Amida Care Benefit Guide

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Revised 8/15/2017, 9/20/2017, 1/02/2018, 2/20/2018

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** ▪ 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	
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	N/A
Behavioral Health Services: Inpatient Mental Health	Yes	No	Members can self- refer. Notification by site/institution to Amida Care is required within 48 hours. *Call: 1-866-664-7142* ***NOTE: Non HIV/AIDS SSI SNP Coverage is covered by FFS Medicaid.***
Behavioral Health Services: Inpatient Detoxification	Yes	No	Members can self- refer. Notification by site/institution to Amida Care is required within 48 hours. *Call: 1-866-664-7142*

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Service	AC Benefit	Prior Auth Required	Guidelines
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. *Call: 1-866-664-7142* ***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. *Call: 1-866-664-7142*
Behavioral Health Services: Outpatient Mental Health	Yes	No	Members can self-refer. Notification to Amida Care recommended. *Call: 1-866-664-7142* ***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.
Birthing 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
Cologuard (FIT – DNA)	Yes	Yes	Type of Colorectal Cancer Screening Method for patients considered to be of average risk.
Comfort Items	No	N/A	N/A
Compression and support stockings	Yes	No	N/A
Consultation for Gender Affirming	Yes	No	Contact Amida Care for more information.

Service	AC Benefit	Prior Auth Required	Guidelines
Surgery			
Contact Lenses: for vision	No	N/A	Refer to Vision Section.
Contact Lenses: for medical necessity	Yes	Yes	Refer to Vision Section.
Continued Glucose Monitors (DME)	Yes	Yes	Continued Glucose Monitors are a glucose monitoring technology that continuously measures and displays interstitial glucose levels. Alarms and alerts are used to notify members when their blood glucose level is exceeding or falling below specified thresholds. This information is used by members to self-manage their diabetes. NYS Medicaid coverage of a RT-CGM may be available for members who meet each of the following criteria. The member must: • Have a diagnosis of type 1 diabetes • Be under the care of an endocrinologist who orders the device • Currently be performing at least four finger-stick glucose tests daily • Be on an insulin treatment plan that requires frequent adjustment of insulin dosing • Be able, or have a caregiver who is able, to hear and view RT-CGM alerts and respond appropriately.
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	*See Plastic/Reconstructive Surgery.*
Court Ordered Services	Yes	Yes	A copy of the Court order will be requested.
CT Colonography (CTC)	Yes	Yes	Type of Colorectal Cancer Screening Method for patients considered to be of average risk.
CT Scan	Yes	No	N/A
Custodial Care	N/A	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	*See Behavioral Health Services*		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: ▪ Registered Nurse ▪ Registered Nurse Practitioner ▪ Registered Dietician

Service	AC Benefit	Prior Auth Required	Guidelines
			▪ 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.
Double Contrast Barium Enema (DCBE)	Yes	Yes	Type of Colorectal Cancer Screening Method for patients considered to be of average risk.
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.
Fecal Immunochemical	Yes	Yes	Type of Colorectal Cancer Screening Method for patients considered to be of average risk.

Service	AC Benefit	Prior Auth Required	Guidelines
Test (FIT) or High Sensitivity Fecal Occult Blood Testing (FOBT)			
Flexible Sigmoidoscopy (SIG)	Yes	Yes	Type of Colorectal Cancer Screening Method for patients considered to be of average risk.
Gender Affirming Surgery	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 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	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. Authorization is provided without applying Clinical Criteria for the following: ▪ 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. ***Note: Clinical information and plan of care should be submitted with request for additional services.***
Home Health Care: Tele-Health	Yes	Yes	Only members who qualify for home care services will be considered for tele-health home services. Only members whose risks are assessed in-person prior to the receipt of tele-health services will be eligible for reimbursement. Completion of UAS is required.
Home Health	Yes	Yes	Interim is defined as a set timeframe (usually 30 days) to allow the transition of home care services from skilled nursing services

Service	AC Benefit	Prior Auth Required	Guidelines
Interim Care with NO Skilled Nursing Need			to personal care services. 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 The benefit covers a maximum of 45 days for interim homecare. Personal Care Services are services rendered by a home attendant or home maker (i.e. cooking, shopping, cleaning etc.). ***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.***
Home Health Post Labor and Delivery	Yes	No	Amida Care must provide up to 2 post-partum home visits for: ▪ 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 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.
Home IV Infusion Therapy	Yes	Yes	N/A
Hospice Care	Yes	Yes	Need to obtain documentation from Physician stating that the member has less than a year to live.
Hospital Admissions - Elective	Yes	Yes	N/A
Hospital Admissions – Emergency, Labor & Delivery	Yes	No	N/A
Hospital Alternate Level of Care (ALC)	Yes	Yes	N/A
Hysterectomy (elective)	Yes	Yes	N/A
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	NA
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

Service	AC Benefit	Prior Auth Required	Guidelines
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 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
Office Visit – New Consultation	Yes	No	N/A
Out Patient Procedures	Yes	Yes	N/A
Pasteurized Donor Human Milk (PDHM)	Yes	Yes	Medicaid managed care (MMC) plans are required to cover inpatient use of PDHM when medically necessary.
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.

Service	AC Benefit	Prior Auth Required	Guidelines
			Consumer Directed Personal Care Services (CDPAS) 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 approval of PCA 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	First screening does not require a prior authorization, as long as the screening takes place within the first year of the infant's life. Additional screenings require a prior athorization. Maximum of three (3) screenings within the first year of the infant's life.
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: ▪ 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: ▪ 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 Carrier screening for SMA of the male partner of a pregnancy will be covered if the pregnant female is found to be a carrier.
Pre-natal Testing for	Yes	Yes	Covered when one or more of the following criteria is met: ▪ Either parent has a family history of an aneuploidy

Service	AC Benefit	Prior Auth Required	Guidelines
Trisonomy 21, 18, and 13			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. *Refer to Plan's pharmacy formulary at www.amidacareny.org for preferred medications, medications requiring prior-authorization or step therapy.*
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 exams (Excluding Pet Scans)	Yes	No	N/A
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	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. 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. . Maximum of 20 sessions per year. 20 session limit does not apply to: ▪ 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	Yes	Yes	N/A

Service	AC Benefit	Prior Auth Required	Guidelines
Skilled Nursing Facility			
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	Up to eight (8) counseling sessions are covered per calendar year for all members, including pregnant women. 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).
Smoking Cessation Products	Yes	No	Two (2) courses of smoking cessation therapy per recipient, per calendar year are allowed. 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).
Sonograms	Yes	No	Prior authorization is only required for more than one (1) sonogram per trimester.
Specialist as PCP	Yes	Yes	
Sterilization	Yes	No	N/A
Sterilization Reversal	No	N/A	N/A
Transplants	Yes	Yes	N/A
Urgent Care and Walk-ins	Yes	No	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
All other services *(Not listed above)*	***For any services or situations other than those listed above, contact the Plan for directions.***		

II. HIV SNP Enhanced Services:

Service	Description
Case Management Assessments/Service Plans	Member may be assessed for psycho-social or non-medical needs, which result in the development of a “service plan” by a case manager. 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. For more information, see *Case Management.*
Directly Observed Therapy (DOT) or Directly Observed Antiretroviral Therapy (DART)	Members have to see a licensed medical provider for the purposes of taking medications as prescribed. This must be a documented face to face encounter coinciding with a medical treatment schedule and incorporated into a goal-oriented service plan.
Escorts	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.
Treatment Adherence Services/Treatment Education	Members may see a trained counselor, pharmacist or medical team member for the purpose of increasing adherence to a treatment regime or treatment education