Medical Services Covered by Medicaid

Benefit Provided	Traditional Medicaid Plan		West Virginia Health Bridge Alternative Benefit Plan (ABP) (Expansion Plan)	
	Covered	**Service Limits**	**Covered**	**Service Limits**
Primary Care Office Visits	X		X	
Specialty Care	X		X	
Podiatry	X		X	
Chiropractic	X	20 visits per year (combined chiropractic, physical therapy, and occupational therapy, additional authorization required over limit)	X	24 visits per year
Diagnostic X-Ray	X		X	
Outpatient Hospital Services	X		X	
Hospice	X		X	
Nursing Home	X		*Not Covered.*	
Emergency Room Outpatient Hospital Services	X		X	
Emergency Transportation/ Ambulance	X		X	
Inpatient Hospital Care	X		X	
Hospital Inpatient/ Maternity	X		X	
Outpatient/Maternity	X		X	
Outpatient Psychiatric Treatment	X		X	
Rehabilitative Psychiatric Treatment	X		X	
Inpatient Psychiatric Hospital	X		X	
Prescription Drugs	X		X	

Benefit Provided	Traditional Medicaid Plan		West Virginia Health Bridge Alternative Benefit Plan (ABP) (Expansion Plan)	
	Covered	Service Limits	Covered	Service Limits
Physical Therapy	X	*20 visits per year (combined PT and OT, additional authorization required over limit).*	X	*20 visits per year for Habilitative and Rehabilitative services (combined PT and OT).*
Occupational Therapy	X	*20 visits per year (combined PT and OT, additional authorization required over limit).*	X	*20 visits per year for Habilitative and Rehabilitative services (combined PT and OT).*
Speech Therapy	X		X	*20 visits per year for Habilitative and Rehabilitative services.*
Cardiac Rehabilitation	X		X	
Pulmonary Rehabilitation	X		X	
Durable Medical Equipment	X		X	
Orthotics and Prosthetics	X		X	
Home Health	X	*60 visits per year (additional authorization required over limit).*	X	*100 visits per year.*
Inpatient Rehabilitation Hospital Services	X		X	
Laboratory Services and Testing	X		X	
Diabetes Education	X		X	
Early Periodic Screening, Diagnosis and Treatment	X		X	
Family Planning Services and Supplies	X		X	
Nutritional Counseling	X		X	
Tobacco Cessation	X		X	
Non-Emergency Medical Transport (NEMT)	X		X	
Personal Care Services	X		*Not covered.*	