

---

# **Covered Services for ARKids First B**



## Words you need to know:

- Your child's **PCP (primary care physician)** is the doctor who manages your child's health and health care. You choose a PCP when you sign up for ARKids First B.

- A **PCP referral** is a request from your child's PCP for a certain kind of health care, or care from another health care provider. For many services, you will need a PCP referral first in order for ARKids First to pay.

- **Medically necessary** means that the service is needed to keep a person alive, to prevent serious damage to a person's health, or to prevent pain and suffering.

## Ambulance (emergency only)

- **What it is:** Emergency transportation by emergency automobile, helicopter or airplane.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** No PCP referral required.
- **What you have to pay:** \$10 per trip.

## Ambulatory Surgical Center

- **What it is:** A center that provides surgeries that do not require an overnight hospital stay.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP may be required.
- **What you have to pay:** \$10 per visit.

## Certified Nurse Midwife

- **What it is:** A nurse who is specially trained to deliver babies in a hospital, clinic or a patient's home, and to care for pregnant women and new mothers.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** No PCP referral required.
- **What you have to pay:** \$10 per visit.

## Chiropractor

- **What it is:** A doctor who can make adjustments to the spine to treat back pain and other problems.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP.
- **What you have to pay:** \$10 per visit.

## Dental Care (no orthodontics)

- **What it is:** One cleaning per year, along with x-rays and treatment.
- **Coverage limits:** Treatment only covered when medically necessary.
- **Required for coverage:** No PCP referral required.
- **What you have to pay:** \$10 per visit.

## Durable Medical Equipment

- **What it is:** Equipment such as wheelchairs, oxygen tanks and hospital beds that you use at home.
- **Coverage limits:** \$500 per year.
- **Required for coverage:** Prescription and referral from PCP.
- **What you have to pay:** 20% of the Medicaid-allowed amount per item.

## Emergency Room Services

- **What it is:** Care provided in the emergency room of a hospital, when your life or health or your child's life or health is in serious danger.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** No PCP referral required.
- **What you have to pay:** \$10 per visit.

## Family Planning

- **What it is:** Physical exams, lab work, birth control and information about preventing HIV and other sexually transmitted diseases.
- **Coverage limits:** Covered for women.
- **Required for coverage:** No PCP referral required.
- **What you have to pay:** No payment required.

## Federally Qualified Health Center

- **What it is:** Local centers offering health information and health care. Also called "community health centers."
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP. (If you wish, you may choose a federally qualified health center as your PCP.)
- **What you have to pay:** \$10 per visit.

## Home health

- **What it is:** Care provided in your home by a home health worker or nurse.
- **Coverage limits:** Only covered when medically necessary. 10 visits per state fiscal year (from July 1 to June 30).
- **Required for coverage:** Prescription from health care provider.
- **What you have to pay:** \$10 per visit.

## Hospital, Inpatient

- **What it is:** Care that requires you to stay in a hospital overnight or longer.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Prior approval for hospital stays of more than four days if the child is 1 year old or older. Prior approval is also required for transfer to another hospital.
- **What you have to pay:** 20% of the first day's charges.

## Hospital, Outpatient

- **What it is:** Hospital care that does not require an overnight stay.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP may be required.
- **What you have to pay:** \$10 per visit.

## Immunizations

- **What it is:** Shots to keep you or your child from getting dangerous diseases like measles, polio and whooping cough. Most of the shots should be given at certain ages.
- **Coverage limits:** Covered in keeping with national guidelines. Ask your doctor for a childhood immunization schedule.
- **Required for coverage:** Immunizations must be given by a licensed health care provider.
- **What you have to pay:** No payment required.

## Lab Tests and X-Rays

- **What it is:** Tests that may be needed to check your health or identify a problem.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP may be required.
- **What you have to pay:** \$10 per visit.

## Medical Supplies

- **What it is:** Supplies that you need for your health that might only be used once and then thrown away.
- **Coverage limits:** Only covered when medically necessary. Limited to \$125 per month. The health care provider can request an extension.
- **Required for coverage:** Prescription from health care provider.
- **What you have to pay:** No payment required.

## Mental and Behavioral Health (Outpatient)

- **What it is:** Treatment for mental or behavioral problems that does not require an overnight stay in a hospital or treatment center.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP.
- **What you have to pay:** \$10 per visit.

## Nurse Practitioner

- **What it is:** A nurse who is specially trained to provide primary care, including treating minor illnesses.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP may be required.
- **What you have to pay:** \$10 per visit.

## Physician Services

- **What it is:** Care provided by your primary care physician, a specialist or some other doctor.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** The PCP should provide most health care. For care from a specialist or other health care provider, referral from PCP may be required.
- **What you have to pay:** \$10 per visit.

## Podiatry

- **What it is:** Care provided by a doctor who specializes in problems of the feet.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP.
- **What you have to pay:** \$10 per visit.

## Prenatal Care

- **What it is:** Care for pregnant women and their unborn babies.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** No PCP referral required.
- **What you have to pay:** No payment required.

## Prescription Drugs

- **What it is:** Medications prescribed by a doctor and sold to you by a pharmacist.
- **Coverage limits:** Only covered when medically necessary. Must use generic drugs when available.
- **Required for coverage:** Prescription from a doctor or nurse practitioner.
- **What you have to pay:** \$5 per prescription.

## Preventive Health Screening

- **What it is:** Well-child care including regular check-ups to keep your child healthy and shots to prevent diseases like measles, polio and whooping cough.
- **Coverage limits:** Covered in keeping with national guidelines. Ask your doctor for a well-child check-up schedule.
- **Required for coverage:** Check-ups must be provided by PCP, or by a nurse practitioner, rural health center, or federally qualified health center with a PCP referral. (If you wish, you may choose a federally qualified health center as your PCP.)
- **What you have to pay:** No payment required.

## Rural Health Clinic

- **What it is:** Clinics that offer health care in areas where there are not a lot of doctors' offices.
- **Coverage limits:** Only covered when medically necessary.

- **Required for coverage:** Referral from PCP.
- **What you have to pay:** \$10 per visit.

## Speech Therapy

- **What it is:** Treatment for speech problems and disorders.
- **Coverage limits:** Only covered when medically necessary.
- **Required for coverage:** Referral from PCP.
- **What you have to pay:** \$10 per visit.

## Vision Care

- **What it is:** Treatment for vision problems, provided by an eye doctor.
- **Coverage limits:** One eye exam and one pair of eyeglasses per year.
- **Required for coverage:** Routine exams must be performed by an eye doctor. Must have a prescription from an eye doctor for eyeglasses.
- **What you have to pay:** \$10 per visit.

---

# ARKids First B will NOT pay for:

- Audiological Services (for hearing problems)
- Child Health Management Services (CHMS)
- Developmental Day Treatment Clinic Services (DDTCS)
- Diapers, Underpads and Incontinence Supplies
- Domiciliary Care (Room and board for out-of-town care)
- End Stage Renal Disease Services
- Hearing Aids
- Hospice
- Hyperalimentation (Feeding through a vein)
- Inpatient Psychiatric Services (Mental health care that requires a hospital stay)
- Non-Emergency Transportation (A ride to the doctor)
- Nursing Home Care

- Occupational and Physical Therapies
- Orthodontia (Braces for teeth)
- Orthotic Appliances and Prosthetic Devices (Braces for joints and artificial body parts)
- Personal Care
- Private Duty Nursing Services
- Rehabilitation Therapy for Chemical Dependency (Treatment for drug addiction)
- Rehabilitative Services for Persons with Physical Disabilities (RSPD)
- Rehabilitative Services for Children in the custody of the Division of Children and Family Services' (DCFS) School-Based Mental Health Services
- Targeted Case Management
- Ventilator Services