

Section I Covered Benefits



Covered Benefits

Keystone First Members are entitled to all of the benefits provided under the Pennsylvania Medical Assistance Program.

Depending on the Member's category of aid and age, benefit limits and co-payments may apply. Please refer to the Co-Pay Benefit Grid that follows this section. The most current version of the Co-Pay Benefit Grid can also be found online in the Provider Center at <http://www.keystonefirstpa.com/pdf/member/eng/benefits/copay-schedule.pdf>

Benefits include, but are not necessarily limited to, the following:

- Ambulance
- Behavioral Health Services*
- Chemotherapy and Radiation Therapy
- Dental Care
- Durable Medical Equipment and Medical Supplies
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
- Family Planning
- Home Health Care
- Hospitalization
- Laboratory Services
- Nursing Facility Services
- Obstetrical/Gynecological Services
- Other specialty care services**
- Pharmacy Services
- Primary Care Services
- Physical, Occupational and Speech Therapy
- Rehabilitation Services
- Renal Dialysis
- Vision Care

* Please note! Under the HealthChoices Program, behavioral health services are coordinated through, and provided by, the Member's BH-MCO. These services are not part of Keystone First's benefit package, but are available to all Keystone First Members through the BH- MCO's.

** For Members with a life-threatening, degenerative or disabling disease or condition, or Members with other Special Needs, a standing referral may be available. For more information on obtaining standing referrals, please contact the Provider Services Department at **1-800-521-6007**.

Services Not Covered

Some services are not covered by the Pennsylvania Medical Assistance Program and/or Keystone First, including, but not necessarily limited to, the following:

- Services that are not Medically Necessary
 - Services rendered by a Health Care Provider who does not participate with Keystone First, except for:
 - Medicare-covered services (see note at the end of the section titled Prior Authorization Requirements in Section II);
 - Emergency Services,
 - Family Planning Services, or
 - When otherwise prior authorized by Keystone First.
 - Cosmetic surgery, such as tummy tucks, nose jobs, face lifts and liposuction
 - Experimental Treatment and investigational procedures, services and/or drugs
 - Home Modifications (for example, chair lifts)
 - Acupuncture
 - Infertility Services
 - Paternity Testing
 - Any service offered and covered through another insurance program, such as Worker's Compensation, TRICARE or other commercial insurance that has not been prior authorized by Keystone First. However, Medicare covered services provided by a Medicare provider do not require Prior Authorization
 - Motorized Lifts for Vehicles
 - Services provided outside the United States and its territories. Keystone First is prohibited from making payments for services provided outside of the United States and its territories...
 - Private duty (also known as shift care) skilled nursing and/or private duty home health aide services for Members 21 years of age or older
 - Services not considered a "medical service" under Title XIX of the Social Security Act
- * When in doubt about whether Keystone First will pay for health care services, please contact the Provider Services Department at **1-800-521-6007**.

Benefit Limit and Co-Payment Schedule

Member Copayment Schedule Updated: May 2015

Services	Adult Medical Assistance members ages 18 and older copays
Ambulance (non-emergency)	No copay
Ambulatory surgical center	\$3 per visit
Birth center	No copay
Blood and blood products	No copay
Chiropractor	\$1 per visit
Dentist	\$1 per visit
Durable medical equipment (purchase)	Sliding scale
Durable medical equipment (rent)	No copay
Emergency room services	No copay
EPSDT services	No copay
Family planning	No copay
FQHC/RHC	No copay
Home health agency services	No copay
Hospice	No copay
Hospital: inpatient (acute)	\$3 day/max \$21
Hospital: inpatient (rehab)	\$3 day/max \$21
Hospital: outpatient clinic	No copay
Laboratory tests	No copay
Medical supplies	No copay
Nurse midwife (maternity services)	No copay
Obstetrician/gynecologist	No copay
Optometrist	\$1 per visit
Oxygen	No copay
Physician/CRNP	No copay
Podiatrist	\$1 per visit
Portable X-ray	\$1 per visit
Prescription brand name Rx	\$3 per prescription or refill
Prescription generic Rx	\$1 per prescription or refill
Renal dialysis	No copay
Short procedure unit	\$3 per visit
Skilled nursing facility	No copay
Tobacco cessation	No copay

Notes:

- Copays do not apply to members who are:
 - Pregnant (including postpartum care).
 - Under 18 years of age.
 - 18 through 20 years of age and qualify for Medical Assistance under Title IV-B Foster Care or Title IV-E Foster Care and Adoption Assistance.
 - In a long-term care facility (nursing home) or other medical institution (for example: intermediate care facility for mental retardation [ICF/MR]).
- Copays do not apply to services provided in an emergency situation or items costing less than \$2.
- For additional information about existing prior authorization policies and claim processing edits, please consult the Keystone First Member Handbook or the Keystone First Drug Formulary.
- Adult Medical Assistance members ages 21 and older are not eligible for glasses or contact lenses, with some exceptions.
- Certain drugs do not have copays, such as:
 - High blood pressure drugs.
 - Cancer drugs.
 - Diabetes drugs.
 - Epilepsy drugs.
 - Heart disease drugs.
 - Mental health drugs (except for anti-anxiety drugs that are controlled substances, such as alprazolam and diazepam).
 - Anti-Parkinson's disease drugs.
 - Anti-glaucoma drugs.
 - Drugs used only to treat HIV/AIDS.
 - Drugs, including immunizations, that members can get in a health care provider's office.

This is not a complete list of services that do not have copays. Please call Member Services with questions.

A provider participating in the Medical Assistance program may not deny covered care or services to an eligible Medical Assistance recipient because of the recipient's inability to pay the copayment amount. [55 Pa Code §1101.63(b)(7)]

