Section 6 – Covered Services and Exclusions

Covered Services

Please visit the CareSource Website at www.caresource.com for information on common services, their coverage status and other information about obtaining services.

In general, most benefit limits for services and procedures follow state and federal guidelines. Benefits limited to a certain number of visits per year are based on a calendar year (January-December). Please call CareSource to make sure the member has not already exhausted benefit limits before providing services by checking our Website or calling Provider Services.

This section describes the services and exclusions to benefits that are provided to our CareSource and CareSource Advantage members. CareSource covers all medically necessary Medicare covered services for CareSource Advantage members and Medicaid-covered services for CareSource members and CareSource covered services for MIChild members. These services are available to our health plan members at no charge.

Determination that services cannot be covered — CareSource will notify the provider and member in writing if we determine that a service cannot be covered. The letter will include the reason that the service cannot be covered. Providers and members have the right to appeal the decision. Please see the Appeal Procedures section of this manual for information on how to file an appeal.

Covered services and exclusions for CareSource and CareSource Advantage members may be found on our Website at www.caresource.com.

Please see the CareSource Advantage Evidence of Coverage and Summary of Benefits for detailed information on coverage, benefits and limitations and prior authorization requirements.

Preferred Diabetic Supplier

Great Lakes Medical Supply Inc., (GLMS), is the preferred provider for diabetic meters and diabetic related supplies. GLMS will proactively contact members about refilling monthly supplies and will offer a free new glucometer to members who qualify. Medical supplies are shipped directly to the member's residence and can be ordered by calling **1-800-774-0788**.

CareSource

Medicaid

Abortion – Abortion Services are covered in the following circumstances with prior authorization:

- Instances in which the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would as certified by a physician, place the woman in danger of death unless an abortion is performed.
- Instances in which the pregnancy was the result of an act of rape and the patient, the patient's legal guardian or the person who made the report to the law enforcement agency, certifies in writing that a report was filed, prior to the performance of the abortion, with a law enforcement agency having requisite jurisdiction, unless the patient was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion.
- Instances in which the pregnancy was the result of an act of incest and the patient, the patient's legal guardian or the person who made the report certified in writing that a report was filed, prior to the performance of the abortion, with either a law enforcement agency having the requisite jurisdiction, or, in the case of a minor, with a county children services agency established under Chapter 5153, of the Revised Code, unless the patient was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion. The physician performing the abortion must certify in writing to one of these circumstances by completing the Michigan Department of Community Health Medical Services Administration form MSA-4240.

Sterilization — Sterilization procedures are covered if the following requirements are met:

- The member is at least 21 years of age at the time of the informed consent.
- The member is mentally competent and not institutionalized.
- Sterilization is the result of a voluntary request for services by a member legally capable of consenting to such a procedure.
- The member is given a thorough explanation of the procedure. In instances where the individual is blind, deaf or otherwise handicapped or unable to understand the language of the consent, an interpreter must be provided for interpretation.
- Informed consent is obtained on the Consent to Sterilization Form (MDCH Form 1959), which is located in the Forms section of this manual, with legible signature(s) and submitted to our health plan with the claim. A copy of the form can be found in the Forms section of this manual.
- Informed consent is not obtained while the individual to be sterilized is in labor or childbirth; seeking to obtain or obtaining an abortion; or under the influence of alcohol or other substances that affect the individual's state of awareness.
- The procedure is scheduled at least 30 days, but not more than 180 days, after the consent is signed.

These requirements are applicable to all sterilizations when the primary intent of the sterilizing procedure is fertility control.

Hysterectomies — Written consent to the hysterectomy procedure must be obtained from members on the Consent to Hysterectomy Form which is located in the Forms section of this manual. The primary surgeon performing the hysterectomy is responsible for securing the member's consent to the procedure. A copy of the signed/approved hysterectomy consent form must be provided for all hysterectomies, whether performed as a primary or secondary procedure, or for medical procedures directly related to such hysterectomies. The consent form should include legible signature(s) and be submitted to CareSource with the claim. A copy of the form can be found in the Forms section of this manual.

Immunizations — Health care providers may administer immunizations obtained through the Vaccines for Children (VFC) program to CareSource members. The vaccines are available free of charge through the Michigan Vaccines for Children (VFC) program. **Please bill CareSource for the vaccine with appropriate CPT and ICD-9 vaccination codes and CareSource will reimburse for the administration of the immunization.**

Mental health services — Access to mental health services for CareSource members is provided through Comprehensive Behavioral Health at **1-800-435-5348**.

Wellness exams for adults — All adults are eligible to receive a wellness exam from a PCP at the earliest opportunity upon enrollment with CareSource. A wellness exam may be performed annually and consist of the following:

- Routine physical exam, including (but not limited to) urinalysis, Pap smear, hemoccult, general health screen panel and other lab tests, as indicated.
- Screening which consists of the following, as appropriate:
    - Mammography, cervical cancer screening and Chlamydia screening performed at intervals recommended by the United States Preventive Services Task Force and the Michigan Quality Improvement Consortium (MQIC) for age and risk factors.
    - Prostatic-specific antigen for males over age 50.
    - Flexible sigmoidoscopy every three years beginning at age 40.
    - Colonoscopy as indicated for patients with high risk factors.
    - Flu shots, as appropriate.
    - Vision exams through PCP or vision vendor.
    - Hearing exams.

Preferred Laboratory Provider

CareSource has partnered with Quest Diagnostics in a Preferred Provider relationship to capture laboratory results that support HEDIS and other quality initiatives. A complete list of Quest Diagnostics Patient Service Centers is available on their Website at www.questdiagnostics.com or call **1-866-697-8378**.