



**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, and Rhody Health Partners.

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:

Episodes of care can occur across the following setting; it is included in the detailed benefit service category criteria:

Office (POS 11)  
Inpatient (POS 21)  
Outpatient (POS 22)  
Ambulatory Surgical Center (POS 24)

Notes:

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

Transplant services are covered for RIte Care members when ordered by a Health Plan physician.

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