

Rhode Island Medicaid Covered & Non-Covered Services: gray box means to be clarified	Covered	Not covered
AA or self-help groups		X
Abortion (elective)		X
Abortion (medically necessary)	X	
Acupuncture	X	
Adult Day Health Care	X	
Alcohol abuse evaluation to enter a treatment program	X	
Alcohol rehabilitation program	X	
Allergy	X	
Aquatic therapy (one on one with physical therapist at PT office)	X	
Audiology and hearing aids	X	
Botox Injections (non-cosmetic) - administered by a physician	X	
Cardiac Rehabilitation	X	
Case Management (transporting a member to his/her case manager)	X	
Chemotherapy/Radiation	X	
Chiropractor services (non-Medicare)	X	
Clinical psychologist services	X	
Contact lenses, eye exams, eye glass fittings	X	
Counseling Provided by a Social Worker (independent, not associated with a clinic)	X	
Cosmetic surgery (elective)		X
Dental services	X	
Dermatology	X	
Diabetic education and transport to pick up supplies	X	
Diabetic Nutritional Counseling	X	
Diagnosis, screening, preventive and rehabilitative services	X	
Dialysis	X	
Durable medical equipment (fittings, supply pick-up)	X	
Durable medical equipment: Wheelchair Repair	X	
Emergency Room Trips When Urgent Care is Needed	X	
Emergency Room Discharge (see also Hospital Discharge below)		X
Emergency Room Trips To Get A Drug Prescription		X
Early Periodic Screening, Diagnosis & Treatment for members under age 21	X	
Examination for Social Security Eligibility Determination		X
Exercise Gyms (even when ordered by a physician)		X
Experimental procedures/drugs		X
Fair Hearing: transport to		X
Family planning services	X	
Federally qualified health center services	X	
Follow-up Appointments	X	
Follow-up to surgery (including foot care, wound dressing)	X	
Free-standing clinic services	X	
Gender Reassignment Surgery	X	
Group therapy (with RI-certified therapist)	X	
Hearing: Family Court, Drug Court, etc.		X
Home health care (HHC): transporting HHC workers to an member's home		X
Horseback riding therapy	X	
Hospital admission	X	
Hospital discharge (see also Emergency Room Discharge above)		X
Hospital inpatient transportation (hospital-to-hospital DRG)		X

Hospice (to hospice usually covered, otherwise not covered)	X	
Inpatient and outpatient hospital services	X	
Inpatient psychiatric facility services for individuals under age 21 or over age 65	X	
To or from medical only, not day program or employment	X	
Laboratory and X-ray services	X	
Lamaze/birthing technique classes	X	
Mammogram	X	
Massage Therapy	X	
Medical and surgical dental services	X	
Midwife services	X	
Music therapy	X	
Nurse midwife	X	
Nurse practitioner	X	
Nursing facility services	X	
Nursing home to nursing home (medically necessary)	X	
Nutritional counseling	X	
OB/GYN Services	X	
Occupational therapy	X	
Ophthalmology	X	
Optometrist services and eyeglasses	X	
Orthodontia (under age 18)	X	
Orthopedics	X	
Outpatient/ambulatory surgery	X	
Paternity testing		X
Pharmacy: as part of transport to and from the doctor	X	
Pharmacy: standalone trip to and from the pharmacy	X	
Physical, speech and occupational therapies	X	
Physician services	X	
Pick up X-Rays/test results (no examination)		X
Podiatry (Qualified Medicare Enrollee or under age 18)	X	
Prosthetic devices and orthotic appliances	X	
Psychiatrist/Psychologist	X	
Psychology	X	
Research Programs		X
Rural health clinic services	X	
Club House / a treatment modality for psych patients	X	
Medicaid funded support groups	X	
Service animal training course		X
Sheltered workshop		X
Smoking cessation	X	
Speech therapy	X	
SSI Determination Hearing (see Examination for SSI Determination above)		X
Summer camp programs		X
Transplant Services	X	
Transport belongings from hospital to member at another location	X	
Transportation to the Emergency Room via 911 Ambulance		X
Transportation to the Grocery Store: standalone transport to and from		X
Transportation to the Grocery store after trip to and from doctor "to pick up a few things"		X
Visitation - parent visiting child who is hospitalized	X	
Treatment at Veteran's Affairs (VA) Hospital/Clinic		X
WIC Appointments		X

Workman's Compensation: transport to a hearing		X
X-Ray, MRI, EKG, EEG, etc.	X	
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<p>One quick way to determine if it's a Medicaid covered service is to ask, "Will this take place at a physician's office, a clinic or a hospital?" If the answer is yes, then Medicaid covers physician, clinic and hospital services, therefore transportation can usually be authorized. If the answer is no, then ask "Will Medicaid pay for this service?" If the answer is yes, then it is a Medicaid-covered service, and transportation can usually be authorized. If the answer is no, then transportation probably should not be authorized.</p>		