

## Covered services

Services covered by Aetna Better Health of Louisiana are listed below. Some limitations and prior authorization requirements may apply. You will see in the table that for some benefits the Limits column says, “prior authorization may be required”. This means that some services do not require prior authorization while others do. You or your provider can call us with the service codes to find out if prior authorization is needed.

Service/Benefit	Covered Service/Benefit	Limits
Applied Behavior Analysis (ABA)	Behavior analysis is based on a scientific study of how people learn. By doing research, techniques have been developed that increase useful behavior (including communication) and reduce harmful behavior.	Covered for members from age 0-20. Prior authorization is required.
Basic behavioral health services	Services are provided in a primary care clinic and include screening for mental health and substance use issues, prevention, early intervention, medication management, treatment and referral to specialty services.	
Mental Health Home and Community Based Services-Adults	Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assertive Community Treatment (ACT), Crisis Intervention (CI), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR).	Covered for members eligible for adult mental health rehabilitation services. Prior authorization is required with the exception of emergent crisis intervention (CI).

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Mental Health Home and Community Based Services-Children and Adolescents	Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assertive Community Treatment (ACT), Crisis Intervention (CI), Functional Family Therapy (FFT), Homebuilders, Multi-systemic Therapy (MST), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR).	Covered for members from age 0-20. Age for specific services varies. Prior authorization is required with the exception of emergent crisis intervention (CI).
Chiropractic services	Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from an EPSDT medical screening provider or Primary Care Provider (PCP).	Covered for members from age 0-20.
Crisis Response Services for Adults	Crisis resolution and support provided in the community available right away, twenty-four hours a day, seven days a week. Includes Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), and Community Brief Crisis Support (CBCS).	Covered for members from age 21 and up. Prior authorization required for follow up crisis services.
Crisis Stabilization	Short term, intensive, bed based crisis support	Prior authorization is required.

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Dental	Members under 21 can get covered services through DentaQuest or Managed Care of North America (MCNA) Dental. See Dental section on page 49 of the Member Handbook for more information.	
Dialysis	Hemodialysis and peritoneal dialysis are covered for the treatment of End Stage Renal Disease (ESRD).	Prior authorization is required.
Durable Medical Equipment	Medical equipment, appliances, and supplies such as wheelchairs, bed rails, walkers, crutches and incontinence supplies.	Prior authorization is required.
Emergency medical services	ER (Emergency Room) services	
Emergency medical transportation	Ambulance and helicopter	
End stage renal disease services (Dialysis)	Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services and medically necessary injections.	

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Early Periodic Screening, Diagnostic, and Treatment (EPSDT)/Well-Child Checkups	<ul style="list-style-type: none"> <li>• Medical screenings</li> <li>• Developmental screenings</li> <li>• Vision screenings</li> <li>• Hearing screenings</li> <li>• Dental screenings</li> <li>• Periodic and inter-periodic screenings</li> <li>• Autism screening</li> <li>• Perinatal depression screening</li> </ul>	Covered for members from age 0-20.
Family planning services	May obtain services in or out of network (no cost for out of network family planning).	Elective abortions are not covered.
Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC)	Professional medical, dental and basic behavioral health services furnished by doctors (Primary Care Providers), nurse practitioners, physician assistants, LPC, nurse midwives, clinical social workers, clinical psychologists and dentists.	
Hearing aids	Hearing aids and related supplies such as earpieces and batteries.	Covered for members from age 0-20.
Home health services	<ul style="list-style-type: none"> <li>• Skilled nursing services</li> <li>• Home health aide</li> <li>• Physical, occupational or speech therapy</li> <li>• Home infusion</li> <li>• Wound therapy</li> </ul>	Prior authorization is required.
Hospice	Care provided by a certified hospice agency for terminally ill members.	Prior authorization is required.
Immunizations		Covered

Service/Benefit	Covered Service/Benefit	Limits
Individual Placement and Support (IPS)	Supported employment services for members with mental illness	Covered for members transitioned or diverted from nursing facility level of care through the My Choice Louisiana program. Prior authorization is required.
Inpatient hospital services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide.	Prior authorization is required.
Intensive Outpatient Treatment (IOP)	Mental health and substance use treatment and recovery services provided in a community setting.	Prior authorization is required.
Lab tests and X-rays	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
<p>Licensed Mental Health Professionals (LMHP) LMHPs are licensed by the State of Louisiana. They can be:</p> <ul style="list-style-type: none"> <li>• Licensed Psychologists</li> <li>• Medical Psychologists</li> <li>• Professional Counselors</li> <li>• Clinical Social Workers</li> <li>• Addiction Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Advanced Practice Registered Nurses (psychiatric specialists)</li> </ul>	Outpatient counseling for mental health and substance use treatment.	

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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Maternity care services	Prenatal through postpartum	
Mental health inpatient hospital services	Mental health services provided in the hospital.	Prior authorization may be required.
Rides to medical services	Transportation to and from appointments for Medicaid covered services appointments and to extra services we offer such as adult dental care and pharmacy	
Nutritional/dietician consult services	Nutritional consultation	Prior authorization is required. Not covered for members over age 21.
Outpatient services	Diagnostic and therapeutic outpatient services including outpatient surgery and rehabilitation services, therapeutic and diagnostic radiology services, chemotherapy and hemodialysis.	Prior authorization may be required.
Organ transplant and related services	Evaluation, transplant and facility costs are covered.	Donor costs are not covered. Prior authorization is required.
Pediatric day healthcare services	Services include nursing care, respiratory care, physical therapy, speech therapy, occupational therapy, assistance with aids of daily living, transportation services, and education and training.	Covered for members from age 0-20. Prior authorization is required.

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Peer Support Services (PSS)	Support from a peer who has been successful in recovery from mental illness and/or substance use	Prior authorization is required.
Personal Care Services (PCS) - Behavioral Health	Assistance and supervision for members with mental illness to allow them to complete activities of daily living and live independently.	Covered for members transitioned or diverted from nursing facility level of care through the My Choice Louisiana program. Prior authorization is required.
Pharmacy services	Prescription Medications that are on the Covered Drug List (CDL) which is provided by LDH. The Single Preferred Drug List (SPDL) is a subset of the CDL which is established by LDH and indicates the preferred and non-preferred status of covered drugs.	Quantity limits, step therapy, and prior authorization may be required.
Physician/professional services	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists or physician assistant.	Prior authorization may be required.
Podiatrist services	Office visits, certain radiology and lab procedures and other diagnostic procedures.	Prior authorization may be required.
Psychiatric residential treatment facilities	Allows youth to live in a treatment facility to get the behavioral health care needed.	Covered for members from age 0-20. Prior authorization is required.

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Psychiatrist visits	Visits with a licensed psychiatrist. A psychiatric nurse practitioner is also able to provide this service.	
Radiology services	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
Rehabilitation services	Short term stays in a long-term care nursing facility for the purposes of rehabilitation.	Prior authorization is required.
Rehabilitation substance use	Outpatient and residential counseling and treatment for substance use conditions.	Prior authorization may be required.
Sexually Transmitted Disease (STD) services	Testing, counseling and treatment of all STDs and confidential HIV testing.	
Telemedicine for behavioral health services	An alternative to clinic visits in areas that have limited access to behavioral health services. Meet with your behavioral health providers from a computer.	
Telemedicine for physical health services	The use of a computer to meet with your doctor to receive physical health services when you and your doctor are not in the same location.	
Therapeutic group homes	Allows youth to live in a home-like setting with a small group of other youth to get the services needed.	Covered for members from age 0-20. Prior authorization is required.



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Vision services	<p>For members 20 and under, the following services are covered:</p> <ul style="list-style-type: none"> <li>• A comprehensive eye exam interpreted by a licensed network optometrist or ophthalmologist</li> <li>• A preventative vision screening performed by trained staff under the supervision of a licensed network vision provider</li> <li>• Medically necessary screening, diagnosis and treatment of eye and/or visual conditions</li> <li>• Three pairs of eyeglasses per calendar year with no review required by the health plan</li> <li>• Contact lenses deemed medically necessary when no other method can restore vision</li> </ul>	<p>Prior authorization may be required.</p>