

Medicaid, ABP and MIP Program Benefits and Limitations

Abortion	MEDICAID Prior Authorization for life-threatening condition.	XXXXX	XXXXX
Acupuncture	XXXXX	ABP 30 visits per fiscal year.	MIP 10 visits at \$50 per visit, per fiscal year.
Acute Inpatient Services	MEDICAID Maximum of 60 days inpatient hospitalization per confinement. Prior Authorization after the first 60 days that includes weekends.	ABP Maximum of 60 days inpatient hospitalization per confinement at a participating provider. Prior Authorization after the first 60 days that includes weekends.	MIP Maximum of 60 days inpatient hospitalization per confinement. Prior Authorization after the first 60 days that includes weekends.
Allergy Testing/Treatment	XXXXX	ABP \$500 Annually Prior Authorization	XXXXX
Ambulance and Medical Transportation	MEDICAID Emergency ambulance service and non-emergency, medically necessary stretcher, wheelchair, bed-confined medical transportation service.	ABP Emergency ambulance service.	MIP Inpatient ambulance service.
Ambulatory Surgi-Center Care	MEDICAID	ABP Prior Authorization	MIP
Audiological Examination	MEDICAID Prior Authorization and Physician's referral.	ABP Physician's referral	MIP Maximum \$100.00 per visit. Prior Authorization and Physician's referral.
Birthing Center Services	MEDICAID	ABP	MIP
Blood and Blood Products	MEDICAID	ABP	MIP Maximum \$50,000 per fiscal year except hemophilia or any hemophilia-related conditions.
Breast Reconstructive Surgery	XXXXX	ABP Prior Authorization –Relating to mastectomy	MIP Relating to mastectomy
Cardiac Related Services	MEDICAID Medically necessary prosthetic devices, certain to save life or significantly alter an adverse prognosis to include pacemakers, heart valves, stents, and related devices. NOTE: When the device is not covered, the procedure is not covered.	ABP Includes pacemakers, heart valves, and stents. Prior Authorization for services not available on Guam. NOTE: When the device is not covered, the procedure is not covered.	MIP 10% coinsurance. NOT COVERED: Pacemakers, heart valves, and stents NOTE: When the device is not covered, the procedure is not covered.
Cataract Surgery	MEDICAID Includes intraocular lens	ABP Outpatient only, includes intraocular lens.	MIP
Chemical Dependency	MEDICAID 20 and below covered without limitation. 21 and older covered as outpatient basis for up to 20 sessions.	ABP Outpatient psychiatric and psychological services to include counseling and medications. Hospital & Inpatient: Acute admissions for chemical dependency.	MIP Outpatient psychiatric and psychological services to include counseling and medications. Maximum \$10,000 per fiscal year.
Chemotherapy	MEDICAID	ABP	MIP
Chiropractic	XXXXX	ABP 30 visits per Fiscal Year.	MIP 10 visits at \$25 per visit per fiscal year.
Circumcision	MEDICAID Prior Authorization for medically necessary circumcision.	XXXXX	MIP Prior Authorization for medically necessary circumcision.

Congenital Anomaly Diseases Coverage	MEDICAID	ABP	MIP
Elective Surgery	MEDICAID Prior Authorization for elective surgery with one or more day admission prior to surgery.	ABP Non-emergency Outpatient Surgeries	MIP Prior Authorization for elective surgery with one or more day admission prior to surgery
Emergency Care	MEDICAID	ABP On/Off-Island emergency facility, physician services, laboratory, x-rays. Ambulances ground transportation only. Emergency air transportation at a participating provider.	MIP On-Island emergency facility, physician services, laboratory, x-rays. Inpatient Ambulances ground transportation only.
Emergency Room Services	MEDICAID	ABP	MIP \$5 co-payment.
End Stage Renal Disease/Hemodialysis	MEDICAID	ABP	MIP
Eye Glasses	MEDICAID Corrective Lenses: Maximum \$150 every two (2) years. Bi-focal Lenses: Maximum \$200 every two (2) years. Prior Authorization	ABP 19 & 20 EPSDT only	MIP Corrective Lenses: Maximum \$100 every two (2) years. Bi-focal Lenses: Maximum \$100 every two (2) years. Prior Authorization
Eye Refraction	MEDICAID Limited to every two (2) years. Prior Authorization	ABP 19 & 20 EPSDT only	MIP Maximum \$50 every year. Prior Authorization
Dental Services	MEDICAID	ABP 19 & 20 EPSDT only	MIP For 17 years old and above only. 20% coinsurance.
Diagnostic Testing	MEDICAID	ABP Includes diagnostic radiology and laboratory services.	MIP
Durable Medical Equipment/Supplies	MEDICAID Medical equipment/machine is limited to every five years. Prior Authorization is required for bed, c-pap/bi-pap machine, oxygen system, wheelchair, and medical supplies. Covered w/referral only: Nebulizer, glucometer machine, crutches & walker	ABP Medical equipment/machine is limited to every five years. Prior Authorization is required for bed, c-pap machine, oxygen system, wheelchair, and medical supplies. Covered w/referral only: Crutches & walker NOT COVERED: Bi-pap nebulizer, and glucometer machine.	MIP Medical equipment/machine is limited to every five years. Prior Authorization is required for wheelchair, hospital bed and medical supplies only. Covered w/referral only: Crutches & walker NOT COVERED: C-pap/bi-pap machine, nebulizer, and glucometer machine.
Fitness	XXXXX	ABP Gym memberships at a participating provider. Minimum of 5 visits a month is required for monthly continuation coverage, unless with medical justification. Prior Authorization and Physician's referral.	XXXXX
Hearing Aid	MEDICAID Limited to every three (3) years, Standard only. Prior Authorization	ABP \$500 Every Three Years, Standard only. Prior Authorization	MIP Maximum \$500 per hearing aid, Standard only. Prior Authorization
Home Health Services	MEDICAID • Nursing Services	ABP • Physician Services	MIP Home Care Referral only.

	<ul style="list-style-type: none"> Home Health Aide Services <p>Prior Authorization and Home Care Referral.</p>	Home Care Referral only	Limited to 100 days per fiscal year.
Hospice Care	<p>MEDICAID Limited to two 90-day periods, followed by an unlimited number of 60 day periods.</p> <p>Prior Authorization</p>	<p>ABP Maximum 180 days</p> <p>Prior Authorization</p>	<p>MIP Maximum 180 days.</p> <p>Prior Authorization</p>
Immunizations/ Vaccinations	<p>MEDICAID CDC Advisory Committee on Immunization Practices guideline</p>	<p>ABP CDC Advisory Committee on Immunization Practices guideline</p>	<p>MIP CDC Advisory Committee on Immunization Practices guideline</p>
Inhalation Therapy	<p>MEDICAID</p>	<p>ABP</p>	<p>MIP</p>
Laboratory	<p>MEDICAID</p>	<p>ABP *Diagnostic Laboratory: \$5.00 co-payment for visit that agency pays \$50 & above.</p>	<p>MIP</p>
Maternity Care	<p>MEDICAID</p>	<p>ABP Labor and delivery</p>	<p>MIP</p>
<p>Medical Care and Other Type of Remedial Care</p> <ul style="list-style-type: none"> Podiatrist Optometrist Other Practitioners <ul style="list-style-type: none"> a) Anesthesiology Assistant b) Certified Registered Nurse Anesthetist c) Clinical Nurse Specialist d) Nurse Practitioner e) Physician Assistant f) Clinical Psychologist g) Individual, Marriage and Family Therapist (LMHC- Licensed Mental Health Counselor/ LMSW- Licensed Clinical Social Worker/Marriage & Family Therapist 	<p>MEDICAID Outpatient psychiatric and psychological services to include counseling and medications.</p>	<p>ABP Outpatient psychiatric and psychological services to include counseling and medications.</p> <p>Hospital & Inpatient: Acute admissions for mental health or chemical dependency.</p>	<p>MIP Maximum of 30 days inpatient hospitalization per illness.</p>
Mental Health Services	<p>MEDICAID Outpatient psychiatric and psychological services to include counseling and medications.</p>	<p>ABP Outpatient psychiatric and psychological services to include counseling and medications.</p> <p>Hospital & Inpatient: Acute admissions for mental health or chemical dependency.</p>	<p>MIP Maximum of 30 days inpatient hospitalization per illness.</p>
Nuclear Medicine	<p>MEDICAID</p>	<p>ABP Prior Authorization *\$5.00 co-payment for visit that agency pays \$50 & above.</p>	<p>MIP</p>
Occupational Therapy	<p>MEDICAID Prior Authorization</p>	<p>ABP 20 visits per Fiscal Year. Includes the maintenance, acquisition, and restoration of skills in an inpatient and outpatient services only.</p> <p>Prior Authorization and Justification are required for additional visits only.</p>	<p>MIP Limited to 20 visits, thereafter 50% coinsurance and the additional treatments subject to re-certification for continuing treatment.</p> <p>Prior Authorization</p>

Off-Island Medical Care	<p>MEDICAID Medically necessary services that are not available on island.</p> <p>Prior Authorization</p>	<p>ABP Medically necessary services that are not available on island.</p> <p>Prior Authorization</p>	<p>MIP Medically necessary services that are not available on island.</p> <p>Maximum \$175,000 per fiscal year, including airfare/travel and escort fees.</p> <p>Prior Authorization</p>
Off-Island Medical Travel	<p>MEDICAID Round trip air transportation. One parent for minor child. One medical escort when medically necessary.</p> <p>With off-island approved referral/treatment Prior Authorization.</p>	<p>ABP Round trip air transportation for covered Inpatient Services at a participating off-island hospital provider.</p> <p>One companion for services following the 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. One medical escort for the abovementioned specific procedures when medically necessary. Additional escort for the abovementioned specific procedures when medically necessary and unable to self-care.</p> <p>With off-island approved referral/treatment Prior Authorization.</p>	<p>MIP Round trip air transportation. One parent/guardian for minor child.</p> <p>With off-island approved referral/treatment Prior Authorization.</p>
Orthopedic Services/Conditions	<p>MEDICAID Medically necessary orthopedic devices, certain to save life or significantly alter an adverse prognosis to include internal and external prosthesis, injections, and related devices.</p>	<p>ABP Includes Internal and External Prosthesis.</p> <p>NOT COVERED: Orthopedic injections.</p>	<p>MIP Includes Internal and External Prosthesis.</p> <p>10% coinsurance and maximum \$50,000 per fiscal year on related services and treatment/device (prosthesis).</p>
Pharmaceutical Prescriptions	<p>MEDICAID Limited to the Drug Formulary and 30 day supply at one time.</p>	<p>ABP Limited to the Drug Formulary and 30 day supply at one time. *\$2.50 co-payment per prescription drug that agency pays \$25 & above per prescription drug.</p>	<p>MIP Limited to the Drug Formulary and 30 day supply at one time.</p> <p>\$2.50 co-payment per prescription.</p>

Physical Examinations (PE)/EPSDT	<p>MEDICAID Every year 12 months. EPSDT periodicity schedule</p> <p>Prior Authorization</p> <p>Preventive Care Services (USPTF guideline) Prior Authorization</p> <p>Screening Mammography (Prior Authorization) Every year for 35-39 years old. Every two years for 40-49 years old. Every year for 50 years old and above.</p> <p>Prior Authorization for Any Preventive Screening Services except for contraceptive.</p> <p>(Pap Smear -Every year, or every 3 years after 3 consecutive satisfactory normal/negative Pap Smear for 16 years old and older.) and (Pelvic Examination- Every 36 months for 16 years old and older.)</p> <p>Flexible Sigmoidscopy Every 48 months for 50 years old and above, or 120 months after a previous screening colonoscopy for those not at high risk. Colonoscopy Every 120 months (high risk every 24 months), or 48 months after a previous flexible sigmoidscopy.</p> <p>Prostate Surface Antigen Every year for men over 50 years old.</p>	<p>ABP Every year 12 months.</p> <p>Prior Authorization</p> <p>Preventive Care Services (USPTF guideline) Prior Authorization EPSDT Oral and vision care for 19 & 20 years old. Screening Mammography (Prior Authorization) Every year for 35-39 years old. Every two years for 40-49 years old. Every year for 50 years old and above.</p> <p>Prior Authorization for Any Preventive Screening Services except for contraceptive.</p> <p>(Pap Smear -Every year, or every 3 years after 3 consecutive satisfactory normal/negative Pap Smear for 16 years old and older.) and (Pelvic Examination- Every 36 months for 16 years old and older.)</p> <p>Flexible Sigmoidscopy Every 48 months for 50 years old and above, or 120 months after a previous screening colonoscopy for those not at high risk. Colonoscopy Every 120 months (high risk every 24 months), or 48 months after a previous flexible sigmoidscopy.</p> <p>Prostate Surface Antigen Every year for men over 50 years old.</p>	<p>MIP Every year 12 months.</p> <p>USPTF guideline</p> <p>\$5 co-payment for only PE visits.</p>
Physical Therapy	<p>MEDICAID Prior Authorization</p>	<p>ABP Includes the maintenance, acquisition, and restoration of skills in an inpatient and outpatient services only.</p> <p>Prior Authorization</p>	<p>MIP Limited to 20 visits per fiscal year, thereafter 50% coinsurance.</p> <p>Prior Authorization</p>
Physician Care & Services	MEDICAID	ABP	MIP
Prenatal Care	MEDICAID	ABP	MIP
Prosthetic Appliances	<p>MEDICAID Medically necessary prosthetic devices, certain to save life or significantly alter an adverse prognosis to include pacemakers, heart valves, stents, and related devices.</p>	<p>ABP Includes Pacemakers, heart valves, and stents. Orthopedic – Includes Internal and External Prosthesis.</p>	<p>MIP Orthopedic – Includes Internal and External Prosthesis.</p> <p>10% coinsurance and maximum \$50,000 per fiscal year on related services and treatment/device (prosthesis).</p>
Radiology	<p>MEDICAID Prior Authorization for CT scan, MRA and MRI only.</p>	<p>ABP Prior Authorization for CT, Scan, MRA, MRI, and other type of non-invasive diagnostic imaging. *Diagnostic Radiology: \$5.00 co-payment for visit that agency pays \$50 & above.</p>	<p>MIP 10% coinsurance.</p> <p>Prior Authorization for CT scan, MRA and MRI only.</p>
Radiation Therapy	MEDICAID	ABP	MIP 10% coinsurance.

Skilled Nursing Facility	MEDICAID Limited to 180 days maximum per fiscal year.	ABP Limited to 60 days maximum per fiscal year.	MIP Limited to 180 days maximum per fiscal year.
Sleep Apnea	MEDICAID Sleep Apnea Prior Authorization	ABP Diagnostics and Therapeutic Procedure. Prior Authorization	MIP Sleep Apnea Prior Authorization
Tobacco-Use Cessation Treatment	MEDICAID Counseling and medication for two cessation attempts per year. Each cessation attempt is at least four (4) sessions of at least 30 minutes face-to-face each. Prior Authorization Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.	XXXXX	XXXXX
Voluntary Sterilization Services	MEDICAID 21 years old and older. 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	ABP 21 years old and older. Tubal Ligation and Vasectomy-Outpatient only. 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	MIP Must be 18 years old and older. The Consent to Sterilization Form is valid after 30 days, and not to exceed 180 days from the signature date of the patient.
Well Child Care/EPSTD	MEDICAID EPSTD periodicity schedule		MIP Limited to 6 visits per year up to age 2 excluding visits for immunization.
Wellness	XXXXX	ABP \$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	XXXXX
		* Cost-Sharing: Only applicable to recipients above the standard income limit.	92-MIPLB: Lytico / Bodig 93-MIPIDD: Insulin Dependent Diabetes 94-MIPTB: Tuberculosis 95-MIPMS: Medicaid Supplemental (St. Dominic's / GMHA ICF) / GCAT) 97-MIPRF: End Stage Renal Disease 99-MIPLPS: Leprosy