



**Covered Benefit: Hemic and Lymphatic System Services**

CMP Published: Yes  No

[Experimental and Investigational Services](#)

CPG Published: Yes  No

Definition: Hemic and lymphatic services involve surgical services and procedures of the spleen, lymph nodes, and lymphatic channels.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners and Rhody Health Options Phase One.

Coverage Limitations:

- All inpatient hospitalizations require medical review and prior authorization.
- Experimental procedures and non FDA approved services care not covered except in the treatment of cancer.

Exclusions:

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

Coverage Includes:

Surgical Services Inpatient Hemic and Lymphatic System

Notes:

Transplant services are covered for Rhody Health Plan members when ordered by an in plan physician.

VERSION HISTORY:

Create Date: 06/22/10

PEC Revision Dates: 10/3/13