certain OTC Covered with Dr.'s Rx.</p>
<p>Prosthetic Devices</p>	<p>Subject To Medicaid Orthotic and Prosthetic Services Guidelines and/or Paramount Medical Policies</p>
<p>Skilled Nursing Facility</p>	<p>Prior Authorization with Medical Necessity and skilled level of care.</p>
<p>Sterilization / Contraceptive Services</p>	<p>Under Age 21 Sterilization Is Not Covered</p> <p>Age 21 and older - Sterilization / Hysterectomy / standard Vasectomy with signed HHS Consent form (valid for 180 days from the date the member signed the form).</p> <p>Contraceptive (Liletta, Mirena, Nexplanon, ParaGard T, Skyla).</p> <p>Not Covered Vasectomy - Implantable vas deferens ligation clip (Vasclip) & Pro-Vas occlusion method.</p>
<p>Therapy Services: Physical (PT) Occupational (OT) with Developmental Therapy Speech Therapy and Audiology combined Cardiac Rehab Procedures</p>	<p>Advantage members age 10 and younger have unlimited therapy PT/OT/ST benefits – no authorization required.</p> <p>Physical therapy (PT) 30 visits per calendar year beginning 1/1/2014.</p> <p>Massage and aquatic therapy covered when billed under Physical therapy (PT) visits.</p> <p>Occupational therapy (OT) 30 visits per calendar year</p>

	<p>Speech / Audiology combined - 30 Visits Per Calendar Year.</p> <p>Cardiac Rehab covered services for only Phase I and II cardiac rehabilitation.</p> <p>Cardiac Rehab Phase III and Phase IV services are non-covered since there are no medical indications to approve coverage.</p>
<p>Transplant Bone Marrow Hematopoietic Stem Cell Human Organ</p> <p>**Transition of Care Requirements for Prior Authorization</p>	<p>Prior Authorization with Medical Necessity</p>
<p>Non-emergency Medical Transportation (NEMT) Assistance Program</p> <p>TRANSPORTATION SCHEDULING LINE: 866-837-9817 (TTY 800-750-0750)</p> <p>Hours: Mon-Fri 7am-7pm</p> <p>Trip scheduling no less than 2 business days and up to 30 days in advance.</p> <p>Ask for a text message trip reminder.</p> <p>Download Scheduling App by searching for "Access2Care" in the App Store or Google Play Store.</p>	<p>All non-emergency transportation must be pre-scheduled. Trips may be scheduled up to 30 days in advance, but no less than 2 full business days (48 hours) in advance.</p> <p>Members may have up to 1 additional person travel with them.</p> <p>Trips to an Urgent Care Facility, Hospital Discharge, and Urgent Medical Provider Requested trips may be scheduled at any time of the day. Trips to appointments may occur at any time of day or day of week.</p> <p>Every Paramount Advantage member gets 30 one-way trips per calendar year (Jan 1st – Dec 31st). Members who require travel 30 miles or more from their home to Medicaid-covered, medically necessary provider, which is not available within a 29 mile radius of home, will not have those trips count towards the annual 30 one-way trip limit.</p> <p>Members may contact their County Department of Job & Family Services NET (non-emergency transportation) Program for transportation services <u>at any time.</u></p> <p>Paramount Advantage members may use transportation for Medicaid-covered appointments including Health Care, Pharmacy, WIC, Mental Health, Addiction, Vision, Dental, Prenatal, Postpartum, as well as: NICU Education, Food Clinic, Health Education, Car seat & Safe sleep classes, SSI, SSA, Waiver, BCMH, & JFS appointments, and if needed a Food Bank (call Member Services).</p> <p>Transportation options include:</p> <ul style="list-style-type: none"> • Cab / Sedan / Shuttle / Lyft: "Share-a-ride" possible • Wheelchair Lift Equipped Vehicle: "Para Van" / "Ambulette" • Public / Bus transit: In available markets, monthly pass available • Mileage reimbursement: Repaid by check, member may drive self
<p>Vision Benefit</p> <p>**Transition of Care Requirements for Prior Authorization.</p>	<p>Cataract surgery covered under medical..</p> <p>Through Participating Vision Providers Age 20 and younger, Age 60 and older: One (1) Exam And Eyewear Per 12 Month Period (service date to service date).</p>

Age 21 thru 59: One (1) Exam And Eyewear Per 24 Months (service date to service date).

Per Medical Condition

Members identified as having diabetes are eligible for additional eye exams within 24 months.

Frames; standard

Standard, covered-in-full frames are supplied by the eyeQuest designated lab; *Classic Optical*

Frames; nonstandard

Using a patient or provider supplied frame is acceptable; Lab or Company will have no liability for frames lost in shipment, or if broken during lens fabrication stage.

Lenses; standard

- CR-39 or polycarbonate single vision, bifocal, trifocal
- Must be supplied by *Classic Optical*

Lenses; nonstandard

Non-standard lens materials and features may be covered when medically indicated.

Contact lens and fitting Prior Authorization with Medical Necessity.

One (1) pair annually in lieu of frame and lenses when such lenses provide superior, functional therapeutic management of a specified visual or ocular condition. Diagnosis including, but not limited to:

- Keratoconus when vision with glasses is less than 20/60
- Corneal transplant when vision with glasses is less than 20/60
- Anisometropia that is greater than or equal to 4D
- Refractive Error > 10D in any meridian
- Other indications may apply

Members may receive replacement eye wear in the event of loss or when damaged beyond repair with prior authorization.

Replacement of Eye Wear

- Glasses are lost or broken and not repairable; and/or
- Prescription change of greater than .50 diopters

Effective 3/1/2018:

Children - Medical Prior Approval (MPA) not required until after 3 pairs of **replacement glasses** are ordered. (i.e., a child could receive up to 4 pairs of glasses before an MPA would be required).

Adults - Medical Prior Approval (MPA) not required for the first pair of **replacement glasses** are ordered. (i.e., an adult could receive up to 2 pairs of glasses before an MPA would be required).

Members under the age of 21 may be eligible to

	<p>receive additional eye exams when indicated and necessary, as indicated below.</p> <p>Subsequent Eye Exam</p> <ul style="list-style-type: none"> • Member age 20 yrs old and younger; and • Failed school screening or referred by school or PCP/Pediatrician
<p>Vision Therapy</p>	<p>Orthoptic / Pleoptic Training Prior Authorization with Medical Necessity.</p>
<p>** Transition of Care Requirements</p> <p>**The MCP shall honor any prior authorizations approved prior to the member's transition through the expiration of the authorization, regardless of whether the authorized or treating provider is in or out-of-network with the MCP, regardless of if the individual is transitioning from FFS or another MCP.</p>	