

Medicaid Childless Adults (Ages 19-64) Benefit Coverage

Alternative Benefit Plan (ABP) Benefits and Limitations	
Acupuncture	30 Visits Per Fiscal Year.
Aids Treatment	Approved FDA Treatment and Drugs only.
Allergy Testing/Treatment	\$500 Annually. (Prior Authorization)
Ambulatory Surgi-Center Care	(Prior Authorization Required)
Breast Reconstructive Surgery	(Prior Authorization Required)
Cataract Surgery	Outpatient only, including conventional lens.
Chemotherapy	
Chiropractic Care	30 visits per Fiscal Year.
Elective Surgery	Non-emergency Outpatient Surgeries.
Orthopedic conditions	Includes Internal and External Prosthesis.
Physician Care & Services	<ol style="list-style-type: none"> 1. Primary Care Visits 2. Specialist Care Visits 3. Voluntary Second Surgical Opinion 4. Home Health Care Visit 5. Hospice Care, not covered off-island; maximum 180 days (Prior Authorization Required) 6. Outpatient Laboratory 7. X-ray Services 8. Injections (Does not include the Orthopedic injections)
Radiation Therapy	
Sleep Apnea	Diagnostics and Therapeutic Procedure. (Prior Authorization Required)
Sterilization Procedures	<ol style="list-style-type: none"> 1. Tubal Ligation and Vasectomy (Outpatient only). 2. Must be 21 years old and older. 3. Must not be declared mentally incompetent and not institutionalized in a mental or rehabilitation facility. 4. The Consent to Sterilization Form is valid after 30 days and not to exceed 180 days from the signature date of the patient. (Prior Authorization Required)
Nuclear Medicine	*Nuclear Medicine - \$5.00 co-payment for visit that agency pays \$50 & above (Prior Authorization Required)
Airfare Benefit	<ol style="list-style-type: none"> 1. Covered for Inpatient Services at a participating off-island hospital provider and services not available on Guam. 2. One companion for services of the following specific procedures: open heart surgery, oncology surgery, aneurysmectomy, pneumonectomy, intra-cranial surgery, acute leukemia, gamma knife or if the level of care required is NICU Level III, or if the expected cost of the services exceeds \$25,000.00. 3. One medical escort for the abovementioned specific procedures when medically necessary. 4. Additional escort for the abovementioned specific procedures when medically necessary and unable to self-care. (Prior Authorization Required)
End Stage Renal Disease/Hemodialysis	
Inhalation Therapy	
Congenital Anomaly Diseases Coverage	
Emergency Care	<ol style="list-style-type: none"> 1. On/Off-Island emergency facility, physician services, laboratory, x-rays. 2. Ambulances services (ground transportation only). 3. Emergency air transportation at a participating provider.
Hospitalization & Inpatient Benefits	(Prior Authorization required in excess of 60 day limitation) <ol style="list-style-type: none"> 1. Semi-private room, intensive care, coronary care, surgery. 2. Elective surgery. 3. Physician's hospital services. 3. Acute admissions for mental health or chemical dependency . 4. All other inpatient hospital services including laboratory, x-ray, operating room, anesthesia, and medication at a participating provider. Prior Authorization Required for services not available on-island.
Skilled Nursing Facility	60 days max per Fiscal Year.
Cardiac Surgery	Prior Authorization required for off-island services not available on Guam.
Maternity Care	Labor and delivery.
Prenatal Care	
Mental Health Care	Outpatient psychiatric and psychological services to include counseling and medications.
Chemical Dependency	Outpatient psychiatric and psychological services to include counseling and medications.
Prescription drugs	30 day supply *Prescription Drugs - \$2.50 co-payment per prescription drug that agency pays \$25 & above per prescription drug.
Physical Therapy	Includes the maintenance, acquisition, and restoration of skills in an inpatient and outpatient services only. (Prior Authorization)
Occupational Therapy	<ol style="list-style-type: none"> 1. 20 visits per Fiscal Year. 2. Includes the maintenance, acquisition, and restoration of skills in an inpatient and outpatient services only. (Prior Authorization and Justification are required for additional visits)
Durable Medical Equipment (DME)	<ol style="list-style-type: none"> 1. One (1) of each type DME Every Five Years: Standard wheelchair, standard hospital bed, walker, crutches, and standard CPAP. 2. Physician Prescription is required. 3. The lesser amount between purchase or rental of each type DME. (Prior Authorization Required)
Oxygen and Accessories	Physician Prescription is required. (Prior Authorization Required)
Hearing Aids	1. \$500 Every Three Years (Prior Authorization Required)
Implants	Limited to pacemakers, heart valves, stents, intraocular lenses, and orthopedic internal prosthetic devices
Blood & Blood Derivatives	
Diagnostic Testing	Includes diagnostic radiology and laboratory services (Prior Authorization is required for CT, Scan, MRI, MRA, and other type of non-invasive diagnostic imaging) *Diagnostic Laboratory and Radiology Services - \$5.00 co-payment for visit that agency pays \$50 & above.
Preventive Care Services	(Prior Authorization Required)
Well-women Preventive Care	(Prior Authorization Required)
Wellness	\$200 Annually, Counseling and Monitoring of patient's condition under programs such as: A Mini-Newstart Program, Gestational Diabetes Program, Breathe-Free Stop Smoking Program in a participating wellness center (Prior Authorization Required)
Immunizations/Vaccinations	In accordance with the guidelines established by the CDC Advisory Committee on Immunization Practices
Fitness	Gym memberships at a participating provider (Prior Authorization Required)
Pediatric services including oral and vision care: EPSDT Benefits	Covered for 19 & 20 years old only (Prior Authorization Required)

Note: Dental and vision services are not covered.

***Cost-Sharing-Applicable to recipients above the standard income limit only.**