



NOTE: If cell is blank, there is no coverage.

## MEDICAID COVERED SERVICES

Benefit	Medicaid Managed Care	HARP
Adult Day Health Care	COVERED	COVERED
AIDS Adult Day Health Care	COVERED	COVERED
Applied Behavior Analysis	COVERED	
Asthma Self-Management	COVERED	COVERED
Audiology, Hearing Aids Services and Products	COVERED	COVERED
Behavioral Health Home and Community Based Services (BH HCBS)		COVERED Services include: <ul style="list-style-type: none"> <li>- Habilitation services</li> <li>- Education support services</li> <li>- Pre-vocational services</li> <li>- Transitional employment</li> <li>- Intensive Supported Employment (ISE)</li> <li>- Ongoing Supported Employment (OSE)</li> <li>- Non-Medical Transportation</li> </ul>
Buprenorphine Prescribers	COVERED	COVERED
Care Coordination for the HARP Program and HARP-Eligible Enrollees in the HIV SNP Program		COVERED
Children's Family Treatment & Support Service (CFTSS)	COVERED Services include: <ul style="list-style-type: none"> <li>- Therapy services from other licensed practitioners, psychosocial rehabilitation, and community psychiatric supports and treatment services for members under 21 years old.</li> <li>- Family peer support services</li> </ul>	

	<ul style="list-style-type: none"> <li>- Youth peer support services and crisis intervention services for children or youth who are experiencing acute psychological or emotional distress.</li> </ul> <p>All above CFTSS are available for eligible members under age 21.</p>	
Children's Home and Community Based Services (HCBS)	<p>COVERED</p> <p>For youth under the age of 21 determined eligible based on specific target populations, risk factors, and functional criteria for eligible members under the age of 21; Services include:</p> <ul style="list-style-type: none"> <li>- Community Habilitation</li> <li>- Day Habilitation</li> <li>- Caregiver/Family Supports and Services</li> <li>- Respite Services</li> <li>- Prevocational Services <i>(must be age 14 or older)</i></li> <li>- Supported Employment <i>(must be age 14 or older)</i></li> <li>- Community Self-Advocacy Training and Support</li> <li>- Palliative Care</li> </ul>	
Community Oriented Recovery and Empowerment (CORE) Services		<p>COVERED</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>- Community Psychiatric Support and Treatment (CPST)</li> <li>- Empowerment Services - Peer supports</li> <li>- Family support and training (FST)</li> <li>- Psychosocial Rehabilitation (PSR)</li> </ul>
Consumer Directed Personal Assistance Services	COVERED	COVERED

Court-Ordered Services	COVERED, pursuant to court order	COVERED, pursuant to court order
Crisis Intervention & Crisis Residential Services	COVERED	COVERED
Dental and Orthodontic Services - includes preventive and routine dental care	COVERED Administered by Delta Dental	COVERED Administered by Delta Dental
Diabetes Prevention Services Through the National Diabetes Prevention Program (NDPP)	<p>COVERED</p> <p>22 for NDPP group training sessions over the course of 12 months for members:</p> <ul style="list-style-type: none"> <li>- At least 18 years old</li> <li>- Not currently pregnant</li> <li>- Overweight, AND</li> <li>- Who have not been previously been diagnosed with Type 1 or Type 2 diabetes</li> </ul> <p>And who meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>- Have a blood test result in the prediabetes range within the past year</li> <li>- Have previously been diagnosed with gestational diabetes</li> <li>- Score of 5 or higher in the Centers for Disease Control and Prevention (CDC)/American Diabetes Association (ADA) Prediabetes Risk Test</li> </ul>	
Durable Medical Equipment (DME)	<p>COVERED through CDPHP: DME items in Sections 4.4, 4.5, 4.6, and 4.7.</p> <p>COVERED through NYRx, The Medicaid Pharmacy Program: DME items in Sections 4.1, 4.2, and 4.3.</p>	<p>COVERED through CDPHP: DME items in Sections 4.4, 4.5, 4.6, and 4.7.</p> <p>COVERED through NYRx, The Medicaid Pharmacy Program: DME items in Sections 4.1, 4.2, and 4.3.</p>

	For full list, refer to the <a href="#">NYS Procedure Codes and Coverage Guidelines</a> .	For full list, refer to the <a href="#">NYS Procedure Codes and Coverage Guidelines</a> .
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services/Child Teen Health Program (C/THP)	COVERED	
Emergency Services	COVERED	COVERED
Emergency Transportation	COVERED through MFFS	COVERED through MFFS
Experimental and/or Investigational Treatment	COVERED on a case-by-case basis	COVERED on a case-by-case basis
Eye Care and Low Vision Services	COVERED	COVERED
Family Planning and Reproductive Health Services	COVERED	COVERED
Fluoride Varnish Treatment	COVERED for children from birth until age 7 when applied by a dentist, physician, or nurse practitioner	
Foot Care Services	COVERED	COVERED
Gambling Disorder Treatment	COVERED when provided through Office of Addiction Services and Supports (OASAS) certified programs.	COVERED when provided through Office of Addiction Services and Supports (OASAS) certified programs.
Gender Reassignment Surgery	COVERED Patient must have a diagnosis of gender dysphoria and meet NYS minimum age requirements	COVERED Patient must have a diagnosis of gender dysphoria and meet NYS minimum age requirements
Harm Reduction Services	COVERED, include plan of care and counseling services	COVERED, include plan of care and counseling services
Home Health Services	COVERED	COVERED
Home-Delivered Meals	COVERED only for those Enrollees transitioning from the LTHHCP and those who received Home-Delivered Meals while in the LTHHCP, and those eligible for Medically Tailored Meals - In lieu of services.	COVERED only for those Enrollees transitioning from the LTHHCP and those who received Home-Delivered Meals while in the LTHHCP, and those eligible for Medically Tailored Meals - In lieu of services.
Hospice	COVERED	COVERED

Infertility Services	COVERED	COVERED
Inpatient Hospital Services	COVERED, unless admit date precedes Effective Date of Enrollment	COVERED, unless admit date precedes Effective Date of Enrollment
Inpatient Stay Pending Alternate Level of Medical Care	COVERED	COVERED
Laboratory Services	COVERED Includes HIV phenotypic, virtual phenotypic, and genotypic drug resistance tests and viral tropism testing	COVERED Includes HIV phenotypic, virtual phenotypic, and genotypic drug resistance tests and viral tropism testing
Lactation Counseling	COVERED	COVERED
Local Department of Social Services (LDSS)-Mandated SUD Services	COVERED, pursuant to Welfare Reform/LDSS mandate	COVERED, pursuant to Welfare Reform/LDSS mandate
Medical Dental - fracture repair, tumor removal, treatment of accidental injury, and congenital disease management	COVERED Coordinated by CDPHP	COVERED Coordinated by CDPHP
Medical Language Interpreter Services	COVERED The need for medical language interpreter services must be documented in the medical record and must be provided during a medical visit by a third-party interpreter who is employed by or contracts with the provider.	COVERED The need for medical language interpreter services must be documented in the medical record and must be provided during a medical visit by a third-party interpreter who is employed by or contracts with the provider.
Medical Social Services	COVERED only for those Enrollees transitioning from a Long-Term Home Health Care Program (LTHHCP) and who received Medical Social Services while in the LTHHCP	COVERED only for those Enrollees transitioning from a Long-Term Home Health Care Program (LTHHCP) and who received Medical Social Services while in the LTHHCP
Mental Health Services	COVERED	COVERED
Midwifery Services	COVERED	COVERED
Non-Emergency Transportation	COVERED through MFFS	COVERED through MFFS
Nurse Practitioner Services	COVERED	COVERED
Observation Services	COVERED	COVERED

Personal Care Services	COVERED When only Level I services provided, limited to 8 hours per week	COVERED When only Level I services provided, limited to 8 hours per week
Personal Emergency Response System (PERS)	COVERED When enrollee is enrolled in Personal Care or Consumer Directed Personal Care Services	COVERED When enrollee is enrolled in Personal Care or Consumer Directed Personal Care Services
Physician Services	COVERED	COVERED
Post-Stabilization Care Services	COVERED	COVERED
Prescription and Non- Prescription OTC Drugs, Medical Supplies, and Enteral Formula	COVERED through NYRx, The Medicaid Pharmacy Program.	COVERED through NYRx, The Medicaid Pharmacy Program.
Preventive Health Services	COVERED	COVERED
Private Duty Nursing Services	COVERED	COVERED
Prosthetic/Orthotic Services/Orthopedic Footwear	COVERED	COVERED
Radiology Services	COVERED	COVERED
Rehabilitation Services (not including Psychosocial Rehabilitation [PSR])	COVERED (Physical Therapy, Occupational Therapy, and Speech Therapy)	COVERED (Physical Therapy, Occupational Therapy, and Speech Therapy)
Renal Dialysis	COVERED	COVERED
Residential Health Care Facility (Nursing Home) Services (RHCF)	COVERED, except for Enrollees under age 21 in Long-Term Placement Status	
Second Medical/ Surgical Opinion	COVERED	COVERED
Smoking Cessation Counseling	COVERED. Up to eight (8) counseling sessions per calendar year, up to two (2) of which can be furnished by a dental practitioner	COVERED. Up to eight (8) counseling sessions per calendar year, up to two (2) of which can be furnished by a dental practitioner
Smoking Cessation Products	COVERED	COVERED
Substance Use Disorder (SUD) Inpatient Detoxification Services	COVERED	COVERED

Substance Use Disorder (SUD) Inpatient Rehabilitation and Treatment Services	COVERED	COVERED
Substance Use Disorder (SUD) Medically Supervised Outpatient Withdrawal	COVERED	COVERED
Substance Use Disorder (SUD) Outpatient (includes outpatient clinic, outpatient rehabilitation, and opioid treatment)	COVERED	COVERED
Substance Use Disorder (SUD) Residential Addiction Treatment Services	COVERED	COVERED
Tuberculosis Directly Observed Therapy	COVERED	COVERED
Voluntary Foster Care Agency (VFCA) Services	COVERED Voluntary Foster Care Agency (VFCA) Health Facility services for those under the age of 21 who are eligible. Services include: Core Limited Health-Related Services and Other Limited Health-Related Services	