P-4003 VHAP-Limited Benefit Coverage Package

The Vermont Health Access Plan (VHAP) limited benefit package is described in the following subsections.

A. Summary of Covered Services

The following services are covered:

- inpatient hospital;
- outpatient services in a hospital or ambulatory surgical center;
- physician and mid-level practitioner services, including services provided by rural health centers and federally qualified health centers, routine gynecological exams and related diagnostic services, family planning services, and prenatal and maternity care until the beneficiary is enrolled in traditional Medicaid and services provided by a naturopathic physician (N.D.);
- oral surgery;
- organ, bone marrow and tissue transplants;
- vision care (excluding eyeglasses and contact lenses);
- therapy (occupational, physical, and speech therapy);
- nutrition therapy;
- ambulance;
- inpatient rehabilitative services;
- home health care;
- hospice;
- medical equipment and supplies;
- skilled nursing facility;
- inpatient mental health and substance abuse treatment;
- outpatient mental health and substance abuse treatment;
- podiatry;
- chiropractic;
- prescription drugs, other select drugs, and diabetic supplies; and
- family planning.

See P-4003 C. for list of non-covered services.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package

1. General Hospital Care

a. Inpatient Services

Benefits provided for inpatient care in a hospital include:

- facility room & board,
- services,
- medications, and
- supplies.

b. Outpatient Services

Benefits are provided for services and supplies related to outpatient care in a hospital or ambulatory surgical center including:

- facility services, and
- professional services.

2. Professional Care for Home and Office Visits

Benefits are provided for the following services in the beneficiary's home or a provider's office:

- consultations between providers when a beneficiary is an outpatient,
- immunizations and injections that are appropriate to the age of the beneficiary (except chemotherapy, which is described in other parts of this section),
- outpatient medical care, and
- effective preventive care (e.g., well child care, periodic OB/GYN exams, maternity care, physicals).

Benefits are also provided for emergency medical care or emergency accident care in the provider's office or in the emergency room.

Limitations
Only one visit per day from each provider will be covered.

Coverage of physician* visits will be made in the following manner:

Office visits - up to five visits per month;

Home visits - up to five visits per month;

Nursing facility visits - up to one visit per month;

Hospital visits - up to one visit per day for acute care, or after denial for acute care by utilization review, up to one visit per month for subacute care.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

2. Professional Care for Home and Office Visits (Continued)

Limitations (Continued)

Visits in excess of those listed above may be covered if there is a significant change in the health status of the patient that requires more frequent visits.

Coverage for concurrent care will be limited to one provider unless it can be demonstrated that such care is part of a coordinated treatment plan.

Coverage for surgery services includes normal postoperative care following the surgery.

Benefits are provided for services not described above, including:

- required consultations between providers when a beneficiary is an inpatient,
- outpatient diagnostic services, and
- inpatient professional medical care.

**physicians and other specified practitioners licensed by the appropriate licensing agency of the State including but not limited physicians, physician's assistants, nurse practitioners, nurse midwives, naturopathic physicians, psychiatrists, and psychologists.*

3. Other Medical Care

a. Surgery

Benefits are provided for surgical services in an office or facility setting. Surgery includes:

- use of specialized instruments,
- endoscopic examinations,
- treatment of burns,
- correction of fractures and dislocations,
- anesthesia, and
- sterilization procedures for beneficiaries age 21 and older, but not reversal of sterilization or any type of fertility services.

b. Oral Surgery

Oral surgery benefits are provided only for the following services:

- treatment for accidental injury to the jaws, sound natural teeth, mouth or face;
- surgery to correct gross deformity resulting from major disease, congenital deformity, or surgery;
- surgery to correct temporomandibular joint syndrome.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

b. Oral Surgery (Continued)

Exclusions
No benefits are provided under this section for:

- periodontal care;
- repair or replacement of damaged dental prostheses;
- injury as a result of chewing or biting;
- dental services not performed by a physician; or
- dental care not specified as a benefit above.

c. Transplant Services

Benefits are provided for organ transplantation services when not experimental or investigational; including benefits for a live donor's related medical expenses, when the beneficiary is covered.

Benefits are also provided for the following related transplant expenses:

- search for a live donor; and
- costs associated with the recovery and provision of a cadaveric organ by a federally designated organ procurement organization.

No benefits are provided if the donor is covered, but not the beneficiary.

Requirements
The DVHA has the right to review all requests for transplants based on:

- the patient's medical condition;
- the qualifications of the physicians performing the transplant procedure; and
- the qualifications of the facility hosting the transplant procedure.

Standards for Coverage
DVHA or its designated review agent must receive from the beneficiary's attending or referring physician and the transplant center physician the following assurances:

- the beneficiary has a condition for which organ transplantation is the appropriate treatment.
- all other medically feasible forms of medical or surgical treatment have been considered, and the most effective and appropriate medically indicated alternative for the beneficiary is organ transplantation.
- the beneficiary meets all medical criteria for the proposed type of organ transplantation based upon the prevailing standards and current practices. These would include, but are not limited to:

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

c. Transplant Services (Continued)

1. test lab results within identified limits to assure successful transplantation and recovery.
2. diagnostic evaluations of the beneficiary's medical and mental conditions that indicate there will be no significant adverse effect upon the outcome of the transplantation.
3. assessment of other relevant factors that might affect the clinical outcome or adherence to an immunosuppressive regimen and rehabilitation program following the transplant.
4. the beneficiary or the beneficiary's parent or guardian or spouse has been fully informed of the risks and benefits of the proposed transplant including the risks of complications, continuing care requirements, and the expected quality of life after the procedure.

- the transplant center meets the following criteria:
  1. fully certified as a transplant center by applicable state and federal agencies.
  2. is in compliance will all applicable state and federal laws which apply to organ acquisition and transplantation including equal access and non-discrimination.
  3. has an interdisciplinary team to determine the suitability of candidates for transplantation on an equitable basis.
  4. provides surgeons who have a minimum of one year of training and experience appropriate to the organ being transplanted which includes experience in transplant surgery, post-operative care and management of an immunosuppressive regimen.
  5. at the time coverage is requested the center must have performed at least ten transplants of the type requested during the previous twelve months and must provide current documentation that it provides high quality care relative to other transplant centers.
  6. provides all medically necessary services required including management of complications of the transplantation and late infection and rejection episodes. Failure of the transplant is considered a complication and re-transplantation is available at the center.

d. Maxillofacial Surgery

Maxillofacial surgery benefits are provided for the following services:

- treatment for accidental injury to the jaws, sound natural teeth, mouth or face;
- surgery to correct gross deformity resulting from major disease, congenital deformity, or surgery;
- surgery to correct temporomandibular joint syndrome.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

d. Maxillofacial Surgery (Continued)

Exclusions
No benefits are provided under this section for:
- repair or replacement of damaged dental prostheses,
- injury as a result of chewing or biting,
- oral surgery services not performed by a physician, or
- oral surgery care not specified as a benefit above.

e. Vision Care

Benefits are provided for one comprehensive vision examination and one interim eye exam, if needed (e.g. for glaucoma check), once in a 24 month period. Vision exams assess a beneficiary's visual functions to:
- determine if they have any visual problems and/or abnormalities; and
- prescribe and dispense any necessary corrective eyewear.

Coverage for vision care services are limited to:
- one comprehensive visual analysis and one interim eye exam within a two-year period; and
- diagnostic visits and tests.

Exclusions
- eyewear, including but not limited to eyeglasses and contact lenses.

f. Rehabilitative Therapy Services (Occupational, Physical and Speech Therapy)

Rehabilitative Therapy services include diagnostic evaluations and therapeutic interventions that are designed to improve, develop, correct, prevent the worsening of, or rehabilitate functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Rehabilitative Therapies include Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST) (also called Speech/Language Therapy or Speech Language Pathology). The definition and meanings of Occupational Therapy, Physical Therapy, and Speech Therapy can be found in the State Practice Acts at 26 V.S.A. §2081a, §3351, and §4451.

Rehabilitative Therapy services must be:
- directly related to an active treatment regimen designed by the physician; and
- of such a level of complexity and sophistication that the judgment, knowledge, and skills of a qualified therapist are required; and

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

f. Rehabilitative Therapy Services - Occupational, Physical and Speech Therapy (Continued)

• reasonable and necessary under accepted standards of medical practice to the treatment of the patient's condition.

NOTE

Not all services listed in the State Practice Acts are medical in nature. VHAP only covers medically necessary rehabilitative therapy services.

Limitations

Quantity limits on services are on a per beneficiary basis, regardless of program. Changing programs and/or eligibility during a calendar year does not reset the number of available visits.

Only thirty (30) therapy visits per calendar year are covered and include any combination of physical therapy, occupational therapy and speech/language therapy.

Prior authorization for therapy services beyond 30 therapy visits in a calendar year will only be granted to beneficiaries with the following diagnoses, and only if the beneficiary meets the criteria found in P-4005 B.3.f..

- Spinal Cord Injury
- Traumatic Brain Injury
- Stroke
- Amputation
- Severe Burn

g. Rehabilitative Therapy Services: Home Health

Services provided by a home health agency are covered for up to four months based on a physician's order. Provision of therapy services beyond the initial four-month period is subject to prior authorization review as specified below.

Prior Authorization Requirements:

In making its prior authorization decision, the DVHA will obtain and take into consideration a qualified therapist's assessment when determining whether the service may be reasonably provided by the patient's support person(s). In addition, when the DVHA has determined that therapy services may be reasonably provided by the patient's support person(s) and the patient otherwise meets the criteria for authorization of therapy services beyond the initial four-month period, professional oversight of the support person's provision of these services is covered, provided such oversight is medically necessary.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

g. Rehabilitative Therapy Services: Home Health (Continued)

Prior authorization for rehabilitative therapy services beyond one year will be granted only:

- if the service may not be reasonable provided by the patient's support person(s), or
- if the patient undergoes another acute care episode or injury, or
- if the patient experiences increased loss of function, or
- if deterioration of the patient's condition requiring therapy is imminent and predictable.

h. Other Therapies

Benefits are provided for the treatment of an illness or injury on an outpatient hospital basis by means of:

- chemotherapy or radiation therapy (including radioactive isotopes),
- dialysis,
- infusion therapy,
- inhalation therapy.

i. Nutrition Therapy

Including but not limited to parenteral and enteral nutrition services.

Benefits for nutrition therapy services are provided when such services are:

- demonstrated as a cost-effective alternative to drug therapy or
- necessary to treat or prevent disease.

Conditions for which nutrition therapy services are appropriate include:

- diabetes;
- hyperlipidemia;
- chronic kidney failure;
- eating disorders;
- inborn errors of metabolism; and
- malabsorption syndromes, conditions associated with oral-motor dysfunction, and conditions requiring feeding by enteral tube or vein.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

i. Nutrition Therapy (Continued)

Exclusions
Food products and food supplements; (food supplements (e.g. Sustacal) may be covered in cases where a person's nutritional needs can only be met by a liquid high protein diet. Prior authorization from the DVHA or designee is required).

j. Maternity Care

Benefits are provided for medical and surgical services for pregnancy until such time as the beneficiary is determined to be eligible for Medicaid under traditional eligibility rules.

Benefits are provided for services of professionals whether the delivery occurs at home or in a facility.

k. Ambulance

Benefits are provided for transportation of sick and injured beneficiaries:

- from their home, the scene of an accident or the scene of a medical emergency to the nearest facility based on their condition , as perceived by emergency personnel, at the scene of the accident or medical emergency;
- between facilities if the beneficiary's physician deems it necessary for the beneficiary's treatment; and
- between a hospital and a nursing facility when such facility is the closest that can provide covered services appropriate to the beneficiary's condition. If no facility in the area can provide appropriate covered services, transportation to the closest facility outside the local area that can provide the appropriate service will be covered.

Exclusions
No benefits are provided if the beneficiary could have been transported in a private car or other non-emergency vehicle, nor are benefits provided for ambulance services provided solely for the beneficiary's convenience.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

l. Cardiac Rehabilitation

Rehabilitation benefits are provided for outpatient cardiac rehabilitation including:

- inpatient rehabilitation for a medical condition requiring acute care; and
- outpatient cardiac rehabilitation.

Exclusions
No benefits are provided for chronic care.

m. Chiropractic Services

Services furnished by a licensed chiropractor certified to meet the standards for participation in Medicare are covered.

Coverage is limited to treatment by means of manipulation of the spine and then only if such treatment is to correct a subluxation of the spine.

The existence of the subluxation may be demonstrated by means of:

A. An x-ray taken at a time reasonably proximate to the initiation of the course of treatment, or

B. Adherence to the clinical review criteria developed by the Vermont Chiropractic Association and the DVHA. A copy of the clinical review record must be kept on file by the chiropractor and be made available upon request.

An x-ray will be considered "reasonably proximate" if:

In the case of a low grade chronic subluxation complex, it is taken no more than 12 months prior to the initiation of the course of treatment. A re-evaluation x-ray must be performed before the beginning of the third year of continuous care; or

In the case of an acute subluxation, it is taken no earlier than three months prior to the initiation of care (This would justify a course of treatment for a maximum of three months.)

There is no coverage for an x-ray ordered solely for the purpose of demonstrating a subluxation of the spine. Any charges incurred for the chiropractic x-ray must be borne by the beneficiary, beneficiary's family, friends or such other community resources as may be available.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

m. Chiropractic Services (Continued)

Coverage is limited to ten treatments per beneficiary per calendar year. Exceptional or unusual circumstances may justify a request by the chiropractor for additional coverage. Requests must contain full clinical data, x-rays or other documentation as may be required by the Office of Vermont Health Access, to evaluate the medical necessity for continued care.

4. Home Care

This section addresses benefits for supplies and services the beneficiary receives in their home from home health agencies or visiting nurse associations, or home care organizations, including hospice services from these agencies.

a. Home Health Agency, Visiting Nurse Association, and Home Care Organization Care

Benefits are provided for the following services and are included in their bills:

- necessary skilled nursing procedures,
- training in the beneficiary's home for family members or other caregivers who will perform necessary procedures,
- home health aide when supervised by a registered nurse or therapist, and
- other necessary services and supplies.

Requirements

Benefits for services are available only when the beneficiary is under the care of a physician who:

- approves a plan of treatment for a reasonable amount of time, and
- includes the treatment plan in the beneficiary's medical record.

Exclusions

No benefits are provided for:

- chronic care,
- custodial care,
- dietitian services,
- food,
- homemaker services, or
- maintenance therapy.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

4. Home Care (Continued)

b. Hospice Care

Benefits are provided for the following hospice services included in the bills of hospice providers:

- skilled nursing visits
- home health aide services;
- homemaker services;
- respite care services;
- social service visits before the patient's death and bereavement visits following the patient's death, including counseling and emotional support, assessment of social and emotional factors related to the patient's condition, assistance in resolving problems, assessment of financial resources, and use of available community resources; and
- other necessary services and supplies related to the terminal illness.

Requirements

Benefits are provided only if:

- a hospice program certified under the Medicare program is used;
- a physician certifies that the illness has a prognosis of six months life expectancy or less;
- the beneficiary or a legally responsible individual and his or her physician consent in writing to the hospice care plan; and
- a primary caregiver, other than the hospice provider, is available to be in the home.

Limitations

Beneficiaries receiving hospice care are required to sign an election of hospice care which waives all other coverage except the services of a designated family physician, ambulance service and services unrelated to the terminal illness.

Payment to enrolled hospice providers will be made at the daily rates set by Medicare for each provider. Hospice coverage is limited to 210 days. Rates of payment and total reimbursement for hospice care will be made in accordance with Medicare reimbursement and audit principles.

DVHA will make no payment to the hospice selected by the beneficiary for any services or supplies other than the hospice service.

The hospice may not charge any amount to or collect any amount from the beneficiary or the beneficiary's family for a covered hospice service during the period of hospice coverage.

c. Rehabilitative Therapy Services

Rehabilitative Therapy Services are covered for up to four months based on a physician’s order. Provision of therapy services beyond the initial four-month period is subject to prior

authorization review as specified in P-4005 B.3.g.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

4. Home Care (Continued)

d. Home Infusion Therapy

Benefits are provided for the following services and supplies delivered in the beneficiary's home:

- chemotherapy or radiation therapy (including radioactive isotopes);
- dialysis;
- inhalation therapy;
- intravenous antibiotic therapy;
- total parenteral nutrition;
- enteral nutrients through a feeding tube;
- hydration therapy;
- intravenous/subcutaneous pain management;
- therapy for hemophilia or hypogammaglobulinemia; and
- other therapies approved by the DVHA.

Benefits are also provided for the following services and supplies associated with the services above:

- solutions and pharmaceutical additives;
- pharmacy compounding and dispensing services;
- durable medical equipment;
- ancillary medical supplies; and
- nursing services including patient and/or caregiver training, monitoring of intravenous therapy regimen and emergency medical care.

5. Medical Equipment and Supplies

a. Durable Medical Equipment

Benefits are provided for the rental or purchase of durable medical equipment. The DVHA has the right to determine whether rental or purchase of the equipment is more cost effective and/or appropriate. The DVHA also has the right to recover equipment that is no longer needed by the beneficiary. The equipment then becomes the property of the DVHA.

Items of durable medical equipment are limited to:

- alternating pressure pumps and mattresses, gel mattresses, and decubitus care pads;
- ambulatory uterine monitoring devices;
- apnea monitors and related supplies and services;
- bathtub chairs and seats, including shower chairs and transfer benches;
- biosteogenic stimulators;
- blood glucose monitors;

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

5. Medical Equipment and Supplies (Continued)

a. Durable Medical Equipment (Continued)

- beds (hospital frame and mattress) and bed accessories for severe medical conditions, e.g., cardiac disease, chronic obstructive lung disease, spinal cord injuries including quadriplegia (Note: Craftomatic beds, oscillating/lounge beds, bed boards, ordinary mattresses, beds larger than single occupancy, tables and other bed accessories are not covered.);
- blood pressure cuffs/machines (including stethoscopes) when prescribed for patients who require frequent monitoring for a specific disease and when used as an alternative to home health nursing visits;
- canes, crutches, walkers;
- circulatory aids;
- commodes (including bed pans, urinal pans and raised toilet seats) when the beneficiary is unable to access typical bathroom facilities;
- continuous passive motion devices (CPM) for homebound beneficiaries who have received total knee replacements;
- cushions and invalid rings;
- diabetic equipment and supplies;
- digital electronic pacemaker monitor;
- external infusion pumps;
- heating pads/lights;
- lifts (hydraulic or electric, including one sling), if safe transfer between bed and a chair, wheelchair, or commode requires the assistance of more than one person;
- oxygen systems;
- portable sitz baths;
- protective helmets when the beneficiary is prone to falling (e.g. seizures, ataxia);
- repair of durable medical equipment originally bought by the DVHA, including parts and labor;
- respiratory equipment, supplies and services;
- seat lift chairs when the beneficiary is unable to achieve a standing position without assistance;
- suction equipment;
- stethoscopes when acquisition is less costly than an alternative covered item or service;
- TENS/EMS units;
- traction equipment;
- ultra violet light box - prescribed by a dermatologist (or physician skilled in the treatment of dermatological disorders) and for use in the home by beneficiaries with severe dermatological conditions. Prior authorization is required.
- vaporizers; and
- wheelchairs

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

5. Medical Equipment and Supplies (Continued)

b. Medical and Surgical Supplies

Medical supplies necessary for the care and treatment of an eligible person and suitable for use in the home are covered. The full range of covered items falls into the general categories listed below. The list of general categories of items pre-approved for coverage is limited to[1]:

- adhesive tape and removers;
- antiseptics;
- briefs, diapers and underpads;
- catheters and catheter supplies;
- cotton and cotton-like products;
- diabetic diagnostics and daily care supplies;
- eye care and gauze pads and rolls;
- gloves;
- irrigation supplies;
- Low protein modified food products for treatment of an inherited metabolic disease.
- lubricating jelly;
- ostomy care supplies (including adhesives, irrigation supplies, bags and miscellaneous);
- respiratory/tracheostomy care supplies; and
- secondary dressings.

Medical supplies provided to a beneficiary by a physician or other provider may be covered if the supply is not expected to be included in the cost of the service provided.

Medical supplies must be consistent with the patient's medical condition and plan of care.

All items are subject to a maximum allowable payment amount.

Quantity limits may not be exceeded.

[1] Some supplies in each category are subject to quantity limits. See the Provider Manual for specific quantity limitations.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

5. Medical Equipment and Supplies (Continued)

c. Prosthetics/Orthotics

Items and services that are limited to:

- artificial limbs;
- artificial larynx;
- breast forms;
- prosthetic shoes;
- ostomy products;
- prosthetic eyes;
- braces and trusses for the purpose of supporting a weak or malformed body member;
- orthotic shoes as an integral part of a leg brace or affixed to an integral part of a leg brace;
- aircast splints;
- foot abduction rotation bars;
- shoe lifts, elevation heels, wedges; and
- molded orthopedic shoes when prescribed for diabetes, severe rheumatoid arthritis, ischemic, intractable ulcerations, congenital defects, and deformities due to injuries.

Prosthetic devices must be prescribed by a physician or podiatrist who is enrolled with Vermont Medicaid.

Devices must be appropriate for beneficiary's age, gross and fine motor skills, developmental status, mental functioning, and physical condition.

Duplicate items are not covered (e.g., two pairs of customized orthotics).

Coverage for approved shoes is limited to two pairs per adult beneficiary per calendar year unless a prior authorization review finds special circumstances that warrant additional pairs.

Custom-made arch supports prescribed by a physician or podiatrist are covered when they meet the definition of an orthotic (i.e., are used as a brace, truss or other similar device for the purpose of supporting a weak or deformed body member).

Exemptions

Items that are not covered include:

- orthopedic shoes when prescribed for flat feet; and
- orthotics/prosthetics that primarily serve to address social, recreational, or other factors and do not directly address a medical need.

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

6. Skilled Nursing Facility

Benefits are provided for the following services and supplies provided by skilled nursing facilities and included in their bills:

- room, board (including special diets), general nursing care and therapies; and
- medical services, over the counter medications, incontinence supplies, and other medical supplies.

Limitations
Skilled nursing facility is limited to not more than 30 days per episode and 60 days per calendar year.

7. Mental Health
Benefits are provided for outpatient mental health services including:

- individual, family and group outpatient psychotherapy;
- psychological testing when integral to treatment; and
- psychotherapeutic and prevention programs approved by the DVHA directed toward improving compliance with prescribed mental health and medical treatment regimens for long term physical and mental health conditions.

Benefits are provided for inpatient or intensive services including:

-
- other intensive treatment services approved by the DVHA.

Exclusions
No mental health benefits are provided:

- for custodial care;
- for treatment services provided beyond the initial treatment evaluation from which there is no diagnosis, treatment plan, or expected clinical outcome, and
- when the DVHA determines that services will not produce continued improvement.

8. Chemical Dependency

Benefits are provided for the following chemical dependency services:

- hospital inpatient detoxification services; and
- outpatient rehabilitation (including services for the patient's family when necessary).

Exclusions
No substance abuse health benefits are provided for the following:

- custodial care and treatment of organic conditions that, according to generally accepted professional standards, will not improve with treatment;
- treatment services provided beyond the initial treatment evaluation in which there is no diagnosis, treatment plan, or expected clinical outcome; and services that the DVHA determines

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

8. Chemical Dependency (Continued)

Exclusions (Continued)

do not produce evidence of continued improvement;

- mandated treatment, including court ordered treatment, unless such treatment is determined to be medically necessary by a state certified alcohol and drug abuse counselor or the DVHA; and
- services outside Vermont unless the services are necessitated by an emergency, or the physician, professional or facility has a contract with the DVHA, or the beneficiary receives prior approval from the DVHA.

9. Podiatry Services

Benefits are provided for non-routine foot care, such as surgical removal of ingrown toenails and treatment of foot lesions resulting from infection or diabetic ulcers.

Exclusions

No benefits are provided for:

- routine foot care including removal of corns and calluses, trimming of nails, and preventive or hygienic care of the feet; and
- treatment of subluxations of the foot not requiring surgical procedures and treatment of flat feet.

10. Drugs

Coverage is for any drug which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act.

The compendia are:

I. American Hospital Formulary Service Drug Information,

II. DRUGDEX Information System, and

III. United States Pharmacopeia-Drug Information (or its successor publications)

Coverage of all drugs is subject to the requirements of the Preferred Drug List (PDL)

Benefits are provided for outpatient use of:

- prescription drugs;
- select pre-natal vitamins for pregnant and lactating women;
- limited vitamins and over-the-counter drugs which are prescribed for the treatment of a specific disease and are included in the current list of categories of covered vitamins and over-the-counter drugs;
- contraceptive medications, drugs, devices and supplies for the purpose of contraception;
- insulin and other diabetic supplies including glucose strips and tablets; and

P-4003 VHAP-Limited Benefit Package (Continued)

B. Description of Benefit Package (Continued)

10. Drugs (Continued)

- needles and syringes.

Physicians and pharmacists are required to conform to Act 127 (18-VSA-Chapter 91), otherwise known as the Generic Drug Bill. In those cases where the Generic Drug Bill permits substitution, only the lowest priced equivalent shall be considered medically necessary. If, in accordance with Act 127, the beneficiary does not wish to accept substitution, VHAP - Managed Care will not cover the prescription.

Exclusions
All Medicaid exclusions and limitations.

No benefits are provided for:
- refills beyond the original and five refills per script up to one year maximum;
- all drugs, devices, or supplies for which there is no prescription;
- hair replacement therapies;
- fertility drugs;
- drugs for cosmetic use; and
- lifestyle drugs such as erectile dysfunction drugs.

Smoking Cessation Products
Coverage of over-the-counter and prescription smoking cessation products is provided to beneficiaries subject to the requirements of the PDL.

11. Family Planning Services

Family planning services, defined as those services that either prevent or delay pregnancy, are a covered benefit.

Treatment of infertility and reversals of sterilizations are not covered.

P-4003 VHAP-Limited Benefit Coverage Package (Continued)

C. General Exclusions

In addition to the specific exclusions listed elsewhere in VHAP-Limited rules and procedures, benefits will not be provided for the following:

1. services or supplies which must be covered by a prior health plan as extended benefits;

2. services or supplies for which the beneficiary would have no legal obligation to pay if they were not covered by the interim limited FFS benefit package or similar coverage;

3. services or supplies for which there is no charge;

4. services or supplies paid directly or indirectly by a local, state or non-VA federal government agency, except as otherwise provided by law;

5. services or supplies in excess of the limitations or maximums set forth in the VHAP limited FFS benefit plan;

6. services or supplies the Department of Vermont Health Access (DVHA) determines are not medically necessary;

7. services or supplies that are investigational, mainly for research purposes or experimental in nature; this exclusion also applies to drugs or other items or procedures that require approval from the Food and Drug Administration when such approval has not been made;

8. services or supplies that are not provided in accordance with accepted professional medical standards in the United States;

9. acupuncture, acupressure or massage therapy;

10. all forms of self-care or self-help training and health club memberships;

11. automatic ambulatory blood pressure monitoring;

12. whole blood (DVHA will, however, provide benefits for the administration, processing and storage of blood or its derivatives);

13. clinical ecology, environmental medicine or similar treatment;

14. cognitive retraining;

15. corneal microsurgery to correct near- or far-sighted conditions;

P-4003 VHAP-Limited Benefit Coverage Package (Continued)

C. General Exclusions (Continued)

16. cosmetic surgery or experimental surgery;

17. custodial care, domiciliary care or rest cures;

18. eye exercises or visual training;

19. eyeglasses, contact lenses, and other aids to vision;

20. educational testing and evaluation, programs or therapy;

21. foot care as follows (except in cases of circulatory or neurological disease involving the feet, such as arteriosclerosis or diabetic neuropathy):
    - palliative or cosmetic foot care including flat foot conditions, treatment of subluxations of the foot, weak feet, chronic foot strain and symptomatic complaints of the feet;
    - orthotic shoe inserts, whether they are custom made or not; and
    - cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care.

22. hearing aids or examinations for the prescription or fitting of hearing aids;

23. illnesses or injuries which are sustained on or after the effective date of enrollment while in active military service or acquired:
    - as a result of an act of war, declared or undeclared, within the United States, its territories or possessions; or
    - during combat, unless otherwise required by law.

24. charges for care prior to the effective date of eligibility;

25. nonmedical charges, such as:
    - a penalty for failure to keep a scheduled visit or
    - fees for completion of a claim form.

26. food products and food supplements, other than medical nutritional formulae;

27. personal hygiene and convenience items not primarily medical in nature, including, but not limited to air conditioners, humidifiers, physical fitness equipment, stair glides, elevators, barrier free or other home modifications, even if prescribed by a provider;

28. personal service or comfort items;

P-4003 VHAP-Limited Benefit Coverage Package (Continued)

C. General Exclusions (Continued)

29. care and services provided by any entity located outside of the United States.

30. support therapies, including pastoral counseling, assertiveness training, dream therapy, music or art therapy, recreational therapy, smoking cessation therapy beyond the benefits covered in the benefit plan, and stress management;

31. telephone consultations between the beneficiary and a provider;

32. TENS (transcutaneous electrical nerve stimulation), except for physician prescribed TENS units;

33. therapy services as a part of chronic pain control, diabetic, developmental, pulmonary or other form of rehabilitation services, except with prior approval from DVHA;

34. travel/transportation (non-ambulance), even if prescribed by a physician;

35. fertility services including but not limited to treatment leading to, or in connection with, artificial insemination, in vitro fertilization, embryo transplantation, gamete intrafallopian transfer (GIFT), sperm banks, and surrogacy;

36. dental services, full dentures, dental implants or partial dentures;

37. treatment of obesity, except when:
    - the physician determines that the body mass index is over 40 (according to Table 1 in the Methods for Voluntary Weight Loss and Control booklet by the National Institute of Health Technology Assessment Conference Statement of March 1992);
    - there are other medical conditions present which could be significantly and adversely affected by this degree of obesity; and
    - the DVHA approves the treatment in advance.

38. augmentative communication devices;

39. work-related illnesses or injuries (or those which the beneficiary claims to be work related, until otherwise finally adjudicated) and those which are (or by law should be) covered by workers' compensation;

40. services and supplies not specifically described as covered;

P-4003 VHAP-Limited Benefit Coverage Package (Continued)

C. General Exclusions (Continued)

41. services or supplies provided by:
    - a person who provides these services as part of their education or training program,
    - a member of the beneficiary's immediate family,
    - a VA medical center facility treating an eligible veteran, or
      an individual (including health care practitioners) not enrolled as a Medicaid provider;

42. dental services related to the treatment of Temporomandibular Joint Syndrome (TMJ); however, medical services as described are covered for the treatment of TMJ;

43. Athletic and employment physicals, and physicals required for administrative purposes are not covered benefits;

44. treatment leading to, or in connection with uncovered surgery, including gender reassignment surgery; and

45. repair of items not covered by VHAP.