



Benefit or Service	Adults Covered Age 19 and over	Notes
<p>Prescriptions , Pharmacy, Drugs</p> <ul style="list-style-type: none"> <li>• Contraception (including OTC)</li> <li>• Mail Order Prescriptions</li> <li>• Outpatient Drugs</li> <li>• Take Home Drugs</li> <li>• Vitamins (including OTC)</li> </ul>	<p>Age 19 and over</p> <p>For covered services refer to CHPW.org:  <b>Apple Health Formulary and Apple Health covered OTC contraceptive list :</b>  <a href="https://www.chpw.org/provider-center/pharmacy/">https://www.chpw.org/provider-center/pharmacy/</a></p>	<p>Added Age 19 and older</p> <p>Same as WAH</p>
<p>Prescriptions , Pharmacy, Drugs</p> <ul style="list-style-type: none"> <li>• Out of Area</li> </ul>	<p>Age 19 and older:</p> <p>Usually, prescriptions filled outside of the Apple Health network are not covered. Pharmacies can dispense up to a 72-hour supply of a medication in an emergency. If you're traveling outside of the coverage area, please contact CHPW.</p>	<p>Added Age 19 and older</p> <p>Same as WAH</p>
<p>Prescriptions, Pharmacy, professionally administered drug (injections)</p> <p><b>COVERED BY CHPW</b></p> <ul style="list-style-type: none"> <li>• Hydroxyprogesterone Caproate (Makena) - Pharmacy Benefit Only</li> </ul>	<p>Age 19 and older:</p> <p>Refer to <b>Apple Health Formulary</b> available on CHPW.org:  <a href="https://www.chpw.org/provider-center/pharmacy/">https://www.chpw.org/provider-center/pharmacy/</a></p> <p>OR</p> <p>Refer to <b>Procedure Code Lookup Tool</b> available on CHPW.org:  <a href="https://www.chpw.org/provider-center/prior-authorization/">https://www.chpw.org/provider-center/prior-authorization/</a></p>	<p>Added Age 19 and older</p> <p>Same as WAH</p>



Benefit or Service	Adults Covered Age 19 and over	Notes
<p>Prescriptions, Pharmacy, professionally administered drug (injections) <b>COVERED BY HCA ONLY , NOT CHPW</b></p>	<p>Age 19 and older: Refer to <b>Apple Health Carved Out Drug List Status</b> available on CHPW.org: <a href="https://www.chpw.org/provider-center/pharmacy/">https://www.chpw.org/provider-center/pharmacy/</a></p>	<p>Added Age 19 and older Same as WAH Added Refer to Carved Out Drug List Status</p>
<p>Prescriptions, pharmacy: <b>EXCLUDED (Not Covered CHPW or HCA):</b></p> <ul style="list-style-type: none"> <li>• Alternative Medicines</li> <li>• Herbal medicines</li> <li>• Homeopathy</li> </ul> <p>For Treatment of:</p> <ul style="list-style-type: none"> <li>• Impotence</li> <li>• Infertility</li> <li>• Sexual Dysfunction</li> <li>• Weight loss</li> </ul>	<p>Not Covered.</p> <p>Refer to <b>Apple Health Formulary</b> available on CHPW.org: <a href="https://www.chpw.org/provider-center/pharmacy/">https://www.chpw.org/provider-center/pharmacy/</a></p>	<p>Added Age 19 and older Same as WAH</p>
<p>Hearing Aid: Surgically-implanted hearing assistance devices (Cochlear, BAHA)</p>	<p>Ages 19 and older, effective 01/01/2024. New and replacement Cochlear implants are now covered.</p> <p>PA is required.</p> <p>Replacement parts including batteries are covered.</p>	<p>Added age to 19 and over. Same as WAH.</p>



Benefit or Service	Adults Covered Age 19 and over	Notes
Maternity: Home Delivery	<ul style="list-style-type: none"> <li>•HPW eligible individuals, who have not reported being pregnant to the HCA, receive CHPW coverage for the birth and are then disenrolled from CHPW.</li> <li>•HPW eligible individuals, who report being pregnant to the HCA, will have a RAC code change are disenrolled from CHPW to receive FFS (HCA) pregnancy medical.</li> <li>•Newborn covered on mother’s ID until eligibility is transferred.</li> </ul>	Change in eligibility
Maternity: Newborn Care	<ul style="list-style-type: none"> <li>•HPW eligible individuals, who have not reported being pregnant to the HCA, receive CHPW coverage for the birth and are then disenrolled from CHPW.</li> <li>•HPW eligible individuals, who report being pregnant to the HCA, will have a RAC code change are disenrolled from CHPW to receive FFS (HCA) pregnancy medical.</li> <li>•Newborn covered on mother’s ID until eligibility is transferred.</li> </ul>	Change in eligibility



Benefit or Service	Adults Covered Age 19 and over	Notes
Hearing aids: Non-surgical, hearing hardware	Age 19 and Over - Covered for one or both ears depending on medical necessity. Includes ear mold. Rental of hearing aid (s) for up to 2 months is covered while a client's own hearing aid (s) is being repaired.	Added age to 19 and over. Same as WAH.
Interpreter Services	Covered for ages 19 years of age and older. Please contact CHPW Customer Service: 1-800-440-1561	Different phone number
Neurodevelopment Therapy	AHE limited to Ages 19 and 20 Only. Age 21 and older not covered.	Changed age limit to 19 and 20.
Mental Health: Family Team Meetings	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Co-occurring Treatment	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Housing and Recovery through Peer Services (HARPS)	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Court Ordered Involuntary Treatment Investigation, Court Ordered Involuntary Commitment (Crisis)	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Clubhouse	Age 19 and over Covered	Added age to 19 and over. Same as WAH.



Benefit or Service	Adults Covered Age 19 and over	Notes
Mental Health: Request for Services Not Crisis	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Respite Care	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Supported Employment	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Court Ordered Testimony for Involuntary Treatment Services	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Court Ordered Jail Services Community Transition	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: Court Ordered Offender Re-Entry Community Safety Program (ORCSP)	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health: WA-PACT	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Mental Health:Wraparound Services intensive services, WISE	AHE limited to <b>Ages 19 and 20 Only.</b> Age 21 and older not covered.	Changed age limit to 19 and 20.
Substance Use Disorder: Alcohol Information School Drug Information School	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Substance Use Disorder: Interim Services	Age 19 and over Covered	Added age to 19 and over. Same as WAH.



Benefit or Service	Adults Covered Age 19 and over	Notes
Substance Use Disorder: Recovery Support (Community Support Service)	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Substance Use Disorder: Court Ordered Involuntary Commitment (Crisis)	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Substance Use Disorder: Sobering Services	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Substance Use Disorder: Pregnant, Post Partum or Parenting (PPW) Women's Housing Support Services	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Substance Use Disorder: Request for Services, Not Crisis	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Circumcision: Routine	<b>THIS CHPW VALUE ADD BENEFIT NOT COVERED</b>	Changed to NOT COVERED
Dental: Routine Services	<ul style="list-style-type: none"> <li>• Age 19 and older, CHPW covers fluoride application provided by a medical provider (non-dentist)</li> <li>• CHPW covers the related facility charges for dental services performed under general anesthesia.</li> <li>• Not Covered: ABCD dental/mouth matters, Access to Baby and Child Dentistry/Mouth Matters</li> </ul>	Added age to 19 and over. Same as WAH.



Benefit or Service	Adults Covered Age 19 and over	Notes
Dental: <u>Facility Charges ONLY</u>	Age 19 and over Covered	Added age to 19 and over. Same as WAH.
Well-child checks Early and periodic screening with diagnosis and treatment (EPSDT)	Covered - <b>Ages 19 and 20 Only</b> . Includes chiro related to EPSDT. If OHI, OHI is primary over AHE.	Changed age limit to 19 and 20.
Alternative Care • Chiropractor • Acupuncture • Massage Therapy	CHPW Value Add Benefit COVERED • Providers must be licensed in the State of WA. • Open network • No authorization or referral required • AGES 19 and older • 20 visit combined limit of Alternative Care services.	Added age to 19 and over. Same as WAH.
CPE	<b>Not Covered</b>	Changed to not covered: Certified Public Expenditure (CPE) hospitals for Categorically Needy – Blind and Disabled identified by HCA



Benefit or Service	Adults Covered Age 19 and over	Notes
Rehabilitation: Outpatient Physical Therapy, PT	<ul style="list-style-type: none"> <li>• Age 19 and older, the evaluation and reevaluation is limited to 1 per member, per calendar year, not included in 12 visit limit</li> <li>• 12 Visits PT limit per calendar year.</li> <li>• PA is required after 12 visits per calendar year for additional PT services.</li> <li>• PA required for all services performed in the home</li> </ul>	Added age to 19 and over. Same as WAH.
Screening, Brief Intervention, Referral and Treatment (SBIRT) IMC also has Mental Health: Brief Intervention Treatment and Substance Use Disorder: Brief Intervention.	Covered, when client is age 19 or older	Added age to 19 and over. Same as WAH.
Birth Defects And Congenital Anomalies: Office Visits	Covered age 19 or older <b>NOT COVERED FOR NEWBORNS OR CHILDREN</b>	Added age to 19 and older. Not covered for newborns/children.
Birth Defects And Congenital Anomalies: Surgical Treatment	Covered age 19 or older <b>NOT COVERED FOR NEWBORNS OR CHILDREN</b>	Added age to 19 and older. Not covered for newborns/children.





Benefit or Service	Adults Covered Age 19 and over	Notes
DME: Incontinent Supplies (briefs, pull-ups, Liners)	<p>Covered, adult 19 years of age and older:</p> <ul style="list-style-type: none"> <li>• Disposable briefs and pull-up pants (any size) are limited to 150 per month.</li> <li>• Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.</li> </ul>	Added age to 19 and over. Same as WAH.
Vision:Eye Exam (for glasses), fitting fees, refractions, visual fields (Routine)	<p><b>Age 19 and 20</b></p> <ul style="list-style-type: none"> <li>• <b>Submit routine vision exams to CHPW, not VSP</b></li> <li>• Limit - One eye exam every year.</li> <li>• Members may self refer to contracted providers for routine eye exams</li> </ul> <p><b>Age 21 and older:</b></p> <ul style="list-style-type: none"> <li>•Members must obtain routine eye exams from a provider in the <b>VSP Network</b>. Out of Network providers not covered.</li> <li>• Limit one eye exam every 24 months</li> </ul>	Age 19 and 20 to CHPW



Benefit or Service	Adults Covered Age 19 and over	Notes
<p>Vision: Eyeglasses and eyeglasses adjustments and repair. (Hardware)</p>	<p><b>Ages 19 and 20 covered by HCA. Not covered by CHPW.</b></p> <p><b>Age 21 and older (VAB benefit):</b></p> <ul style="list-style-type: none"> <li>•Members must obtain eyeglasses from a provider in the VSP Network. Out of Network providers not covered.</li> <li>•One (1) pair of glasses every 24 months for adults aged 21 and older.</li> <li>•Frames must be from the Genesis Collection</li> <li>•Basic lenses single vision, lined bifocal, and lined trifocal are covered.</li> <li>•Other options, tinting, etc. are not covered but available if member wants to pay the cost share.</li> <li>•Contacts are not covered.</li> <li>•Repair of glasses or replacement of lost or stolen glasses is not covered.</li> </ul>	<p>Ages 19 and 20 covered by HCA. Not covered by CHPW.</p>
<p>Vision: Eye Exam, Medical Condition (diagnose and treat)</p>	<p>Covered Age 19 and older</p>	<p>Added age to 19 and older. Same as WAH</p>



Benefit or Service	Adults Covered Age 19 and over	Notes
Family Planning: Sterilization for Women(includes tubal ligation)	Yes, <b>must be older than 21 years</b> of age and sign a consent form and wait 30 days after signature. (30 day requirement may be waived in cases of premature delivery or emergency abdominal surgery.) <b>Ages 19 and 20 covered by the HCA.</b>	Added Ages 19 and 20 covered by the HCA..
HIV/Aids- Screening	Covered	HIV Case Management is not covered by AHE. Must bill HIV Case Management to the HCA. Same as WAH.
Orthoptic, Pleoptic Therapy, eye exercises, eye training	Covered - <b>Ages 19 and 20 Only</b>	<b>Added ages 19 and 20 Only</b>
Sports Physicals for ages 6 through 18.	<b>THIS CHPW VALUE ADD BENEFIT NOT COVERED</b>	<b>Added not covered</b>
Podiatry (including diabetic foot care)	Age 19 and older	Added age to 19 and older. Same as WAH
Preventive Care, screening colonoscopies, Pap tests, mammograms, bone density testing	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Skilled Nursing Facility, Inpatient, SNF	Not Covered	Added, Not covered: Long-term civil commitment beds contracted by HCA. Covered by the HCA.
Smoking, Tobacco, Nicotine Cessation: Services	Covered, <b>Ages 19 and older</b> are covered through Alere Quit-for-Life smoking cessation program. For questions, please call 1-866-784-8454.	Changed age to 19 years and older.



Benefit or Service	Adults Covered Age 19 and over	Notes
Habilitative Services	Not Covered	Changed to not covered.
Mental Health: Evidence Based Practice Children's Mental Health	Not Covered	Changed to not covered
Private Duty Nursing	Not Covered	Changed to not covered.
ABCD dental/mouth matters, Access to Baby and Child Dentistry/Mouth Matters	Not Covered	Changed to not covered.
Intensive Behavioral Supportive Supervision, IBSS	Not Covered	Changed to not covered.
Supportive Supervision and Skills Restoration (1915i)	Not Covered	Changed to not covered.
Health Homes (1915c)	Not Covered	Changed to not covered.
Out of Area Coverage: Inpatient Within the U.S and U.S. Territories Only	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Ambulance: Ground	Not Covered by Managed Care (MCO). Covered by the HCA.	Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Ambulance: Air	Not Covered by Managed Care (MCO). Covered by the HCA.	Same as WAH
Transplants: Organ Donation, Tissue Donation & work-up related to Transplants (Excludes Corneal)	Covered Age 19 and older •Corneal Transplants do not require prior authorization •Refer to PA list	Added age to 19 and older. Same as WAH
Medical Injectable Drugs, injections	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Prescriptions, Pharmacy: Medication Assisted Therapy, MAT	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Vaccinations, Shots, immunizations, flu	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Allergy Testing/Serum	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries,surgery:	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mammogram: Screening	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Injections: B12 Injections	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Vocational Rehabilitation	Not Covered	Same as WAH
Wound Care: Outpatient	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Genetic Counseling	Covered Age 19 and older. <i>Prenatal</i> counseling not covered by by CHPW. <i>Prenatal</i> counseling is covered by the HCA.	Added age to 19 and older. Same as WAH
Genetic Testing: Non-Prenatal	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Genetic Testing: Prenatal	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Allergy Injections	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Allergy Office Visit	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Biofeedback Therapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Homeopathy	Not Covered	Same as WAH
Hypnotherapy	Not Covered	Same as WAH
Naturopathic Physicians (Naturopathy)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Osteopathic Manipulative Therapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Ambulance: Facility-To- Facility	Not Covered by Managed Care (MCO). Covered by the HCA.	Same as WAH
Attention Deficit, ADD, ADHD	Covered Age 19 and older See Applied Behavior Health Services, ABA	Added age to 19 and older. Same as WAH
DME: Breast Pumps (Manual)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Breast Pumps (Electric)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Maternity Support Services	Not Covered by Managed Care (MCO). Covered by the HCA.	Same as WAH
Blood/Blood Component	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Cardiac Rehabilitation	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Osteopathic Manipulative Therapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Complications from Non-Covered Service	Covered Age 19 and older. See PA requirements	Added age to 19 and older. Same as WAH
Cosmetic Services	Not covered	Same as WAH
Court Ordered Services	See Mental Health and Substance Use Disorder services	Same as WAH
Court Ordered Transportation Services, including ambulance services	Not Covered	Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Custodial/Convalescent Care	Not Covered	Same as WAH
Dental: Anesthesia for Dental Services In Hospital	Covered Age 19 and older <ul style="list-style-type: none"> <li>• CHPW covers the related facility charges for dental services performed under anesthesia.</li> <li>• Covers PCP pre-op visit for medical clearance for dental services under anesthesia</li> <li>• CHPW covers only the facility charges when service is performed by a dentist or oral surgeon.</li> </ul>	Added age to 19 and older. Same as WAH
Dental: Accidental Services	Covered Age 19 and older CHPW covers only the facility charges when accidental dental service is performed by a dentist or oral surgeon.	Added age to 19 and older. Same as WAH
Dental: Medically Necessary Services	Covered Age 19 and older CHPW covers only the facility charges when service is performed by a dentist or oral surgeon.	Added age to 19 and older. Same as WAH
Developmental Disabilities (see Applied Behavioral Health Services, ABA)	Not Covered.	Same as WAH
Dialysis (hemodialysis, peritoneal, renal (kidney failure))	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
DME: Apnea Monitor	Covered Age 19 and older • Refer to PA list	Same as WAH
DME: Bra, Bras, Post Surgical	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Communication Devices	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: C-pap/Bi-Pap 3 month rental, auto-Titration	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: C-pap/Bi-pap Purchase	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME, Pharmacy: Diabetic Supplies	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Enteral Therapy Formula	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Enteral Therapy Pump (Infusion Services)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Fracture Frames	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Hospital Bed	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Humidifiers	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Insulin Pump (Infusion Services)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Lymphedema Sleeve	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Nebulizer	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Oseogen (Bone Growth Stimulator)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Oxygen & Related Equipment	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Prenatal Therapy and Supplies	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Patient Lifts	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Suction Pumps	Covered Age 19 and older	Added age to 19 and older. Same as WAH





Benefit or Service	Adults Covered Age 19 and over	Notes
DME: Chest Compression Devices	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Cough Stimulating Devices	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Wound Vac	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Medical Nutrition Therapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: TENS Unit (Covered under Medicare only)	Not Covered	Same as WAH
DME: Trapeze Bars	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Ventilators And Related Equipment	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Wheelchairs, Scooters	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Emergency Room Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Experimental / Investigational Services and Drugs	Covered Age 19 and older Refer to PA list	Added age to 19 and older. Same as WAH
Prosthetics, Eye Ball Polishing	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pharmacy, Family Planning: Birth Control, Contraception Emergency and Over The Counter (OTC)	Age 19 and over Refer to Apple Health covered OTC contraceptive list on CHPW.org	Added age to 19 and older. Same as WAH
Pharmacy, Family Planning: Birth Control, Contraception, Implants, Injections, IUD	Age 19 and over For covered services refer to CHPW.org: Apple Health Formulary and Apple Health covered OTC contraceptive list	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
<p>Maternity Services, Home Delivery: Outpatient</p>	<ul style="list-style-type: none"> <li>•HPW eligible individuals, who have not reported being pregnant to the HCA, receive CHPW coverage for the birth and are then disenrolled from CHPW.</li> <li>•HPW eligible individuals, who report being pregnant to the HCA, will have a RAC code change are disenrolled from CHPW to receive FFS (HCA) pregnancy medical.</li> <li>•Newborn covered on mother’s ID until eligibility is transferred.</li> </ul>	<p>Change in eligibility</p>
<p>Maternity Services: Inpatient</p>	<ul style="list-style-type: none"> <li>•HPW eligible individuals, who have not reported being pregnant to the HCA, receive CHPW coverage for the birth and are then disenrolled from CHPW.</li> <li>•HPW eligible individuals, who report being pregnant to the HCA, will have a RAC code change are disenrolled from CHPW to receive FFS (HCA) pregnancy medical.</li> <li>•Newborn covered on mother’s ID until eligibility is transferred.</li> </ul>	<p>Change in eligibility</p>
<p>Family Planning: Outpatient (includes observations) preventive, pap tests, mammograms</p>	<p>Covered Age 19 and older</p>	<p>Added age to 19 and older. Same as WAH</p>



Benefit or Service	Adults Covered Age 19 and over	Notes
Family Planning: Office Visits	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Forensic Exam	Not Covered	Same as WAH
Health Education And Wellness Programs: Asthma Education	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Health Education And Wellness Programs: Diabetic Education	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Health Education And Wellness Programs: Nutritional Counseling	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hearing Exams (audiology)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Out of Area Coverage: Routine, Preventive Care	Not Covered	Same as WAH
Home Health Agency, Home Health Care	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Home Infusion Therapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Home intrauterine Activity Monitoring (Fetal heart Monitor)	Not Covered	Same as WAH
Home Phototherapy Hyperbilirubinemia	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hospice Care, Home	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hospital Care: Inpatient Hospice	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hospital Care: Inpatient	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hospital Care: Outpatient Surgery	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
HPV (Human papilloma Virus) Test	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hyperbaric Oxygen Pressurization	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Vaccinations, immunizations: meningococcal vaccine	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Incarcerated Care	Not Covered.	Same as WAH
Infertility, Impotence and Sexual Dysfunction	Not Covered	Same as WAH
IV Therapy: Outpatient	Covered Age 19 and older	Added age to 19 and older. Same as WAH
IV Therapy: Home	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Learning Disabilities	Not Covered	Same as WAH
Lymphedema Treatment	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mammogram: Diagnostic	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Manipulation of Spine & Extremities	See osteopathic manipulation and alternative care.	Same as WAH
Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Vaccinations, immunizations: Shingles (Herpes Zoster)	ZOSTAVAX - 90736: 60 years of age and older SHINGRIX - 90750: 50 years of age and older	Same as WAH
Unlisted Codes with Charge more than \$250.00	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Outpatient Treatment	See specific Mental Health Service.	Same as WAH
Methadone Treatment	See Opiate Substitution Treatment Services	Same as WAH
Mental Health: Neuropsychological Testing, Also see Psychological Assessment	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Obesity Services, Weight Reduction and Control Services	Not Covered	Same as WAH
Occupational Injuries	Not Covered	Same as WAH
Office Visit	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Out of Area Coverage: Urgent Care Within the U.S and U.S. Territories Only	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Out Of Area Coverage: Emergency Room, ER Within the U.S and U.S. Territories Only	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Outpatient Diagnostic and Therapeutic Radiology, Xray, Image	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Outpatient Diagnostic: Laboratory Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Outpatient Therapeutic and Diagnostic Radiology Service, Xray, Image	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pain Clinic: Office Visits	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pain Clinic: Outpatient Rehabilitation	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pain Clinic: Treatment (e.g. nerve block, epidural)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pain Management	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Hospice Care: Palliative Care	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pathology Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
PKU (Phenylketonuria) Formula	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Prescriptions, Pharmacy: Inpatient Drugs	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Durable Medical Equipment	Covered Age 19 and older	Added age to 19 and older. Same as WAH
DME: Prosthetics and Orthotics (Prostheses)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Pulmonary Rehabilitation	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Radiation & Chemotherapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Radiation & Chemotherapy: Oral Chemotherapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Radiation & chemotherapy: Injectable And Infused Chemotherapy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Rehabilitation: Inpatient	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Rehabilitation: Outpatient Occupational Therapy, OT	<ul style="list-style-type: none"> <li>• Age 19 and older, evaluation and reevaluation is limited to 1 per member, per calendar year, not included in 12 visit limit</li> <li>• 12 visit OT limit per calendar year</li> <li>• PA is required for any Optometrist performing occupational therapy (Orthoptic, Pleoptic Therapy).</li> <li>• PA is required after 12 visits per calendar year for additional OT services.</li> <li>• PA required for age 21 and over, for all services performed in the home</li> </ul>	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Rehabilitation: Outpatient Speech Therapy, ST	<ul style="list-style-type: none"> <li>• Age 19 and older, evaluation and reevaluation is limited to 1 per member, per calendar year, not included in 12 visit limit.</li> <li>• 12 visit ST limit per calendar year.</li> <li>• PA required for age 21 and over, after 12 Visits ST per calendar year</li> <li>• PA required for age 21 and over, for all services performed in the home</li> </ul>	Added age to 19 and older. Same as WAH
Respite Care: Hospice	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Reversal of Sterilization	Not Covered	Same as WAH
Saliva Testing	Not Covered	Same as WAH
School Nurse Services	Not Covered	Same as WAH
Screening Exams: (preventive) Colorectal (colonoscopy)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Screening Exams: (preventive)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Sexual Reassignment Surgery, Transgender Surgery, Transsexual Surgery	Not Covered by Managed Care (MCO). Covered by the HCA.	Same as WAH
Sleep Study	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Smoking, Tobacco, Nicotine Cessation: Pharmacy, Prescription, Drugs, Nicotine Replacement	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Abuse (See Substance Use Disorder)	See Substance Use Disorder	Same as WAH





Benefit or Service	Adults Covered Age 19 and over	Notes
Surgeries,Surgery: Spontaneous Abortion, (miscarriage)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries, surgery: Abortion, Elective termination of pregnancy.	Not covered by Managed Care (MCO) Covered by the HCA	Same as WAH
Surgeries: Ambulatory Surgery (outpatient or same day surgery)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries: Bariatric Surgery/ Weight Loss Procedures	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Surgeries,surgery: Mammoplasty	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Surgeries: Breast Reduction Surgery (Mammoplasty)	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Surgeries: Cosmetic or Plastic Surgery. Including tattoo removal, face lifts, ear or body	Not Covered	Same as WAH
Surgeries: Eye Surgery (Lasik®)(for vision improvement)	Not Covered	Same as WAH
Surgeries: Eye Surgery (laser) (for a medical condition)	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Surgeries,surgery: Mastectomy	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Surgeries: Reconstructive, Plastic Surgery and Supplies	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Surgeries,surgery: Skin Tag Removal	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries,surgery: Tonsillectomy and Adenoidectomy	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries,surgery: UPP (Uvulopalatopharyngoplasty)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries,surgery: Vasectomy	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Temporomandibular Joint (TMJ) & Myofacial Pain	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Transplants: Corneal Transplant	Covered Age 19 and older • PA Not Required	Added age to 19 and older. Same as WAH
Transplants: Organ Donation, Tissue Donation, evaluation & work-up related to Transplants (Excludes Corneal)	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Transplants: Transplant Donor Search	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Transportation (from and to office visits) home to office or from PCP to specialist.	Not Covered by CHPW. Covered by the HCA	Same as WAH
Urgent Care	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Inpatient (All Planned Admissions)	Covered Age 19 and older • Refer to PA list	Same as WAH
Clinical Trials	Covered Age 19 and older • Refer to PA list	Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
<b>Mental Health: Outpatient, Applied Behavioral Analysis, ABA, Autism, ADHD</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Outpatient, Electroconvulsive Therapy (ECT)</b>	Covered Age 19 and older • Refer to PA list	Same as WAH
<b>Mental Health: Outpatient, Psychiatric evaluations. This is different from IMC Mental Health: Intake Evaluation.</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Brief Intervention Treatment, Individual, Family, Group (in addition to SBIRT)</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Crisis</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Outpatient Day Support, Intensive Outpatient (IOP), Partial Hospitalization (PHP) high intensity services</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Family Treatment</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Freestanding Evaluation and Treatment</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH
<b>Mental Health: Group Treatment Services</b>	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Mental Health: High Intensity Outpatient Treatment (intensive services)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Individual Treatment Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Intake Evaluation	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Medication Management	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Medication Monitoring	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Inpatient Residential Setting	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Inpatient Rehabilitation Facility	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Peer Support (Community Support Services)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Psychological Assessment Neuropsychological Testing	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Psychological Assessment Psychological Testing	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Mental Health: Rehabilitation Case Management (Community Support Services)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Special Population Evaluation	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Stabilization Services (Crisis)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Therapeutic Psychoeducation (Education)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Care Coordination Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Engagement and Outreach (Community Support Services)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Interpreter Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Mental Health: Outpatient, Repetitive Transcranial Magnetic Stimulation, rTMS	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental Health: Out of Area Coverage: Within the U.S and U.S. Territories Only	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD): Assessment (initial)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Outpatient Case Management (Community Support Service)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Opiate Substitution Treatment Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Outpatient, Brief Outpatient Treatment - Individual, Family, Group	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Outpatient Intensive Outpatient Treatment - Individual, Family, Group	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Facility	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Professional Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD): Inpatient Long Term Residential Facility	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD): Inpatient Long Term Residential Professional Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD): Inpatient Recovery House Residential Facility	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD): Inpatient Recovery House Residential Professional Services	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Withdrawal Management	Covered Age 19 and older	Added age to 19 and older. Same as WAH



Benefit or Service	Adults Covered Age 19 and over	Notes
Substance Use Disorder (SUD): Inpatient Acute Withdrawal Management, Detoxification	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Crisis	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Brief Intervention (in addition to SBIRT)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD):Inpatient Rehabilitation	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder (SUD):Inpatient Residential	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Medication Management	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Medication Monitoring	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Substance Use Disorder: Out of Area Coverage: Within the U.S and U.S. Territories Only	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Vaccinations, immunizations: HPV (Human papilloma virus) Vaccine GARDASIL® HPV	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Surgeries,surgery: Tympanostomy Tubes for age 16 and under	Not Covered	Changed to not covered.





Benefit or Service	Adults Covered Age 19 and over	Notes
Surgeries,surgery: Extracorporeal Membrane Oxygenation	Covered Age 19 and older • Refer to PA list	Added age to 19 and older. Same as WAH
Telehealth, Telemedicine, TelePsych (medical services, mental health, substance use disorder)	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Breathalyzer Tests	Covered Age 19 and older	Added age to 19 and older. Same as WAH
Mental health assessments for young children	Not Covered	Changed to not covered.
Cognitive impairment care planning: Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer’s disease, at any stage of impairment. • CHPW follows the same coding rules that are published by Medicare. The HCA follows these same Medicare rules • Limited to once every 180 days.	Covered Age 19 and older	Added age to 19 and older. Same as WAH