

Amida Care Benefit Guide

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I. Amida Care (AC) Services:

| Service | AC Benefit | Prior Auth Required | Guidelines |
|--|------------|---------------------|---|
| Abortions | Yes | No | Members can "self- refer" to any Amida Care provider. Members can use their Medicaid Card to access non-participating providers who accept Medicaid. |
| Acupuncture | Yes | No | Provider must be a NYS Education Department licensed provider for acupuncture. One initial session and 11 additional sessions for a maximum of 12 appointments each year. After 12 sessions, a prior authorization is required. |
| AIDS Adult Day Health Care (AADHC) | Yes | Yes | New:Request <ul style="list-style-type: none"> ▪ An MD order is required for initial assessment ▪ Care Plans, Registrant Assessment Instruments (RAIs), and assessments are required for continued authorizations thereafter. Concurrent: Care Plans and assessments are required every two (2), three (3), or six (6) months dependent upon the frequency of services received. |
| Allergen Desensitization Treatments | Yes | No | N/A |
| Ambulatory Surgery - Diagnostic | Yes | No | Diagnostic and preventative non-operative procedures with or without biopsy i.e. colonoscopy/EGD, bronchoscopy, cystoscopy do not require pre-authorization. Unless non-par provider is performing or procedure is being performed in a non-par facility. |
| Ambulatory Surgery - Outpatient | Yes | Yes | Does not require a prior authorization unless a non-par provider is performing the procedure or the procedure is being performed in a non-par facility. |
| Amniocentesis | Yes | Yes | N/A |
| Anesthesia Services – Pain Management | Yes | Yes | N/A |
| Artificial Insemination | No | N/A | N/A |
| Asthma Self-Management Training (ASMT) | Yes | No | This benefit covers a maximum of ten (10) hours of patient education during the initial year and two (2) hours of patient education for the following year and there-after. Training must be provided by a NYS licensed, registered, or certified health care professional, who is certified as an asthma educator (AE-C) by the National Asthma Educator Certification Board. |
| Bariatric Surgery | Yes | Yes | No hospital restrictions |
| Behavioral Health Services: Inpatient Mental Health | Yes | No | Members can self- refer. Notification by site/institution to Amida Care is required within 48 hours. <i>Call: 1-866-664-7142</i> NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid. |
| Behavioral Health Services: Inpatient | Yes | No | Members can self- refer. Notification by site/institution to Amida Care is required within 48 hours. <i>Call: 1-866-664-7142</i> |

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| Detoxification | | | |
| Behavioral Health Services: Inpatient Chemical Dependence (Rehabilitation) | Yes | No | Members can self-refer. Notification by site / institution to Amida Care is required within 48 hours. <i>Call: 1-866-664-7142</i> NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid. |
| Behavioral Health Services: Outpatient Detoxification (ETOH) | Yes | No | Members can self-refer. Notification to Amida Care recommended. <i>Call: 1-866-664-7142</i> |
| Behavioral Health Services: Outpatient Mental Health | Yes | No | Members can self-refer. Notification to Amida Care recommended. <i>Call: 1-866-664-7142</i> NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid. |
| Behavioral Health Services: Outpatient Substance Abuse | No | N/A | Services carved out to FFS Medicaid. |
| Birth Centers – Free Standing | Yes | Yes | Requires UM notification within 48 hours of admission. |
| Buprenorphine Management | Yes | No | Management of Buprenorphine by registered and / or certified provider for maintenance or detoxification when furnished and administered as part of a clinical office visit. |
| Cardiac Catheterization | Yes | Yes | Based upon medical necessity. |
| Cardiac Rehab – Outpatient | Yes | Yes | Based upon medical necessity. |
| Case Management (CM) | Yes | No | Initial Comprehensive Case Management Assessment within 60 days from effective date of enrollment. Case Management re-assessment every 180 days. Fax assessments to 646-786-1802 attention Case Management Department at Amida Care. NOTE: Home Health CM is covered by FFS Medicaid. |
| Chemotherapy - Inpatient | Yes | Yes | |
| Chemotherapy – Outpatient | Yes | No | UM Notification Required. |
| Chiropractic Services | No | N/A | N/A |
| Comfort Items | No | N/A | N/A |
| Compression and support stockings | Yes | No | N/A |
| Contact Lenses: for vision | No | N/A | Refer to Vision Section. |

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| Contact Lenses: for medical necessity | Yes | Yes | Refer to Vision Section. |
| Continued Glucose Monitoring | Yes | Yes | N/A |
| Continuity of Care - New Member with a Non-Participating Provider | Yes | Yes | Transition period of up to 60 days of care with non-par provider if the member has a "life threatening" or "degenerative and disabling" condition or disease. |
| Continuity of Care Provider Left Network | Yes | Yes | Transition period of up to 90 days if member needs to continue ongoing treatment with current provider. |
| Cosmetic Surgery | No | N/A | <i>See Plastic/Reconstructive Surgery.</i> |
| Court Ordered Services | Yes | Yes | A copy of the Court order will be requested. |
| CT Scan | Yes | No | N/A |
| Custodial Care | No | N/A | Refer to the Personal Care Services (PCS) benefit |
| Dermal Filler | Yes | Yes | Primary Care Provider must refer the member to a mental health professional (psychiatrist, psychotherapist, LCSW / LMSW) for an evaluation to determine if the member suffers from an emotional or psychiatric condition caused by their lipoatrophy. Only one (1) initial evaluation is needed. |
| Detoxification | <i>See Behavioral Health Services</i> | | N/A |
| Diabetes Self Training (DSMT) | Yes | No | Members newly diagnosed with Diabetes can self-refer. Benefit covers up to 10 hours for 12 continuous month period and 2 hours for subsequent year for follow up training. DSMT must be performed by a New York State licensed, registered, or certified professional in one of the following professional disciplines: <ul style="list-style-type: none"> ▪ Registered Nurse ▪ Registered Nurse Practitioner ▪ Registered Dietician ▪ Physician (MD, DO) ▪ Pharmacist ▪ Physician Assistant ▪ Physical Therapist AND accredited by the American Diabetes Association (ADA), American Association of Diabetes Educators (AADE) as a DMST trainer. |
| Diabetic Supplies – Preferred | Yes | No | Refer to www.amidacareny.org for list of preferred supplies. |
| Diabetic Supplies – Non Preferred | Yes | Yes | Refer to www.amidacareny.org for list of preferred supplies. |
| Dialysis - Outpatient | Yes | Yes | Prior authorization can be given for up to 6 month intervals. |
| Directly Observed Therapy (DOT) | Yes | Yes | Includes Tuberculosis and Antiretroviral (ARV) Therapy. |

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| Durable Medical Equipment (DME) – Below \$500 | Yes | No | Non-par Providers need a Prior Authorization. |
| Durable Medical Equipment (DME) – Above \$500 | Yes | Yes | N/A |
| Dual Energy X-Ray Scan | Yes | No | A maximum of one (1) screening every two (2) years for men and women over 50 years of age with risk factors in developing osteoporosis. |
| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services/Child Teen Health Programs (C/THP) | Yes | No | A package of early and periodic screening including inter-periodic screens and diagnostic and treatment services that NYS offers all Medicaid eligible children under twenty-one (21) years of age to include corrective, preventive, maintenance of medical, dental, vision and hearing screens. |
| Emergency Room (ER) Visits | Yes | No | UM notification and clinical summary by participating hospitals recommended within 48 hours. NOTE: Emergency Services also include Screening, Brief Intervention, and Referral to Treatment (SBIRT) for chemical dependency. |
| End of Life/Curative/Palliative Care | Yes | Yes | See Hospice Care |
| Experimental/Investigational Procedures/Services | Yes | Yes | Covered on a case by case basis |
| Family Planning and Reproductive Health Services | Yes | No | Member can "self -refer" to any Amida Care Provider or the Member can use their Medicaid Card to access non-participating providers who accept Medicaid. |
| Gender Reassignment | Yes | Yes | Contact Amida Care for more information. |
| Genetic Counseling | Yes | Yes | A written order is required Maximum allowable session length is two (2) hours Maximum of two (2) hours of pre-genetic test counseling and maximum of two (2) hours of post-genetic test counseling Provided in a practitioner's office, hospital outpatient department, or free standing diagnostic and treatment center. |
| Growth Hormone – administered in the providers office | Yes | Yes | N/A |
| Hearing Aids | Yes | Yes | N/A |
| Hearing Aid Battery | Yes | No | N/A |
| Hearing Implants | Yes | Yes | N/A |
| Hearing Testing | Yes | No | N/A |
| Home Delivered Meals | Yes | Yes | Home Delivered Meals in Medicaid/HIV SNP covered only for those enrollees transitioning from Long Term Home Health Care Program (LTHHCP) and who received Home Delivered Meals while in the LTHHCP. The Home Delivered Meals benefit includes up to two meals per day on week days and/or |

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| | | | weekends when enrollee's needs cannot be met by existing support services, including family and approved PCA's. |
| Home Health Care Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Social Worker, Home Health Aide | Yes | Yes | <p>Home care can be requested as part of discharge planning post hospitalization, after a short term rehab admission or based on the member's condition as evaluated by the member's PCP, CM or Amida Care Care Coordination staff.</p> <p>Authorization is provided without applying Clinical Criteria for the following:</p> <ul style="list-style-type: none"> ▪ Delivery of high-risk infants (newborns) ▪ Women discharged from the hospital less than 48 hours after vaginal delivery ▪ Women discharged from the hospital less than 96 hours after Cesarean birth ▪ Post discharge from hospital or SNF. <p>Note: Clinical information and plan of care should be submitted with request for additional services.</p> |
| Home Health Care: Tele-Health | Yes | Yes | <p>Only members who qualify for home care services will be considered for tele-health home services.</p> <p>Only members whose risks are assessed in-person prior to the receipt of tele-health services will be eligible for reimbursement.</p> <p>Completion of UAS is required.</p> |
| Home Health Interim Care with NO Skilled Nursing Need | Yes | Yes | <p>Interim is defined as a set timeframe (usually 30 days) to allow the transition of home care services from skilled nursing services to personal care services.</p> <p>The interim benefit provides time for the primary care provider to initiate and submit the required form (M11Q) to the Plan for review and approval for personal care services and a Universal Assessment be completed by an RN</p> <p>The benefit covers a maximum of 45 days for interim homecare.</p> <p>Personal Care Services are services rendered by a home attendant or home maker (i.e. cooking, shopping, cleaning etc.).</p> <p>NOTE: Interim services are also provided for members post hospital discharge and new enrollees receiving personal care services prior to enrollment from a CHHA utilizing skilled nursing staff to render personal care.</p> |
| Home Health Post Labor and Delivery | Yes | No | <p>Amida Care must provide up to 2 post-partum home visits for:</p> <ul style="list-style-type: none"> ▪ High risk mothers ▪ Women with less than a 48 hour hospital stay after a vaginal deliver ▪ Women with less than a 96 hour hospital stay after a cesarean delivery <p>Post-partum home visits must be made by a qualified health professional (minimum qualifications being a registered nurse with maternal/child health background), and the first visit must occur within 48 hours of discharge.</p> |
| Home IV Infusion Therapy | Yes | Yes | N/A |
| Hospice Care | Yes | Yes | N/A |

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| Hospital Admissions - Elective | Yes | Yes | N/A |
| Hospital Admissions – Emergency, Labor & Delivery | Yes | No | UM Notification within 48 hours of admission recommended. |
| Hospital Alternate Level of Care (ALC) | Yes | Yes | UM Notification within 48 hours of ALC placement required. |
| Hysterectomy (elective) | Yes | Yes | Acknowledgement of Receipt of Hysterectomy Information Form (DSS3113) should be sent to UM. |
| Immunizations | Yes | No | Childhood immunizations (below the age 19) are paid for via the VFC (Vaccine for Children) Program. Meningococcal included |
| Implantable Contraceptives | Yes | No | N/A |
| Infertility treatment | No | N/A | N/A |
| Injectable Medications | Yes | No | N/A |
| Inpatient Admission | Yes | Yes | N/A |
| Insulin Pump | Yes | Yes | Covered as DME and requires Prior Authorization if \geq \$500. |
| In-vitro Fertilization | No | N/A | N/A |
| Laboratory Tests – Routine | Yes | No | N/A |
| Laboratory Tests – Resistance and Tropism Testing | Yes | No | N/A |
| Mammography – Diagnostic and Routine Screening | Yes | No | N/A |
| Medical Supplies - Disposable | Yes | No | Refer to www.amidacareny.org for a list of medical supplies. |
| Midwife Services | Yes | No | N/A |
| MRI | Yes | No | N/A |
| Multiple Surgical Procedures | Yes | Yes | When multiple surgical procedures are performed during the same operative session, provider is reimbursed 100% for the major procedure, 50% for the second procedure and each additional procedure. |
| Newborn Eligibility | Yes | No | UM Notification recommended. |
| Non-Par Providers | N/A | Yes | Coverage only applies to Continuity of Care instances. |
| Nuclear Medicine | Yes | No | N/A |
| Nursing Home (Long Term –Custodial Care) | Yes | Yes | N/A |
| Nutritional Counseling – Outpatient | Yes | No | Must be part of a demonstrable medical need under guidance of a physician such as prenatal care, diabetes care, obesity, and malnutrition. |
| OB / GYN and Prenatal Care | Yes | No | Members can “self refer” to any Amida Care provider. Members can use their Medicaid Card to access non-participating providers who accept Medicaid. In addition to OB/GYN services, benefits also include services such as: childbirth classes, smoking cessation counseling (up to six (6) sessions annually), nutritional care, HIV testing and |

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| | | | counseling, extended care, and parenting classes. |
| Oncotype DX test for Breast Cancer | Yes | Yes | Gene Expression Profiling Test for Use in the Management of Breast Cancer Treatment. |
| Oral surgery | Yes | Yes | N/A |
| Orthopedic Shoes/ Prescription Footwear and Custom Orthotics | Yes | Yes | Orthopedic shoes limited to two (2) pairs of shoes per year. |
| Out of State – Elective Care | No | N/A | N/A |
| Out of State Emergency-ER visits / Admissions | Yes | No | N/A |
| Personal Care Services (PCS) | Yes | Yes | M11Q completed by primary care provider needed. Level 1 services are limited to a max of 8hrs/week. Level 2 services are for Personal Care, based upon the member's needs. Consumer Directed Personal Care Services is covered. |
| Personal Emergency Response System (PERS) | Yes | Yes | PERS must be in conjunction with Personal Care Services or Home Care Services. Authorization for PERS services is based upon recommendation of a physician's orders (M-11q) and/or Uniform Assessment System (UAS) which must include the PERS assessment/reassessment completed by a registered nurse and receiving home health and/or personal care services Amida Care evaluates PERS for medical necessity and authorizes services for periods of up to 6 months. Authorization of PERS is not a substitute for, or in lieu of, assistance with PCS tasks. |
| PET scans | Yes | Yes | N/A |
| Plastic Surgery /Reconstructive Surgery- Not Cosmetic | Yes | Yes | N/A |
| Podiatry | Yes | No | Covered when physical condition poses a hazard due to the presence of localized illness, injury or symptoms of the foot, or for the diagnosis and treatment of diabetes, ulcers and infections. Routine foot care such as treatment of corns, calluses, nail trimming, soaking or cleaning is NOT covered in the absence of a disease. |
| Postpartum Maternal Depression Screening | Yes | Yes | Maximum of three (3) screenings within the first year of the infant's life |

| Service | AC Benefit | Prior Auth Required | Guidelines |
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| Pre-natal Care | Yes | No | In addition to OB/GYN services benefits also include services such as: childbirth classes, smoking cessation counseling (up to 6 sessions annually), nutritional care, HIV testing and counseling, extended care, and parenting classes.(Manager of Long Term Care Services) |
| Prenatal Carrier Testing (Fragile X Syndrome) | Yes | Yes | Covered when one or more of the following criteria is met: <ul style="list-style-type: none"> There is a personal or family history of Fragile X Tremor / Ataxia Syndrome, Autism Spectrum Disorder or unexplained mental retardation in a 1st, 2nd or 3rd degree relative of either parent The mother has elevated Follicle Stimulating Hormone (FSH) level before the age of 40 or premature ovarian failure with no known cause; or The mother of a 1st or 2nd degree female relative of either parent in a confirmed carrier. |
| Prenatal Carrier Testing (Spinal Muscular Atrophy) | Yes | Yes | Covered when one or more of the following criteria is met: <ul style="list-style-type: none"> There is a personal or family history of Spinal Muscular Atrophy (SMA) or other muscular dystrophy of unknown type in a 1st degree or 2nd degree relative of either parent The father is a known carrier <p>Carrier screening for SMA of the male partner of a pregnancy will be covered if the pregnant female is found to be a carrier.</p> |
| Pre-natal Testing for Trisomy 21, 18, and 13 | Yes | Yes | Covered when one or more of the following criteria is met: <ul style="list-style-type: none"> Either parent has a family history of an aneuploidy in a 1st or 2nd degree relative The pregnant woman is of advanced maternal age (defined by the American College of Obstetricians and Gynecologists at 35 years or older at the time of delivery) Standard serum screening or fetal ultra-sonographic findings indicate an increased risk of an aneuploidy Parent(s) have a history of a previous pregnancy with a trisomy Either parent is known to have a Robertsonian translocation |
| Prenatal- Non-stress Tests | Yes | No | Prior authorization applies if more than two instances during the course of the pregnancy. |
| Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula | Yes | Yes | Includes pharmaceuticals and medical supplies Cross Gender Hormone Therapy (CGHT) previously known as Hormone Replacement Therapy (HRT) requires prior authorization. Call Express Scripts (ESI) 1-800-417-8164. <i>Refer to Plan's pharmacy formulary at www.amidacareny.org for preferred medications, medications requiring prior-authorization or step therapy.</i> |
| Preventive Health Services | Yes | No | N/A |
| Private Duty Nursing | Yes | Yes | N/A |
| Prosthetics | Yes | Yes | N/A |
| Radiation Therapy | Yes | No | N/A |
| Radiology Diagnostic | Yes | No | N/A |

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| exams (Excluding Pet Scans) | | | |
| Rehabilitation – Inpatient | Yes | Yes | Services must be medically necessary, reasonable necessary to furnish on an in-patient hospital basis rather than in a less intensive facility such as SNF or on an outpatient basis. |
| Rehabilitation – Outpatient | Yes | Yes | <p>Must be rendered by Physical Therapists, Speech / Language Pathologists and Occupational Therapists. Services are provided in an outpatient facility, the office of qualified private practicing therapists or speech pathologists.</p> <p>If the member needs more than the eight (8) initial sessions, additional clinical information will be requested and approval of more sessions is based on medical necessity. .</p> <p>Maximum of 20 sessions per year.</p> <p>20 session limit does not apply to:</p> <ul style="list-style-type: none"> ▪ Children younger than 21 years ▪ Beneficiaries with developmental disability or with traumatic brain injury ▪ Services provided by a certified home health agency (CHHA) ▪ Services to beneficiaries in a nursing home in which they reside |
| Residential Health Care – Short Term Skilled Nursing Facility | Yes | Yes | N/A |
| Residential Health Care Long Term Skilled Nursing Facility | Yes | Yes | N/A |
| Screening, Brief Intervention and Referral to Treatment (SBIRT) | Yes | No | SBIRT services are available to members aged ten (10) years and older in emergency rooms, hospital outpatient departments, diagnostic and treatment centers and physician offices. |
| Second Opinions-Medical or Surgical | Yes | No | Prior-authorization is only required for out-of-network providers. |
| Sleep Apnea Study | Yes | Yes | Can be outpatient overnight or inpatient with presenting symptoms |
| Smoking Cessation Counseling (SCC) | Yes | No | <p>Up to eight (8) counseling sessions are covered per calendar year for all members, including pregnant women.</p> <p>SCC must be provided face-to-face by a Physician, Registered Physician Assistant, Registered Nurse Practitioner, or Licensed Midwife during a medical visit. (No group sessions).</p> |
| Smoking Cessation Products | Yes | No | <p>Two (2) courses of smoking cessation therapy per recipient, per calendar year are allowed.</p> <p>A course of therapy is defined as no more than a 90-day supply (an original order and two (2) refills, even if less than a 30 day supply is dispensed in any fill).</p> |
| Sonograms | Yes | No | Prior authorization is only required for more than one (1) sonogram per trimester. |

| Service | AC Benefit | Prior Auth Required | Guidelines |
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| Specialist as PCP | Yes | Yes | |
| Sterilization | Yes | No | Providers need to submit form LDSS-3134 and forward form to care coordination department. |
| Sterilization Reversal | No | N/A | N/A |
| Transplants | Yes | Yes | N/A |
| Wound Vac. – Inpatient | No | No | N/A |
| Wound Vac. – Outpatient | Yes | Yes | N/A |
| Vision: Eye Care and Low Vision Services- Well Vision (Refractive Exams) | Yes | No | Benefit managed by Davis Vision. Member(s) can contact Davis Vision directly at 1-800-999-5431. Eye exam every two (2) years New pair of glasses every two (2) years Low vision exam and specialist needs referral |
| Urgent Care and Walk-ins | Yes | No | N/A |
| All other services (Not listed above) | <i>For any services or situations other than those listed above, contact the Plan for directions.</i> | | |

II. HIV SNP Enhanced Services:

| Service | Description |
|---|---|
| Case Management Assessments/Service Plans | <p>Member may be assessed for psycho-social or non-medical needs, which result in the development of a “service plan” by a case manager.</p> <p>The initial assessment/service plan will be completed within the first 60 days of intake, and then re-assessed at least every 180 days thereafter.</p> <p>For more information, see <i>Case Management</i>.</p> |
| Directly Observed Therapy (DOT) or Directly Observed Antiretroviral Therapy (DART) | <p>Members have to see a licensed medical provider for the purposes of taking medications as prescribed.</p> <p>This must be a documented face to face encounter coinciding with a medical treatment schedule and incorporated into a goal-oriented service plan.</p> |
| Escorts | <p>Members may be escorted roundtrip (to/from) a medical/specialty care appointment or other appointment, such as Medicaid recertification or other benefits, legal or supportive services.</p> |
| Treatment Adherence Services/Treatment Education | <p>Members may see a trained counselor, pharmacist or medical team member for the purpose of increasing adherence to a treatment regime or treatment education</p> |