Centered in Care
Powered by Pride

JPS Connection Scope of Services

Adopted 1997 | Updated 2017

Prior Authorization is required for all services outside JPS facilities

Medical necessity criteria required

Covered services must be supported by diagnosis

Referral Process and Prior Authorization/Pre-Service Guide is available

Services	Non Covered Services Indicated
OUTPATIENT SERVICES	
Outpatient Visits	
Primary Care Visit	
Specialty Visit	
Eye	
Podiatry	
Maternity	(Not Covered)(TX Medicaid Covered)
Prenatal/Postnatal Visit	(Not Covered)(TX Medicaid Covered)
Cancer Care	
Office Visit	
Chemotherapy	
Radiation Therapy	
Cardiac Care	
Office Visit	
Cath	
Angiography, Fluoroscopy	
Chiropractic	Non Covered Services Indicated
Anesthesia for Pain Management	
Ambulatory and Same Day Surgery	
Behavioral Health	
Clinic Visit	
Mental and nervous conditions	
Chemical Dependency	
Rehabilitative Services (Short Term)	
Physical Therapy	
Occupational Therapy	
Speech Therapy	
Cardiac Rehab	
Sleep Studies (Covered) (Prior Authorization Required)	
Allergy	
OP Clinic Visit	
OP Diagnostic Testing	
Injections	
Acupuncture	
Nutritional Counseling	
Laboratory Services	
Level I Routine Chemistry, Hematology	
Level II Pathology, Microbiology	
Diagnostic & Therapeutic	
Level I Radiology Services	
Routine; Chest, limb	
Sonogram	
Screening Mammogram	
Level II Radiology Services	
Bone Density	
Stereotactic Breast	
Nuclear Medicine	
CT/PET Scan	
MRI/MRA	
Preventive Care	
Well baby and well-child care	
Annual adult wellness exam (Covered)	
Routine vision/speech/hearing screening (<18)	
Immunizations, annual health assessments	
Family Planning and Supplies (Covered)	

Services	Non Covered Services Indicated
INPATIENT SERVICES	
Medical	
Surgical	
Hysterectomy	
Bilateral Tubal Occlusion	
Behavioral Health/Psychiatric	
Skilled Nursing	
Cardiac Care	
Cancer Care	
Emergency and Urgent Care	
Hospital Emergency Room	
Urgent Care Facility	
Take Home Prescriptions/RX	
JPS Approved List - Preferred	
JPS Approved List - Non- Preferred	
Other Health Services	
Dental	
Adult	Not a Covered Service
Children	(Not Covered)(TX Medicaid Covered)
Vasectomy	
Bilateral Tubal Occlusion	
Home Health Care (Prior Authorization Required)	
IV & Infusion	
Hospice	
Laboratory Services	
Durable Medical Equipment	
Disposable or consumable outpatient supplies	
Ambulatory Aids	
Diabetic Supplies	
Back and Neck Treatment Sports Medicine	
CPAP/BiPAP (Covered for Sleep Studies) Prior Authorization Required)	
Oxygen	
Non-Emergent Medical Transport (Limited Coverage Prior Authorization Required)	
Emergency Transportation Ambulance (Limited Coverage Prior Authorization Required)	
Exclusions	
Bariatric By-Pass	Not a Covered Service
Cosmetic	Not a Covered Service
Infertility Treatment	Not a Covered Service
Adult Dental Services	Not a Covered Service
Children Dental Services	Not a Covered Service
Transplant	Not a Covered Service
Breast Augmentation	Not a Covered Service
Eye Glasses/Contact Lenses	Not a Covered Service
Hearing Aids	Not a Covered Service
Nursing Home Visits	Not a Covered Service
Non-Emergent Surgical Devises	Not a Covered Service
Maternity Services	Not a Covered Service
Maternity Prenatal/Postnatal Visit	Not a Covered Service
Chiropractic	Not a Covered Service