

# 12 Benefits and Covered Services

Health Choice Generations covers the same benefits covered under Original Medicare. Sometimes Medicare adds coverage for a new service during the year. Health Choice Generations will cover those added services. Some services may require prior authorization. For a complete listing of the Medicare services that require prior authorization, please refer to the Health Choice Generations prior authorization grid effective to the applicable date of service at <http://www.hcgenerations.com/providers/provider-information> under *Prior Authorization Guidelines*.

General list of services that are covered under Health Choice Generations (Medicare coverage criteria applies):

- Ambulance services
- Cardiac rehabilitation
- Chiropractic services
- Durable medical equipment and related supplies
- Emergency care
- Hearing services (diagnostic evaluations)
- Home health agency care
- Hospice consultation
- Inpatient hospital care
- Inpatient mental health care
- Inpatient services covered during a non-Medicare covered inpatient stay
- Medicare Part B prescription drugs
- Outpatient diagnostic tests and therapeutic services and supplies
- Outpatient hospital services
- Outpatient mental health care
- Outpatient rehabilitation services
- Outpatient substance abuse services
- Outpatient surgery
- Partial hospitalization services
- Physician/Practitioner services
- Podiatry services
- Prosthetic devices and related supplies
- Pulmonary rehabilitation services
- Spinal Subluxation treatment
- Services to treat kidney disease and conditions
- Skilled nursing facility care
- Urgent care

## PREVENTIVE SERVICES

Health Choice Generations also covers many preventive services including (Medicare coverage criteria apply):

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammograms)
- Cardiovascular disease risk reduction visit
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training, diabetic services and supplies
- HIV screening
- Immunizations (pneumonia, flu, hepatitis B)
- Medical nutrition therapy (diabetes and renal disease)
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy
- Prostate cancer screening
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent
- Smoking and tobacco use cessation counseling
- Vision screening for glaucoma
- Welcome to Medicare preventive visit

Additional educational resources for the Medicare covered preventive services may be found at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>

## SUPPLEMENTAL BENEFITS

Health Choice Generations also covers supplemental benefits that are not covered under the Original Medicare program. These additional services include dental, vision, hearing over the counter products, podiatry and chiropractic care (also refer to: Chapter 6 Medical Authorizations and Notifications).

<b>Vision</b>	
<b>2017</b>	<b>2018</b>
\$175 per calendar year for one pair of glasses (not covered: Contacts)	\$300 per year for one pair of glasses (lenses plus frames), and/or contacts.
One routine Eye Exam per year	One routine Eye Exam per year

<b>Dental</b>	
<b>2017</b>	<b>2018</b>
\$1,600/Year Comprehensive + Preventive	\$2,000/Year Comprehensive + Preventive
Two Oral Exams and Two Cleanings per year	Two Oral Exams and Two Cleanings per year (exams and cleanings must be performed in the same preventive office visit).
One Dental X-Ray per year	One Dental X-Ray per year, which can consist of: <ul style="list-style-type: none"> <li>• One of either bitewing x-rays or single x-rays OR</li> <li>• One complete aka full mouth (fmx) aka panoramic set.</li> </ul>
Non-Routine Diagnostic Services, Restorative Services, Endodontics/Periodontics/	Deep Cleanings, Non-Routine Diagnostic Services, Non-routine Restorative Services, Non-routine Endodontics/Periodontics
Extractions	Non-routine Extractions
Not Covered: Prosthodontics, including dentures and bridges	Not Covered: Prosthodontics, including dentures and bridges

<b>Over the Counter (OTC)</b>	
<b>2017</b>	<b>2018</b>
\$60 every 3 months for items found in the OTC catalog provided to members	\$100 every 3 months for items found in the OTC catalog provided to members (no roll-over).

<b>Hearing</b>	
<b>2017</b>	<b>2018</b>
\$500 per calendar year for one hearing aid and one fitting	\$1,500 per every 3 years for one hearing aid and one fitting
One routine hearing exam per year	One routine hearing exam per year

<b>Routine Foot Care</b>	
<b>2017</b>	<b>2018</b>
Not Covered	4 routine visits per year by a Podiatrist (one visit per quarter)

<b>Chiropractic Care</b>	
<b>2017</b>	<b>2018</b>
Not Covered	12 routine chiropractic care visits per year (1 per month)

## EXCLUDED SERVICES

Certain services are excluded under the Original Medicare program. Health Choice Generations does not cover these types of services. Members will be required to pay 100% of the cost for these services. The list below describes some of the excluded services and items that are not covered by the plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare.
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study. Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Home-delivered meals
- Surgical treatment for morbid obesity, except when it is considered medically necessary and covered under Original Medicare.
- Private room in a hospital, except when it is considered medically necessary.
- Private duty nurses.
- Personal items in a room at a hospital or a skilled nursing facility, such as a telephone or a television.
- Full-time nursing care in home.
- Custodial care provided in a nursing home, hospice, or other facility setting.
- Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
- Fees charged for care by your immediate relatives or members of your household.
- Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
- Cosmetic surgery or procedures, except in the case of an accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace or the shoes are for a person with diabetic foot disease.
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
- Reversal of sterilization procedures, sex change operations, and non-prescription contraceptive supplies.
- Acupuncture.
- Naturopath services (uses natural or alternative treatments).
- Services provided to veterans in Veterans Affairs (VA) facilities.

## **PCP PRESCRIBING MEDICATIONS FOR BEHAVIORAL HEALTH DIAGNOSES**

PCP's 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.

## **NON BEHAVIORAL HEALTH MEDICATION COVERED BY AHCCCS ACUTE PLANS**

Members can receive Part D non-covered medications from contracted providers through the member's AHCCCS health plan. All non-formulary medications in these categories will require Prior Authorization.

## **MEMBER 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 non-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 members 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.

## **MEMBER 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.

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