

**COVERED SERVICES FOR PREGNANT WOMEN**

	Presumptive Eligibility		Ongoing Medicaid Eligibility		
	Perinatal A Under 100% FPL	Perinatal B Under 200% FPL	Perinatal Family	MA-Fully Eligible	Fully Eligible under 100%FPL
Coverage Code	13	14	15	01	01
<b>SERVICES</b>					
<b>Physician Care</b>	Yes	Yes	Yes	Yes	Yes
<b>Midwife Care</b>	Yes	Yes	Yes	Yes	Yes
<b>Outpatient Clinic</b>	Yes	Yes	Yes	Yes	Yes
<b>Pharmacy</b>	Yes	Yes	Yes	Yes	Yes
<b>Dental</b>	Yes	Yes	Yes	Yes	Yes
<b>Laboratory</b>	Yes	Yes	Yes	Yes	Yes
<b>Eye Care</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Transportation</b>	Yes	Yes	Yes	Yes	Yes
<b>Home Health Care</b>	Yes	Yes	Yes	Yes	Yes
<b>Personal Care</b>	Yes	Yes	Yes	Yes	Yes
<b>Nursing Services</b>	Yes	Yes	Yes	Yes	Yes
<b>Podiatry</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Physical Therapy</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Occupational Therapy</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Speech Therapy</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Durable Medical Equipment</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Abortion</b>	Yes	Excluded	Excluded	Yes	Yes
<b>Clinical Psychology</b>	Yes	Yes	Yes	Yes	Yes
<b>Outpatient/ Mental Health</b>	Yes	Yes	Yes	Yes	Yes
<b>Outpatient/ Alcoholism</b>	Yes	Yes	Yes	Yes	Yes
<b>Health Education</b>	Yes	Yes	Yes	Yes	Yes
<b>Nutritional Counseling</b>	Yes	Yes	Yes	Yes	Yes
<b>Family Planning</b>	Yes	Yes	Yes	Yes	Yes
<b>Hospice</b>	Excluded	Excluded	Excluded	Yes	Yes
<b>Inpatient Care</b>	Excluded	Excluded	Yes	Yes	Yes
<b>Alternate Level of Care</b>	Excluded	Excluded	Excluded	Yes	Yes
<b>Institutional LTC</b>	Excluded	Excluded	Excluded	Yes	Yes
<b>LT Home Health Care</b>	Excluded	Excluded	Excluded		