



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes solely cosmetic surgery

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

OLP: Chiropractic

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

[See Att. 3.1-A Item 6.C.](#)

Duration Limit:

None

Scope Limit:

[See Att. 3.1-A Item 6.C.](#)

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

[Coverage is in accordance with Att. 3.1-A Item 6.C.](#)

Benefit Provided:

OLP: Podiatry

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Non-routine foot care only. Excludes flat foot; subluxations of foot not requiring surgery; corns, calluses, nail trimming, and preventative hygiene.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Non-Emergency Transportation

Source:

State Plan 1905(a)

Remove