

## Section 12

### Benefits and Covered Services

\* Benefits with an asterisk require Prior Authorization

#### Inpatient Services

##### \* *Inpatient Hospital Care (Except in an Emergency)*

For more information about hospital care, see Section 7 Inpatient and Outpatient Hospital Care.

Covered services include, but are not limited to, the following:

- Semiprivate room (or a private room if medically necessary).
- Meals including special diets.
- Regular nursing services.
- Costs of special care units (such as intensive or coronary care units).
- Drugs and medications.
- Lab tests.
- X-rays and other radiology services.
- Necessary surgical and medical supplies.
- Use of appliances, such as wheelchairs.
- Operating and recovery room costs.
- Physical therapy, occupational therapy, and speech therapy.
- Transplant

Under certain conditions, the following types of transplants are covered: corneal, kidney, pancreas, heart, liver, lung, heart/lung, bone marrow, stem cell, intestinal/multivisceral. See Section 11 Transplant Services.

- Blood - including storage and administration.  
Coverage of whole blood and packed red cells begins only with the fourth pint of blood needed - All other components of blood are covered beginning with the first pint used. Medicaid (AHCCCS) will pay for the first 3 pints of un-replaced blood.
- Physician Services.

##### \* *Inpatient Mental Health Care*

- Includes mental health care services that require a hospital stay.

##### \* *Skilled Nursing Facility Care*

For more information about skilled nursing facility care, see Section 7 Inpatient and Outpatient Hospital Care.

Covered services include, but are not limited to, the following:

- Semiprivate room (or a private room if medically necessary).
- Meals, including special diets.
- Regular nursing services.
- Physical therapy, occupational therapy, and speech therapy.

- Drugs (this includes substances that are naturally present in the body, such as blood clotting factors).
- Blood - Including storage and administration. Coverage of whole blood and packed red cells begins only with the fourth pint of blood needed. Blood is covered beginning with the first pint needed.
- Medical and surgical supplies.
- Laboratory tests.
- X-rays and other radiology services.
- Use of appliances such as wheelchairs.
- Physician services.

***\*Inpatient Services***

(When the hospital or SNF days are not or are no longer covered). For more information, see Section 7 Inpatient and Outpatient Hospital Care.

- Physician services.
- Tests (like X-ray or lab tests).
- X-ray, radium, and isotope therapy including technician materials and services.
- Surgical dressings, splints, casts and other devices used to reduce fractures and dislocations.
- Prosthetic devices (other than dental) that replace all or part of an internal body organ (including contiguous tissue), or all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement or repairs of such devices.
- Leg, arm, back, and neck braces; trusses, and artificial legs, arms, and eyes including adjustments, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.
- Physical therapy, speech therapy, and occupational therapy.

***\*Home Health Care***

For more information about home health care, see Section 7 Inpatient and Outpatient Hospital Care.

Home Health Agency Care:

- Part-time or intermittent skilled nursing and home health aide services.
- Physical therapy, occupational therapy, and speech therapy.
- Medical Social Services.
- Medical equipment and supplies.

***\*Hospice Care***

Drugs for symptom control and pain relief, short-term respite care, and other services not otherwise covered by Medicare.

- Home care.
- Hospice consultation services (one time only) for a terminally ill individual who has not elected the hospice benefit.

## **Outpatient Services**

### ***\*Physician Services ( Including doctor office visits)***

- Office visits, including medical and surgical care in a physician's office or certified ambulatory surgical center.
- Consultation, diagnosis, and treatment by a specialist.
- Second opinion by another plan provider prior to surgery.
- Outpatient hospital services.
- Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a doctor).

### ***\*Chiropractic Services***

- Manual manipulation of the spine to correct subluxation.

### ***\*Podiatry Services***

- Treatment of injuries and diseases of the feet (such as hammertoe or heel spurs).
- Routine foot care for members with certain medical conditions affecting the lower limbs.

### ***\*Outpatient Mental Health Care (including Partial Hospitalization Services)***

- Mental health services provided by a doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other mental health care professional as allowed under applicable state laws.
- "Partial hospitalization" is a structured program of active treatment that is more intense than the care received by a doctor or therapist's in the office and is an alternative to inpatient hospitalization.

### ***\*Outpatient Substance Abuse Services***

### ***\*Outpatient Surgery***

### ***\*Ambulance Services***

- Includes ambulance services to an institution (like a hospital or SNF), from an institution to another institution, from an institution to home, and services dispatched through 911, where other means of transportation could endanger the members health.

Note: Prior Authorization is not required for emergency transportation services

## ***Emergency Care***

## ***Urgently Needed Care***

***\*Outpatient Rehabilitation Services***

- Physical Therapy,
- Occupational Therapy,
- Cardiac Rehabilitation, and
- Speech and Language Therapy)

Note: Cardiac rehabilitation therapy covered for patients who have had a heart attack in the last 12 months, have had coronary bypass surgery, and/or have stable angina pectoris.

***\*Durable Medical Equipment and Related Supplies***

- Such as wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer and walker

***\*Prosthetic Devices and Related Supplies***

(Other than dental) which replace a body part or function.) These include:

- colostomy bags and supplies directly related to colostomy care,
- pacemakers,
- braces,
- prosthetic shoes,
- artificial limbs, and
- breast prostheses (including a surgical brassiere after a mastectomy).

Includes certain supplies related to prosthetic devices, and repair and/or replacement of prosthetic devices. Also includes some coverage following cataract removal or cataract surgery.

***\*Diabetes Self-monitoring, Training and Supplies***

For all people who have diabetes (insulin and non-insulin users).

- Blood glucose monitor,
- blood glucose test strips,
- lancet devices and lancets, and
- glucose control solutions for checking the accuracy of test strips and monitors.  
One pair per calendar year of therapeutic shoes for people with diabetes who have severe diabetic foot disease, including fitting of shoes or inserts.

Self-management training is covered under certain conditions. For persons at risk of diabetes: Fasting plasma glucose tests. Beneficiaries at risk for developing diabetes are covered for fasting plasma glucose test up to twice a year.

Note: Prior Authorization is not needed for diabetes self-monitoring and supplies, but is needed for diabetes training if diabetic education is provided at a hospital.

***\*Medical Nutrition Therapy***

- For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by a doctor.

### ***\*Outpatient Diagnostic Tests and Therapeutic Services and Supplies***

- X-rays.
- Radiation therapy
- Surgical supplies, such as dressings
- Supplies, such as splints and casts
- Laboratory tests
- Blood - Coverage begins with the first pint of blood needed and includes the collection, processing, storage of blood and blood components.

Note: Prior Authorization is needed for the following tests: MRI, PET Scans, SPECT scans and other miscellaneous tests.

### **Preventive Care and Screening Tests**

#### ***\*Bone Mass Measurements***

- For qualified individuals (generally, this means people at risk of losing bone mass or at risk of osteoporosis), the following services are covered every 2 years or more frequently if medically necessary: procedures to identify bone mass, detect bone loss, or determine bone quality, including a physician's interpretation of the results.

DEXA scans require prior authorization based on age:

- over the age of 65, DEXA scans do not require prior authorization;
- under the age of 65 DEXA scans do require prior authorization.

#### ***Colorectal Screening***

- For people 50 and older, the following are covered:
  - Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months.
  - Fecal occult blood test, every 12 months.
- For people at high risk of colorectal cancer, the following are covered:
  - Screening colonoscopy (or screening barium enema as an alternative) every 24 months.
- For people not at high risk of colorectal cancer, the following is covered:
  - Screening colonoscopy every 10 years, but not within 48 months of a screening sigmoidoscopy.

#### ***Immunizations***

Note: Health Choice Generations Members can get this service without a referral from the PCP as long as it is received from a plan provider.

- Pneumonia vaccine,
- Flu shots, once a year in the fall or winter.
- If at high or intermediate risk of getting Hepatitis B: Hepatitis B vaccine.
- Other vaccines - if at risk.

### ***Mammography Screening***

- One baseline exam between the ages of 35 and 39.
- One screening every 12 months for women age 40 and older.

### ***Pap Smears, Pelvic Exams and Clinical Breast Exam***

- For all women, Pap tests, pelvic exams, and clinical breast exams are covered once every 24 months.
- If at high risk of cervical cancer or have had an abnormal Pap test and are of childbearing age: one Pap test every 12 months.

### ***Prostate Cancer Screening Exams***

- For men age 50 and older, the following are covered once every 12 months:
- Digital rectal exam.
- Prostate Specific Antigen (PSA) tests.

### ***Cardiovascular Disease Testing***

- Blood tests for the detection of cardiovascular disease (or abnormalities associated with an elevated risk of cardiovascular disease).

Note: There are no frequency restrictions on blood tests for the detection of cardiovascular disease. Health Choice Generations follows national standards of care. Therefore, the plan permits physicians to perform any medically necessary testing.

### ***Physical Exams***

- A one-time physical exam within the first 6 months that a member has Medicare Part B.
- Includes measurement of height, weight and blood pressure; an electrocardiogram; education, counseling and referral with respect to covered screening and preventive services.
- Does not include lab tests.

### **Other Services**

#### ***\*Renal Dialysis (Kidney)***

- Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area)
- Inpatient dialysis treatments (if admitted to a hospital for special care).
- Self-dialysis training (includes training for members and others for the person helping the member with home dialysis treatments).
- Home dialysis equipment and supplies.
- Certain home support services (such as, when necessary, visits by trained dialysis workers to check on home dialysis, to help in emergencies and check dialysis equipment and water supply).

Note: Prior Authorization is needed for the first Renal Dialysis visit only so the Health Choice Generations Case Management department is aware of dialysis needs and can

coordinate follow-up care. Ongoing dialysis treatment does not require additional authorization(s).

### ***Prescription Drugs***

- Drugs that are covered under Original Medicare (Part B Drugs) (these drugs are covered for everyone with Medicare). “Drugs” includes substances that are naturally present in the body, such as blood clotting factors.
- Drugs that usually are not self-administered by the patient and are injected while receiving physician services. Health Choice Generations also covers some drugs that are “usually not self-administered” even if injected at home.
- Drugs taken using durable medical equipment (such as nebulizers) that was authorized by Health Choice.
- Clotting factors given by self by injection if have hemophilia.
- Immunosuppressive drugs, if have had an organ transplant that was covered by Medicare.
- Injectable osteoporosis drugs, if homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug.
- Antigens.
  - Certain oral anti-cancer drugs and anti-nausea drugs.
  - Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, Erythropoietin (Epogen) or Epoetin alfa, and Darboetin Alfa (Aranesp).
- Intravenous Immune Globulin for the treatment of primary immune deficiency diseases in the home.

### **Additional Benefits**

#### ***\*Dental Services***

- Services by a dentist are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.
- Comprehensive dental diagnostic or corrective procedures provided by or under the supervision of a dentist in the practice of his/her profession, including treatment of the teeth and associated structures of the oral cavity; and disease, injury or impairment that may affect oral or general health. Some examples of what comprehensive procedures are covered include but are not limited to

emergency dental care, diagnostic services, restorative procedures, endodontics, periodontics, extractions, and prosthodontics.

***\*Hearing Services***

- Diagnostic hearing exams

***\*Vision Care***

- Outpatient physician services for eye care
- For people who are at high risk of glaucoma, such as people with a family history of glaucoma, people with diabetes, and African-Americans who are age 50 and older: glaucoma screening once per year
- One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.

***Health and Wellness Education Programs***

Currently, Health Choice Generations offers members two health education programs: Health Choice Asthma program and Smoking Cessation that are described in further detail below. Other programs are being developed, please contact Health Choice Generations Member Services for more information.

***Asthma Program***

The Health Choice Asthma Program has been designed to help members manage their disease. By providing educational materials, one-on-one counseling and working in partnership with medical providers affiliated with the plan the Health Choice Generations Medical Services staff will assist members.

***Smoking Cessation Program***

We all know the dangers of smoking. Smoking contributes to high blood pressure, heart disease, asthma, cancer and many other health complications and diseases. Health Choice is committed to working with our members and healthcare professionals to deliver the smoke-free message.

These programs are offered by Health Choice at no cost to members as educational tools to improve and maintain good health. Please call Member Services for more information.

**Behavioral Health Benefits**

**Respective Regional Behavioral Health Authorities (RBHA)**

Primary Care Physicians (PCPs) can refer members who are in need of psychiatric medication monitoring and counseling to the respective Regional Behavioral Health Authorities (RBHA). The intake process is identical to the current Medicaid system.

Health Choice Generations is providing behavioral health benefits through its contract with the (RHBA) in each of the respective counties:

Coconino, Apache and Navajo Counties  
Northern AZ Regional Behavioral Health (NARBA)  
1800-640-2123 or 1-928-774-2070

Maricopa County  
ValueOptions  
1800-564-5465  
24hrs Crisis Hotline:  
602-222-9444 or  
1-800-631-1314

Pima County  
Community Partnership of Southern Arizona (CPSA)  
1-800-771-9889

Pinal County  
Cenpatico  
1-866-495-6738

Since the Medicaid behavioral health benefit is a carve-out to the RBHA, the secondary payment for the provider's services would be reimbursed by the RBHA. If members see a non-contracted provider, outside of the RBHA, claims may be denied and the member may be liable for the secondary payment.

### **PCP Prescribing Medications for Behavioral Health Diagnoses**

PCPs can prescribe and monitor behavioral health medications; however, please check the Health Choice Generations Formulary for prescribing requirements. PCP's must obtain prior authorization for non-formulary medications. Documentation of medical necessity is required for review by the Medical Director. If a member is or becomes enrolled in the RBHA for behavioral health services, the PCP can choose to provide behavioral health care under the Medicare Advantage covered benefits, however Health Choice Generations prefers the RBHA for both continuity of care and comprehensive treatment options it allows members. The RBHA system allows for dual eligible members to receive their Medicare and Medicaid covered behavioral health services within the same network. Therefore all providers involved in working on a member's behavioral health treatment would be apart of the same clinical team and network to ensure the comprehensive behavioral health needs are met.

### **PCPs are required to coordinate care with the RBHA**

As mandated by AHCCCS, PCP's will be required to coordinate care with RBHA providers for the Medicare dual-enrollees. PCP's must respond to requests for information from the RBHA within 10 days of the request. PCP's must also set-up a temporary file for documentation sent by the RHBA for members not yet seen by the PCP. PCP's must initial all documentation sent by the RBHA.

### **RBHA Enrolled Members and Non-RBHA Enrolled Members**

#### **RBHA Enrolled Members:**

1. Co-payments for behavioral health medications will be paid by the RBHA at the point of sale.

2. Can only receive barbiturates, benzodiazepines and over-the-counter medications used for psychiatric purposes from RBHA prescribers. These medications will be billed to the RBHA.

All medications in these categories prescribed by contracted PCP's for medical will require Prior Authorization.

**Non-RBHA Enrolled Members:**

Members can receive formulary barbiturates, benzodiazepines and over-the-counter medications from contracted providers through the members AHCCCS Healthcare Plan Health Choice Arizona. All non-formulary medications in these categories will require Prior Authorization.

## **Non-Covered Services**

Health Choice Generations does not cover these services. Members will be required to pay 100% of the cost for these services:

- (1) When services require prior authorization and it was not provided and/or obtained from the Member's PCP.
- (2) When services are rendered by non-contracted or non-Plan providers; except for Emergency Medical Services, Urgently Needed Care and Renal Dialysis when the Member is outside the Plan service area, but still in the United States.
- (3) General Dental Services unless the following conditions apply: surgery of the jaw or related structure, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease.
- (4) Hearing Services – diagnostic/routine hearing exams and hearing aids.
- (5) Eye exams and glasses unless the exam is for the diagnosis and treatment for disease or condition of the eye. For post cataract surgery, one pair of eye glasses or contact lenses will be covered including insertion of an intraocular lens or in the case of cataract removal without a lens implant, corrective lenses with frames and replacements will be covered.

## **Members Rights to Participate in their Treatment Decisions**

All providers participating in the member's care must give information on the available treatment options (including the option of not treatment) or alternative courses of care and other information regarding treatment options in a language that the member understands. This information should include:

- Member's condition
- Any proposed treatments or procedures and alternatives
- Benefits, drawbacks and likelihood of success of each option

- Possible consequences of refusal or non-compliance with a recommended course of care

Members who are unable to fully participate in their treatment decisions may be represented by parents, guardians, other family members or other conservators, as appropriate and by the member's wishes. This determination can be based on the law and circumstances of the: Minors being represented by their parents/legal guardians, Advance Directives, and Family members with Power of Attorney.

**Members Rights to Request any Covered Service**

Members have the right to request any covered services, whether or not the PCP or Specialist has recommended the service. Services should be recommended by the PCP and may be subject to approval through Health Choice Generations utilization management system.