

Covered Services

The tables on the next few pages show what services NJ FamilyCare and Fee-For-Service (FFS) covers and what services the Plan covers. If you are in NJ FamilyCare C or D, you may have to pay a co-payment at the visit. All services must be medically necessary. Your provider may have to ask us for prior approval before you can get some services.

Members will need to show both their Aetna Better Health of New Jersey ID card and their Medicaid card for services listed as FFS. If you have questions about coverage or getting services, call Member Services at **1-855-232-3596 (TTY: 711)**.

You may get these services through the provider of your choice in our network. Aetna Better Health of New Jersey or your PCP can help you find a provider if you need services.

Covered Services

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Abortions	Covered by FFS. Abortions and related services, including (but not limited to) surgical procedure; anesthesia; history and physical exam; and lab tests.			
Acupuncture	Covered by ABHNJ			
Autism Services	Covered by ABHNJ. Only covered for members under 21 years of age with Autism Spectrum Disorder. Covered services include physical, occupational, and speech therapies; augmentative and alternative communication services and devices; sensory integration services; and Applied Behavior Analysis (ABA) treatment.			
Blood and Blood Products	Covered by ABHNJ Whole blood and derivatives, as well as necessary processing and administration costs, are Covered by ABHNJ Coverage is unlimited (no limit on volume or number of blood products). Coverage begins with the first pint of blood.			
Bone Mass Measurement	Covered by ABHNJ Covers one measurement every 24 months (more often if medically necessary), as well as physician's interpretation of results.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Cardiovascular Screenings	Covered by ABHNJ For all persons 20 years of age and older, annual cardiovascular screenings are Covered by ABHNJ. More frequent testing is covered when determined to be medically necessary.			
Chiropractic Services	Covered by ABHNJ Covers manipulation of the spine.			
Colorectal Screening	Covered by ABHNJ Covers any expenses incurred in conducting colorectal cancer screening at regular intervals for beneficiaries 50 years of age or older, and for those of any age deemed to be at high risk of colorectal cancer.			
<i>Barium Enema</i>	Covered by ABHNJ When used instead of a flexible sigmoidoscopy or colonoscopy, covered once every 48 months.			
<i>Colonoscopy</i>	Covered by ABHNJ Covered once every 120 months, or 48 months after a screening flexible sigmoidoscopy.			
<i>Fecal Occult Blood Test</i>	Covered by ABHNJ Covered once every 12 months.			
<i>Flexible Sigmoidoscopy</i>	Covered by ABHNJ Covered once every 48 months.			
Dental Services	Covered by ABHNJ Covers diagnostic, preventive,	Covered by ABHNJ Covers diagnostic, preventive,	Covered by ABHNJ Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, as well as	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<p>Dental Services (Continued)</p>	<p>restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, as well as adjunctive services.</p> <p>Examples of covered services include (but are not limited to): routine examinations, fillings, crowns, root planning and scaling, x-rays and other diagnostic imaging, extractions, cleanings/prophylaxis, topical fluoride treatments, apicoectomy, dentures, and fixed prosthodontics.</p> <p>Orthodontics (with age restrictions and documentation of medical necessity) is also Covered by ABHNJ</p>	<p>restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical, as well as adjunctive services.</p> <p>Examples of covered services include (but are not limited to): routine examinations, fillings, crowns, root planning and scaling, x-rays and other diagnostic imaging, extractions, cleanings/prophylaxis, topical fluoride treatments, apicoectomy, dentures, and fixed prosthodontics.</p> <p>Orthodontics (with age restrictions and documentation of medical necessity) is also Covered by ABHNJ</p>	<p>adjunctive services. Examples of covered services include (but are not limited to): routine examinations, fillings, crowns, root planning and scaling, x-rays and other diagnostic imaging, extractions, cleanings/prophylaxis, topical fluoride treatments, apicoectomy, dentures, and fixed prosthodontics. Orthodontics (with age restrictions and documentation of medical necessity) is also Covered by ABHNJ</p> <p><i>Orthodontics are covered up to age 19 for NJ FamilyCare C and D members.</i></p> <p>NJ FamilyCare C and D members have a \$5 copay per dental visit (except for diagnostic and preventive services).</p>	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Dental Services (Continued)	<i>Orthodontics are covered up to age 21 for NJ FamilyCare A and ABP members.</i>	<i>Orthodontics are covered up to age 19 for NJ FamilyCare B members.</i>		
Diabetes Screenings	<p>Covered by ABHNJ</p> <p>Screening is covered (including fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.</p> <p>Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.</p>			
Diabetes Supplies	<p>Covered by ABHNJ</p> <p>Covers blood glucose monitors, test strips, insulin, injection aids, syringes, insulin pumps, insulin infusion devices, and oral agents for blood sugar control. Covers therapeutic shoes or inserts for those with diabetic foot disease. The shoes or inserts must be prescribed by a podiatrist (or other qualified doctor) and provided by a podiatrist, orthotist, prosthetist, or pedorthist.</p>			
Diabetes Testing and Monitoring	<p>Covered by ABHNJ</p> <p>Covers yearly eye exams for diabetic retinopathy, as well as foot exams every six months for members with diabetic peripheral neuropathy and loss of protective sensations.</p>			
Diagnostic and Therapeutic Radiology and Laboratory Services	<p>Covered by ABHNJ</p> <p>Covered, including (but not limited to) CT scans, MRIs, EKGs, and X-rays.</p>			
Durable Medical Equipment (DME)	<p>Covered by ABHNJ</p>			
Emergency Care	<p>Covered by ABHNJ</p> <p>Covers emergency department and</p>		<p>Covered by ABHNJ</p>	<p>Covered by ABHNJ</p>

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Emergency Care (Continued)	physician services.		Covers emergency department and physician services. NJ FamilyCare C members have a \$10 copayment	Covers emergency department and physician services. NJ FamilyCare D members have a \$35 copayment.
EPSDT (Early and Periodic Screening Diagnosis and Treatment)	Covered by ABH NJ Coverage includes (but is not limited to) well child care, preventive screenings, medical examinations, vision and hearing screenings and services (as well as any treatment identified as necessary as a result of examinations or screenings), immunizations (including the full childhood immunization schedule), lead screening, and private duty nursing services.	Covered by ABH NJ For NJ FamilyCare B, C, and D members, coverage includes early and periodic screening and diagnostic medical examinations, dental, vision, hearing, and lead screening services. <i>For NJ FamilyCare B, C, and D members, coverage for treatment services identified as necessary through an examination is limited to those services that are available under the plan's benefit package, or specified services under the FFS program.</i>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
EPSDT (Early and Periodic Screening Diagnosis and Treatment) (Continued)	Private duty nursing is covered for eligible EPSDT beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.			
Family Planning Services and Supplies	Covered by ABHNJ Covered services include medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices (including pregnancy test kits, condoms, diaphragms, Depo-Provera injections, and other contraceptive supplies and devices), counseling, continuing medical supervision, continuity of care and genetic counseling. Services furnished by out-of-network providers are covered by Medicaid Fee-for-Service. <i>Exceptions: Services primarily related to the diagnosis and treatment of infertility are not covered (whether furnished by in-network or out-of-network providers).</i>			
Federally Qualified Health Centers (FQHC)	Covered by ABHNJ Includes outpatient and primary care services from community-based organizations.			
Hearing Services/Audiology	Covered by ABHNJ Covers routine hearing exams, diagnostic hearing exams and balance exams, otologic and hearing aid examinations prior to prescribing hearing aids, exams for the purpose of fitting hearing aids, follow-up exams and			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Hearing Services/Audiology (Continued)	adjustments, and repairs after warranty expiration. Hearing aids, as well as associated accessories and supplies, are Covered by ABHNJ			
Home Health Agency Services	Covered by ABHNJ Covers nursing services and therapy services by a registered nurse, licensed practical nurse or home health aide.			
Hospice Care Services	Covered by ABHNJ Covers drugs for pain relief and symptoms management; medical, nursing, and social services; and certain durable medical equipment and other services, including spiritual and grief counseling. - Covered in the community as well as in institutional settings. - Room and board included only when services are delivered in institutional (non-residence) settings. Hospice care for enrollees under 21 years of age shall cover both palliative and curative care. NOTE: Any care unrelated to the enrollee's terminal condition is covered in the same manner as it would be under other circumstances.			
Immunizations	Covered by ABHNJ Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are Covered by ABHNJ The full childhood immunization schedule is covered as a component of EPSDT.			
Inpatient Hospital Care	Covered by ABHNJ Covers stays in critical access hospitals; inpatient rehabilitation facilities; inpatient mental health care; semi-private room accommodations; physicians' and surgeons' services; anesthesia; lab, x-ray, and other diagnostic services; drugs and medication; therapeutic services; general nursing; and other services and supplies that are usually provided by the hospital.			
Acute Care	Covered by ABHNJ Includes room and board; nursing and other related services; use of hospital/Critical Access Hospital facilities; drugs and biologicals; supplies, appliances, and equipment; certain diagnostic and therapeutic services, medical or surgical services provided by certain interns or residents-in-training; and transportation services (including transportation by ambulance).			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Psychiatric	<i>For coverage details, please refer to the Behavioral Health chart.</i>			
Mammograms	<p>Covered by ABH NJ</p> <p>Covers a baseline mammogram for women age 35 to 39, and a mammogram every year for those 40 and over, and for those with a family history of breast cancer or other risk factors. Additional screenings are available if medically necessary.</p>			
Maternal and Child Health Services	<p>Covered by ABH NJ</p> <p>Covers medical services, including related newborn care and hearing screenings.</p> <p>Also covers childbirth education, as well as lactation (breast feeding) supplies and support services.</p>			
Medical Day Care (Adult Day Health Services)	<p>Covered by ABH NJ</p> <p>A program that provides preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision in an ambulatory (outpatient) care setting to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p>	<i>Not covered for NJ FamilyCare B, C, or D members.</i>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Nurse Midwife Services	Covered by ABHNJ		Covered by ABHNJ \$5 copayment for each visit (except for prenatal care visits)	
Nursing Facility Services	Covered by ABHNJ Members may have patient pay liability.	Not covered for NJ FamilyCare B, C, or D members.		
Long Term (Custodial Care)	Covered by ABHNJ Covered for those who need Custodial Level of Care (MLTSS). Members may have patient pay liability.	Not covered for NJ FamilyCare B, C, or D members.		
Nursing Facility (Hospice)	Covered by ABHNJ Hospice care can be covered in a Nursing Facility setting. (See <i>Hospice Care Services</i> .)	Not covered for NJ FamilyCare B, C, or D members.		
Nursing Facility (Skilled)	Covered by ABHNJ Includes coverage for Rehabilitative Services that take place in a Nursing Facility setting.	Not covered for NJ FamilyCare B, C, or D members.		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Nursing Facility (Special Care)	<p>Covered by ABHNJ</p> <p>Care in a Special Care Nursing Facility (SCNF) or a separate and distinct SCNF unit within a Medicaid certified conventional nursing facility is covered for members who have been determined to require intensive nursing facility services beyond the scope of a conventional nursing facility.</p>	Not covered for NJ FamilyCare B, C, or D members.		
Organ Transplants	<p>Covered by ABHNJ</p> <p>Covers medically necessary organ transplants including (but not limited to): liver, lung, heart, heart-lung, pancreas, kidney, liver, cornea, intestine, and bone marrow transplants (including autologous bone marrow transplants). Includes donor and recipient costs.</p>			
Outpatient Surgery	Covered by ABHNJ			
Outpatient Hospital/Clinic Visits	Covered by ABHNJ		<p>Covered by ABHNJ</p> <p>\$5 copayment per visit (no copayment if the visit is for preventive services).</p>	
Outpatient Rehabilitation (Occupational Therapy, Physical Therapy, Speech Language Pathology)	<p>Covered by ABHNJ</p> <p>Covers physical therapy, occupational</p>	<p>Covered by ABHNJ</p> <p>Covers physical, occupational, and speech/language therapy.</p> <p>For NJ FamilyCare B, C, and D members, limited to 60</p>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Outpatient Rehabilitation <i>(Occupational Therapy, Physical Therapy, Speech Language Pathology)</i> (Continued)	therapy, speech pathology, and cognitive rehabilitation therapy.	<i>days per therapy per calendar year.</i>		
Pap Smears and Pelvic Exams	Covered by ABH NJ Pap tests and pelvic exams are covered every 12 months for all women, regardless of determined level of risk for cervical or vaginal cancers. Clinical breast exams for all women are covered once every 12 months. All laboratory costs associated with the listed tests are Covered by ABH NJ Tests are covered on a more frequent basis in cases where they are deemed necessary for medical diagnostic purposes.			
Personal Care Assistance	Covered by ABH NJ Covers health-related tasks performed by a qualified individual in a beneficiary's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a beneficiary's written plan of care.	<i>Not covered for NJ FamilyCare B, C, or D members.</i>		
Podiatry	Covered by ABH NJ Covers routine exams and medically		Covered by ABH NJ Covers routine exams and medically	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Podiatry (Continued)	necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts. <i>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</i>		necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts. \$5 copayment per visit for NJ FamilyCare C and D members. <i>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</i>	
Prescription Drugs	Covered by ABHNJ Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood clotting factors are Covered by ABHNJ.		Covered by ABHNJ Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood clotting factors are Covered by ABHNJ. For NJ FamilyCare C and D members, there is a \$1 copayment for generic drugs, and a \$5 copayment for brand name drugs.	
Physician Services - Primary and Specialty Care	Covered by ABHNJ Covers medically necessary services		Covered by ABHNJ Covers medically necessary services	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Physician Services - Primary and Specialty Care (Continued)	and certain preventive services in outpatient settings.		and certain preventive services in outpatient settings. \$5 copayment for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment, age-appropriate immunizations; prenatal care; and pap smears, when appropriate).	
Private Duty Nursing	Covered by ABHNJ Private duty nursing is covered for members who live in the community and whose medical condition and treatment plan justify the need. Private Duty Nursing is only available to EPSDT beneficiaries under 21 years of age, and to members with MLTSS (of any age).			
Prostate Cancer Screening	Covered by ABHNJ Covers annual diagnostic examination including digital rectal exam and Prostate Specific Antigen (PSA) test for men 50 and over who are asymptomatic, and for men 40 and over with a family history of prostate cancer or other prostate cancer risk factors.			
Prosthetics and Orthotics	Covered by ABHNJ Coverage includes (but is not limited to) arm, leg, back, and neck braces; artificial eyes; artificial limbs and replacements; certain breast prostheses following mastectomy; and prosthetic devices for replacing internal body parts or functions. Also covers certified shoe repair, hearing aids, and dentures.			
Renal Dialysis	Covered by ABHNJ			
Routine Annual Physical Exams	Covered by ABHNJ		Covered by ABHNJ No copayments.	
Smoking/Vaping Cessation	Covered by ABHNJ Coverage includes counseling to help you quit smoking or vaping,			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Smoking/ Vaping Cessation (Continued)	<p>medications such as Bupropion, Varenicline, nicotine oral inhalers, and nicotine nasal sprays, as well as over-the-counter products including nicotine transdermal patches, nicotine gum, and nicotine lozenges.</p> <p>The following resources are available to support you in quitting smoking/vaping:</p> <ul style="list-style-type: none"> • NJ Quitline: Design a program that fits your needs and get support from counselors. Call toll free 1-866-NJ-STOPS (1-866-657-8677) (TTY: 711) Monday through Friday, from 8 AM to 8 PM (except holidays) and Saturday, from 11 AM to 5 PM, ET. The program supports 26 different languages. Learn more at njquitline.org. • NJ QuitNet: Free peer support and trained counselors, available 24 hours a day, seven days a week at quitnet.com. • NJ Quitcenters: Receive professional face-to-face counseling in individual or group sessions. Locate a center by calling 1-866-657-8677 (TTY: 711) or visit quitnet.com. 			
Transportation (Emergency - Ambulance, Mobile Intensive Care Unit)	<p>Covered by ABH NJ</p> <p>Coverage for emergency care, including (but not limited to) ambulance and Mobile Intensive Care Unit.</p>			
Transportation (Non-Emergent) (Non-Emergency Ambulance, Medical Assistance Vehicles/MAV, Livery, Clinic)	<p>Covered by FFS.</p> <p>Medicaid Fee-for-Service covers all non-emergency transportation, such as mobile assistance vehicles (MAVs), and non-emergency basic life support (BLS) ambulance (stretcher). Livery transportation services, such as bus and train fare</p>	<p>Covered by FFS.</p> <p>Medicaid Fee-for-Service covers non-emergency transportation, such as mobile assistance vehicles (MAVs), and non-emergency basic life support (BLS) ambulance (stretcher).</p> <p>May require medical orders or other coordination by the health plan, PCP, or providers.</p> <p>Exceptions: Livery transportation services are not covered for NJ FamilyCare B, C, or D members.</p>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Transportation (Non-Emergent) (Non-Emergency Ambulance, Medical Assistance Vehicles/MAV, Livery, Clinic) (Continued)	<p>or passes, car service and reimbursement for mileage, are also Covered by ABHNJ.</p> <p>May require medical orders or other coordination by the health plan, PCP, or providers.</p>			
Urgent Medical Care	<p>Covered by ABHNJ</p> <p>Covers care to treat a sudden illness or injury that isn't a medical emergency but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).</p>		<p>Covered by ABHNJ</p> <p>Covers care to treat a sudden illness or injury that isn't a medical emergency but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).</p> <p>NOTE: There may be a \$5 copayment for urgent medical care provided by a physician, optometrist, dentist, or nurse practitioner.</p>	
Vision Care Services	<p>Covered by ABHNJ</p> <p>Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision</p>		<p>Covered by ABHNJ</p> <p>Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes,</p>	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Vision Care Services (Continued)	<p>devices, vision training devices, and intraocular lenses.</p> <p>Yearly exams for diabetic retinopathy are covered for member with diabetes.</p> <p>A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.</p> <p>Certain additional diagnostic tests are covered for members with age-related macular degeneration.</p>		<p>low vision devices, vision training devices, and intraocular lenses.</p> <p>Yearly exams for diabetic retinopathy are covered for member with diabetes.</p> <p>A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.</p> <p>Certain additional diagnostic tests are covered for members with age-related macular degeneration.</p> <p>\$5 copayment per visit for Optometrist services.</p>	
Corrective Lenses	<p>Covered by ABHNJ</p> <p>Covers 1 pair of lenses/frames or contact lenses every 24 months for beneficiaries age 19 through 59, and once per year for those 18 years of age or younger and those 60 years of age or older.</p> <p>Covers one pair of eyeglasses or contact lenses after each cataract surgery with an intraocular lens.</p>			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Mental Health	<p>Aetna Better Health of New Jersey covers a number of Behavioral Health benefits for you. Behavioral Health includes both Mental Health services and Substance Use Disorder Treatment services. Some services are covered for you by Aetna Better Health of New Jersey, while some are paid for directly by Medicaid Fee-for-Service (FFS). You will find details in the chart below.</p>				

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Mental Health <i>(Continued)</i>	When requesting prior authorization or otherwise making arrangements to receive a BH service-members and providers should call the Interim Managing Entity (IME) for services covered by FFS at (1-844-276-2777) . Members and providers should call Member Services for ABHNJ-covered services at (1-855-232-3596) .				
Adult Mental Health Rehabilitation (Supervised Group Homes and Apartments)	Covered by ABHNJ.	Covered by FFS.	Not covered for NJ FamilyCare B, C, and D members.		
Inpatient Psychiatric	Inpatient Psychiatric services are Covered by ABHNJ for members in DDD, MLTSS, or FIDE SNP.	Covered by ABHNJ. Coverage includes services in a general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF) , or critical access hospital.			
Independent Practitioner Network or IPN (Psychiatrist, Psychologist, or APN)	Covered by ABHNJ.	Covered by FFS.			
Outpatient Mental Health	Covered by ABHNJ.	Covered by FFS. Coverage includes services received in a General Hospital Outpatient setting, Mental Health Outpatient Clinic/Hospital services, and outpatient services received in a Private Psychiatric Hospital . Services in these settings are covered for members of all ages.			
Partial Care (Mental Health)	Covered by ABHNJ.	Covered by FFS. Limited to 25 hour per week (5 hours per day, 5 days per week). Prior authorization required.			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization	Covered by ABHNJ.	Covered by FFS. <i>Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.</i> <i>Prior authorization required for Acute Partial Hospitalization.</i>			
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	Covered by FFS for all members.				
Substance Use Disorder Treatment	The American Society of Addiction Medicine (ASAM) provides guidelines that are used to help determine what kind of substance use disorder (SUD) treatment is appropriate for a person who needs SUD services. Some of the services in this chart show the ASAM level associated with them (which includes "ASAM" followed by a number).				
Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification <i>ASAM 2 – WM</i>	Covered by ABHNJ.	Covered by FFS.			
Inpatient Medical Detox/Medically Managed Inpatient Withdrawal Management (Hospital-based) <i>ASAM 4 - WM</i>	Covered by ABHNJ for all members.				
Long Term Residential (LTR) <i>ASAM 3.1</i>	Covered by ABHNJ.	Covered by FFS.			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Office-Based Addiction Treatment (OBAT)	Covered by ABHNJ. Covers coordination of patient services on an as-needed basis to create and maintain a comprehensive and individualized SUD plan of care and to make referrals to community support programs as needed.				
Non-Medical Detoxification/Non-Hospital Based Withdrawal Management <i>ASAM 3.7 – WM</i>	Covered by ABHNJ.	Covered by FFS.			
Opioid Treatment Services	Covered by ABHNJ.	Covered by FFS. Includes coverage for Methadone Medication Assisted Treatment (MAT) and Non-Methadone Medication Assisted Treatment . Coverage for Non-Methadone Medication Assisted Treatment includes (but is not limited to) FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.			
Substance Use Disorder Intensive Outpatient (IOP) <i>ASAM 2.1</i>	Covered by ABHNJ.	Covered by FFS.			
Substance Use Disorder Outpatient (OP) <i>ASAM 1</i>	Covered by ABHNJ.	Covered by FFS.			
Substance Use Disorder Partial Care (PC) <i>ASAM 2.5</i>	Covered by ABHNJ.	Covered by FFS.			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Substance Use Disorder Short Term Residential (STR) ASAM 3.7	Covered by ABHNJ.	Covered by FFS.			

Cell Phone Program

Eligible members can get Lifeline cell service PLUS an Android™ Smartphone at NO COST!

New Jersey Assurance Wireless Lifeline service customers receive:

- Free Monthly Data
- Unlimited Monthly Texts
- Free Monthly Minutes
- PLUS an Android Smartphone!

EXTRA Aetna Better Health of New Jersey Benefits include:

- Health tips and reminders by text
- Calls to Member Services that won't count against your monthly minutes
- One-on-one texting with your healthcare team

Already have Lifeline? It's easy to switch to Assurance Wireless today! Get Assurance Wireless Lifeline service + health extras from Aetna at no cost!

Learn more by visiting [AetnaBetterHealth.com/NewJersey/members/benefits/phones](https://www.AetnaBetterHealth.com/NewJersey/members/benefits/phones)