

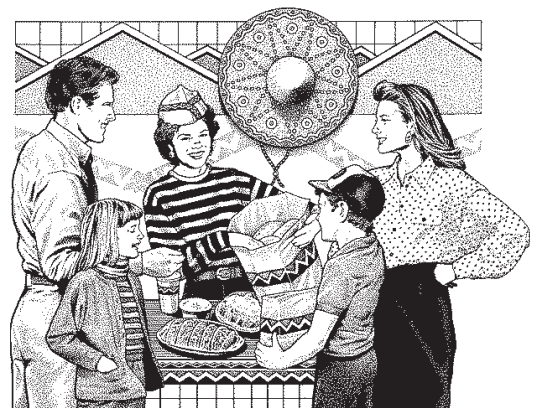
Overview of Services and Limitations

For children in Foster Care or Subsidized Adoption Programs

Following is a listing of the most frequently used services available and **some** of the limitations (*limitations in some categories are too numerous to list here*). If you have private insurance, you must go through them first, and follow their rules for obtaining services. If your child is enrolled with one of DMAP's contracted plans, contact the plan or your Primary Care Case Manager. If your child is in "Fee-for-Service", contact the prescribing/ordering Medical Provider for more information, or call the Division of Medical Assistance Programs (DMAP) at (503)945-6522 or 945-6541.

All requested services and supplies payable by DMAP require a written prescription. However, the existence of a prescription does not automatically guarantee DMAP will authorize or pay for the service.

Providers seeking payment from DMAP must be qualified to accept Title 19 funds, and be willing to enroll as an DMAP provider before payments can be made to them.



Please keep this document for future reference!

Medical Services	Limitations	PA
Ambulance	Must be medically necessary	Y
Chiropractor	4 visits per month	N
Dentist	Checkups every 12 months; some treatment requires PA	Y&N
Diapers	Must be age 3 or older & medically necessary	Y
Doctor Visits		N
Eye Exams	Must be medically necessary; frequency not limited	N
Eyeglasses, contacts	Must go through the contract provider. Back-up glasses and sunglasses not covered. Contacts only if glasses are unable to be worn.	N
Family Planning		N
Food Supplements	Yes, contact DMAP	Y
Hearing Aids	Yes, provider needs to call DMAP, see guide	Y
Hospital Care, Inpatient	Admitting MD requests PA from Professional Review Board	Y
Hospital Care, Outpatient	Yes, contact DMAP	Y&N
Lab & X-ray services		N
Meals & Lodging, Mileage (private car)	For medical related trips only, call DMAP	N
Medical Equipment	Yes, see back page or call DMAP	Y&N
Medical Supplies	Some, contact DMAP. Not provided by Fred Meyer Pharmacies	N
Medical Transportation	Yes, contact DMAP	Y
Mental Health Services (Counseling, day and residential treatment programs)	Many limitations. Services covered through the local County Mental Health Dept only. Private practitioners are not usually covered. Practitioners must be contracted with the county MHD. Call DMAP before treatment begins.	Y
Naturopath, Osteopath		N
Nurse Practitioner	Contact DMAP.	Y&N
Occupational & Physical Therapy	Length of treatment limited, maintenance not covered.	Y
Organ Transplants	Many limitations, contact DMAP.	Y
Orthodontics	Limited to children born with cleft palate or lip only	Y
Orthotics & Prosthetics	Some, contact DMAP	Y
Out of State Services	Not covered except for acute emergency treatments, unless the service is a covered service not available in Oregon	Y
Oxygen and supplies	Some, contact DMAP	Y&N
Podiatry		N
Prescriptions (Drugs)	"DESI" drugs not covered	Y&N
Private Duty Nurse	Hours per day limited, must be medically necessary	Y
Speech/Language Therapy	Length of treatment limited, maintenance not covered	Y
Surgery	Some procedures not covered; MD requests PA	Y&N
Vision Therapy	5 sessions per year; some types of therapy are not recognized.	Y&N

Concerning Medical Equipment (wheelchairs, braces, walkers, etc)



Please be aware of the following:

1. DMAP will reimburse for the lowest level of service which will meet the medical need.
2. Equipment which is primarily and customarily used for a non-medical purpose will not be approved for payment, although the item may have some medically related use.
3. Repairs and repair parts do not require a prescription, and do not require prior authorization (PA).
4. **DMAP does not cover** items which *primarily* serve the following purpose:
 - Convenience
 - Cosmetic
 - Education
 - Equipment of questionable usefulness or therapeutic value
 - New equipment of unproven value
 - Personal comfort/Safety

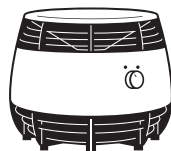
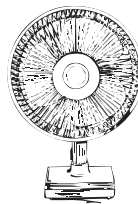


5. **Non Covered Services:** DMAP does not cover special daycamps, programs, therapies or private schools (such as music therapy, speech camp, Montessori, gymnastics, etc.) even though a portion or component of the program includes a covered service.

Referrals for services or procedures to be done Out-of-State (for an OR resident) require prior authorization by DMAP. Authorization will only be given for covered services when it is determined the service is medically necessary and not available in OR.

6. **Non Covered Items:** Equipment not covered for purchase, rental or repair by DMAP, includes but is not limited to the following:

- ADL assistive devices
- Air conditioners/air cleaners/air purifiers/room humidifiers/swamp coolers
- Articles of clothing – except orthopedic shoes and support hose
- Barrier free ceiling track lift
- Bathroom scales
- Bedwetting prevention devices
- Bladder stimulators (pacemakers)
- Breast prostheses
- Cribs, any type including hospital cribs
- Diet scales
- Eating utensils
- Elevators
- Esophageal dilators
- Exercise equipment
- Facial tissue
- Feminine hygiene products
- Geriatric chairs (positioning chairs)
- Graphite Spiral AFOs
- Hand controls for vehicles
- Hand – held showerheads
- Hot tubs/spas
- Household appliances
- Incontinent cleansor/
perineal cleansor
- Incontinent wipes/
babywipes/wipes/disposable wash



- cloths
- Incubators/Isolettes
- Intercom systems
- Items of household furnishing
- Lift chairs
- Medical alert bracelets
- Nipple shields
- Overbed tables
- Passive motion machine
- Reachers
- Remodeling to accomodate wheelchairs, equipment
- Room deodorizer
- Rubber or cloth draw sheets
- Sharp's containers
- Special linens and bed coverings
- Stair lift/Sturdy lift
- Sports equipment
- Standard infant car seats
- Strollers
- Supplemental nutrition systems
- Telephones
- Telephone alert systems
- Therapy balls
- Tie downs for wheelchairs in vans
- Tocolytic pumps
- Toilet tissue
- Typewriters
- Vans and lifts for vans
- Water beds

