

**Medicare Fully Liable Advantage Plan  
Medicaid Covered Services  
Effective July 1, 2021**

**Medicaid Services to be provided when not covered by Medicare**

The Plan shall provide the covered services contained within the following Medicaid rules and associated fee schedules:

<b>Rule No.</b>	<b>Policy Name</b>
59G-4.013	<a href="#">Allergy Services Coverage Policy</a>
59G-4.020	<a href="#">Ambulatory Surgical Center Services Coverage Policy</a>
59G-4.022	<a href="#">Anesthesia Services Coverage Policy</a>
59G-4.025	<a href="#">Assistive Care Services Coverage and Limitations Handbook</a>
59G-4.027	<a href="#">Behavioral Health Overlay Services Coverage and Limitations Handbook</a>
59G-4.028	<a href="#">Behavioral Health Assessment Services</a>
59G-4.031	<a href="#">Behavioral Health Community Support Services</a>
59G-4.370	<a href="#">Behavioral Health Intervention Services</a>
59G-4.029	<a href="#">Behavioral Health Medication Management Services</a>
59G-4.052	<a href="#">Behavioral Health Therapy Services</a>
59G-4.033	<a href="#">Cardiovascular Services Coverage Policy</a>
59G-8.700	<a href="#">Child Health Services Targeted Case Management</a>
59G-4.040	<a href="#">Chiropractic Services Coverage Policy</a>
59G-4.050	<a href="#">Community Behavioral Health Services</a>
59G-4.055	<a href="#">County Health Department Services</a>
59G-4.060	<a href="#">Dental Services Coverage Policy</a>
59G-4.105	<a href="#">Dialysis Services Coverage Policy</a>
59G-4.070	<a href="#">Durable Medical Equipment and Medical Supplies Coverage and Limitations Handbook</a>
59G-4.085	<a href="#">Early Intervention Services Coverage Policy</a>
59G-4.015	<a href="#">Emergency Transportation Services Coverage Policy</a>
59G-4.087	<a href="#">Evaluation and Management Services Coverage Policy</a>
59G-4.100	<a href="#">Federally Qualified Health Center Services</a>
59G-4.026	<a href="#">Gastrointestinal Services Coverage Policy</a>
59G-4.108	<a href="#">Genitourinary Services Coverage Policy</a>
59G-4.110	<a href="#">Hearing Services Coverage Policy</a>
59G-4.130	<a href="#">Home Health Services Coverage Policy</a>
59G-4.150	<a href="#">Inpatient Hospital Services Coverage Policy</a>
59G-4.032	<a href="#">Integumentary Services Coverage Policy</a>
59G-4.190	<a href="#">Laboratory Services Coverage Policy</a>
59G-1.045	<a href="#">Medicaid Forms</a>
59G-4.197	<a href="#">Medical Foster Care Services</a>
59G-4.199	<a href="#">Mental Health Targeted Case Management Handbook</a>
59G-4.201	<a href="#">Neurology Services Coverage Policy</a>
59G-4.330	<a href="#">Non-Emergency Transportation Services Coverage Policy</a>
59G-4.200	<a href="#">Nursing Facility Services Coverage Policy</a>
59G-4.318	<a href="#">Occupational Therapy Services Coverage Policy</a>
59G-4.207	<a href="#">Oral and Maxillofacial Surgery Services Coverage Policy</a>
59G-4.211	<a href="#">Orthopedic Services Coverage Policy</a>

59G-4.160	<a href="#">Outpatient Hospital Services Coverage Policy</a>
59G-4.222	<a href="#">Pain Management Services Coverage Policy</a>
59G-4.215	<a href="#">Personal Care Services Coverage Policy</a>
59G-4.320	<a href="#">Physical Therapy Services Coverage Policy</a>
59G-4.220	<a href="#">Podiatry Services Coverage Policy</a>
59G-4.250	<a href="#">Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook</a>
59G-4.261	<a href="#">Private Duty Nursing Services Coverage Policy</a>
59G-4.002	<a href="#">Provider Reimbursement Schedules and Billing Codes</a>
59G-4.240	<a href="#">Radiology and Nuclear Medicine Services Coverage Policy</a>
59G-4.264	<a href="#">Regional Perinatal Intensive Care Center Services</a>
59G-4.030	<a href="#">Reproductive Services Coverage Policy</a>
59G-4.235	<a href="#">Respiratory System Services Coverage Policy</a>
59G-4.322	<a href="#">Respiratory Therapy Services Coverage Policy</a>
59G-4.280	<a href="#">Rural Health Clinic Services</a>
59G-4.295	<a href="#">Specialized Therapeutic Services Coverage and Limitations Handbook</a>
59G-4.324	<a href="#">Speech-Language Pathology Services Coverage Policy</a>
59G-4.120	<a href="#">Statewide Inpatient Psychiatric Program Coverage Policy</a>
59G-4.360	<a href="#">Transplant Services Coverage Policy</a>
59G-4.340	<a href="#">Visual Aid Services Coverage Policy</a>
59G-4.210	<a href="#">Visual Care Services Coverage Policy</a>

Please note: There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan shall cover the difference for those eligible recipients.

#### **Additional Medicaid Required Covered Services:**

#### **Durable Medical Equipment and Medical Supplies**

Notwithstanding the limitations prescribed by the Durable Medical Equipment Services Coverage and Limitations Handbook, the Plan shall provide specialized medical equipment and supplies (e.g., incontinence supplies) to enrollees with a diagnosis of AIDS, and who have had a history of an AIDS-related opportunistic infection. The Plan may place appropriate limits on such services on the basis of medical necessity.

#### **Therapy Services**

The Plan shall provide medical massage therapy services to enrollees diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection for the treatment of peripheral neuropathy or severe neuromuscular pain and lymphedema. The Plan may place appropriate limits on such services on the basis of medical necessity.

#### **Nursing Facility Services**

- (a) The Fully Liable Plan shall provide nursing facility services for enrollees under the age of eighteen (18) years.
- (b) The Fully Liable Plan shall provide nursing facility services for enrollees ages eighteen (18) years of age and older in the following circumstances:

- (1) For up to one-hundred twenty (120) days from the date of the most recent nursing facility admission, regardless of payer, when:
    - i. The enrollee is in need of long-term nursing facility services;
    - ii. The enrollee has completed all Preadmission Screening and Resident Review (PASRR) requirements;
    - iii. The Department of Children and Families (DCF) has determined the enrollee is eligible for Institutional Care Program (ICP) Medicaid; and
    - iv. The enrollee is not yet enrolled in the Long-Term Care program.
  - (2) The Fully Liable Plan shall reimburse in accordance with Rule 59G-1.052, F.A.C. for nursing facility services provided during the Medicare coinsurance days (day twenty-one (21) up to day one hundred (100)) for Medicare co-payments and co-insurance if the requirements of PASRR are met and the enrollee: has Qualified Medicare Beneficiaries (QMB) benefits and is also eligible for full Florida Medicaid benefits; is receiving Supplementary Social Security Income (SSI); or has Medicare benefits other than QMB and is also eligible for the Institutional Care Program.
- (c) The Fully Liable Plan is not obligated to provide any services not specified in this Contract, except as federally required under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions.