



Metro Center Atrium
 1776 Eastchester Road, Bronx, NY 10461
 T: 718.794.7700 F: 718.794.7800
 AffinityPlan.org

	MEDICAID	HARP	CHILD HEALTH PLUS	QUALIFIED HEALTH PLAN	ESSENTIAL PLAN	MEDICARE	CONTACT
Cryotherapy	Yes	Yes	Yes	Not covered	Not covered	Not covered	Affinity Health Plan
Erectile Dysfunction Services <ul style="list-style-type: none"> In-office or clinic procedures and supplies only Registered sex offenders are not eligible for coverage of ED treatments 	Yes	Yes	Not covered	Not covered	Not covered	Not covered	Affinity Health Plan
Eye/Vision (Medically necessary Contact Lenses)	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Family Planning Services <small>(Only for hysterectomy procedures which require completed LDSS-3113 and 3134 forms, respectively)</small>	Yes	Yes	Not covered	Yes	Yes	Not covered	Affinity Health Plan
Home Health Care Services (Skilled and HHA Services) <ul style="list-style-type: none"> <u>Home Health Aide (HHA) Services</u> <ul style="list-style-type: none"> Member will automatically receive for up to 6 hours/day for one week (7 consecutive days) after hospitalization Authorization will be required for all services beyond first week after hospitalization Additional services will require doctor's order and will require pre-authorization based on medical necessity <u>Home Health and Community Based Services</u> <ul style="list-style-type: none"> Adult Day Health Care Aids Adult Health Care Home Delivered Meals – covered only for former Long Term Home Health Care Program (LTHHCP) waiver participants who were in receipt of this service immediately prior to their enrollment with Affinity; 2 meals per day maximum <u>Skilled Nursing Services</u> <ul style="list-style-type: none"> Member will automatically receive two (2) Skilled Nursing visits during first week after hospitalization Authorization will be required for all services beyond first week after hospitalization Additional services will require doctor's order and will require pre-authorization based on medical necessity 	Yes	Yes	Not covered	Yes <i>Preauthorization is required after 12 visits; 40 visits per plan</i>	Yes	Yes <i>Plan covers up to 100 days</i>	Affinity Health Plan

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Home Infusion Services	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan Pharmacy Dept.
Hyperbaric Therapy	Yes	Yes	Yes	Not covered	Not covered	Not covered	Affinity Health Plan
Infertility Testing and Treatment <ul style="list-style-type: none"> Specialized services such as egg retrieval, in-vitro fertilization, etc. Infertility treatment is not covered, only diagnosis of infertility is covered 	Yes	Yes	Not covered	Yes <i>Advanced Infertility is not covered</i>	Yes <i>Advanced Infertility is not covered</i>	Not covered	Affinity Health Plan
OTHER HEALTH SERVICES (including):							
<ul style="list-style-type: none"> CDPAP Clinical Trials Court Ordered Services Cosmetic Procedures Early Intervention Program (*arranged by DOH fiscal agent; benefit package services reimbursable by Affinity Health Plan)* Child Health Plus only Elective Delivery End of Life Erectile Dysfunction Experimental & Investigational Services (determined on a case by case basis – refer request to Medical Management) Infusion Therapy Medical Social Services Over the counter Medical Supplies Oxygen Therapy Personal Emergency Response System (PERS) Post-partum Home Health Care Services Post-partum Maternal Depression Screening 	Yes	Yes	Yes <i>Except the following services of which are not covered: CDPAP, Cosmetic Procedures, Elective Delivery, Erectile Dysfunction, Experimental & Investigational, Infusion Therapy, Medical Social Services, Over the counter Medical Supplies, PERS</i>	Yes <i>Except the following services of which are not covered: CDPAP, Cosmetic Procedures, Erectile Dysfunction, Experimental & Investigational, Medical Social Services, Over the counter Medical Supplies, PERS</i>	Yes <i>Except the following services of which are not covered: CDPAP, Cosmetic Procedures, Erectile Dysfunction, Experimental & Investigational, Medical Social Services, Over the counter Medical Supplies, PERS</i>	Yes <i>Except the following services of which are not covered: CDPAP, Cosmetic Procedures, Erectile Dysfunction, Experimental & Investigational, Medical Social Services, Over the counter Medical Supplies, PERS</i>	Affinity Health Plan

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<ul style="list-style-type: none"> Reconstructive and Corrective Surgery Second Opinion – Medical/Surgical Sleep Apnea (Inpatient) Smoking Cessation (Counseling) Telemedicine Transgender 							
OUTPATIENT SERVICES including:							
<ul style="list-style-type: none"> Ambulatory Surgery <ul style="list-style-type: none"> All Ambulatory Out of Network (OON) Surgeries All Hospital based ambulatory surgeries with the exception of the following procedures which do not require authorization at the hospital setting: <ul style="list-style-type: none"> 42820 – TONSILECTOMY/ADENOIDECTOMY 43235 – EGD 43239 – EGD W BX 45378 – 45398 COLONOSCOPIES 47562 – LAPCHOLECYSTECTOMY 58558 – HYSTERECTOMY W BX 66984 – CATARACT EXTRACTION 92557 – AUDIOMETRY TESTING Cardiac Rehabilitation (covered only if rendered in office setting, hospital outpatient departments, freestanding diagnostic and treatment centers and Federally Qualified Health Centers) Hospice Services – not covered in combination with the following: <ul style="list-style-type: none"> Private Duty Nursing Certified Home Health Agency Adult Day Health Care Services <p><i>Note: Family members are eligible for up to 5 visits for bereavement counseling</i></p>	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan

210 days per plan year

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<ul style="list-style-type: none"> • Mental Health and Substance Abuse (including Medical Detoxification) Medicaid SSI 	Yes	Yes	Yes	Yes	Yes	Yes	Beacon
<ul style="list-style-type: none"> • Mental Health and Partial Hospital/Residential Treatment Services 	Yes	Yes	Yes	Yes	Yes	Yes	Beacon
<ul style="list-style-type: none"> • Other Mental Health Services <ul style="list-style-type: none"> ➤ BH – Behavioral Health ➤ HCBS – Home and Community Based Services ➤ BH HCBS Assessment (Eligibility Brief Assessment; Full Assessment) ➤ Education Support Services ➤ Employment Supports (Pre-vocational; Transitional Employment; Intensive Supported Employment; On-going Supported Employment) ➤ Family Support and Training ➤ Habilitation ➤ Health Home Care Coordination *Intensive case management/supportive case management ➤ Non-Medical Transportation ➤ Peer Supports ➤ Rehabilitation (ACT-Assertive Community Treatment; PROS-Personalized Recovery Oriented Services; Rehabilitation services for residents of community residences; Psychological Rehabilitation; CPST – Community Psychiatric Support and Treatment) ➤ Residential Addiction Treatment Services ➤ Substance Use Disorder ➤ Respite (Short-term Crisis Respite *Intensive Crisis Respite) 	Not covered	Yes	Not covered	Not covered	Not covered	Not covered	Beacon



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Out-of-Area Services – All services not in Affinity Health Plan’s service area	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Out- of-Network Services (except “OPEN ACCESS” services defined by NYS DOH for MCO Members)	Yes	Yes	Yes	Not covered	Not covered	Not covered	Affinity Health Plan
Pain Management Procedures <ul style="list-style-type: none"> • Spinal Fusion • Other Decompression Surgeries • Facet Injections • Epidural Injections (outpatient only) • Kyphoplasty • Vertebroplasty • Pain Infusion Pump (back and neck pain only) • Spinal Cord Stimulator 	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Private Duty Nursing (Medicaid Advantage Only)	Yes	Yes	Not covered	Not covered	Not covered	Not covered	Affinity Health Plan
Renal Dialysis only for Out of Network	Yes	Yes	Yes	Yes	Yes	No preauth required	Affinity Health Plan
Transplant Procedures	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Transportation <ul style="list-style-type: none"> • Emergency Transportation – ground based ambulance and/or air ambulance services; includes provision of emergency services while Member is being transported • Non-Emergency Transportation - NYC 5 boroughs & Westchester receive MetroCard reimbursement at Provider's office. Taxi services are covered in Suffolk, Nassau and Westchester Counties. Taxi services in NYC require medical justification. Public transportation to and from 	Yes	Yes	Not covered <i>Except as defined</i>	Yes <i>Preauthorization is required for non-emergency Ambulance Services</i>	Yes <i>Preauthorization is required for non-emergency Ambulance Service</i>	Yes <i>Preauthorization is required for non-emergency Ambulance Service</i>	Affinity Health Plan

<p>Methadone Maintenance Treatment Programs (MMTP) in NYC only are covered by MA (FFS). Note: Effective 12/1/2015, Affinity Health Plan will no longer coordinate, or provide reimbursement for non-emergency medical transportation for Members residing in Nassau and Suffolk counties. The Department of Health is implementing a Medicaid fee-for-service non-emergency medical transportation (NEMT) program, where transportation benefits will be carved out of managed care benefit packages in both Nassau and Suffolk counties.</p> <p>Note: For Medicaid, benefits is carved out for New York City and Rockland, Orange and Westchester Counties</p>							
Uvulopalatopharyngoplasty (UPPP)	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Ventricular Assist Devices	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Effective July 1, 2016 , SLEEP DME re-supply requests less than \$500 will require preauthorization every 3 months (applicable to all Lines of Business) Effective June 1, 2015, All requests greater than \$500.00 will require preauthorization (applicable to all Lines of Business) All DME rentals require preauthorization (applicable to all Lines of Business)</p>							
Cochlear Implants	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Custom Orthotics (including cranial orthotics)	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
Custom Prosthetics	Yes	Yes	Yes	Yes	Yes	Yes	Affinity Health Plan
<p>Equipments</p> <ul style="list-style-type: none"> • Home equipments, including: Traction Equipment <ul style="list-style-type: none"> ➤ Standing System ➤ Patient Lift (Hoyer Lifts) ➤ Hospital Beds ➤ Pneumatic Chest Compression Therapy (including high frequency chest compression devices) ➤ CPAP/BiPAP Treatment ➤ CPM Machine 	Yes	Yes	Yes <i>The following are covered services for CHP: Fitted/customized leg brace, Prosthetic arm Footplate Not fitted or Customized cane, Wheelchair Crutches</i>	Yes	Yes	Yes	Affinity Health Plan

OTHER Medical services <i>For QHP and EP only:</i>							
<ul style="list-style-type: none"> • Allergy Testing and Treatment • Assistive Communication Devices for Autism Spectrum Disorder • Autologous Blood Banking • Chemotherapy • Chiropractic Services • Dental (Orthodontic and Major Dental) • Diabetic Equipment, Supplies and Self-Management Education (30 days Insulin supply) • Dialysis – End Stage Renal Disease • External Hearing Aids (cochlear implants one (1) per ear per time covered) • Hospice Care (Inpatient/Outpatient) • Infusion Therapy (preauthorization is required for first encounter and beyond 6) • Inpatient Hospital for a continuous confinement (Mastectomy care, Cardiac and Pulmonary Rehabilitation, end of life care) • Maternity and Newborn Care (prenatal care, Inpatient Hospital Services and Birthing Center, Physician, Midwife and Nurse Practitioner Services for Delivery, Breast Pump, Postnatal Care) • Outpatient Hospital Surgery Facility Charge • Pre-admission Testing • Prosthetic Devices (External and Internal) • Therapeutic Radiology Services • Second Opinions on the Diagnosis of Cancer, Surgery and other • Surgical Services (including Oral Surgery, Reconstructive Breast Surgery, other Reconstructive and Corrective Surgery, Transplants, and Interruption of pregnancy) • Vision (contact lenses) 				Yes	Yes		Affinity Health Plan