

CHAPTER 12:

Benefits and Covered Services

Review/Revised: 1/21

Health Choice Pathway covers the same benefits covered under Original Medicare. Sometimes Medicare adds coverage for a new service during the year. Health Choice Pathway 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 Pathway prior authorization grid effective to the applicable date of service at <https://www.healthchoicepathway.com/> under *Prior Authorization Guidelines*.

12.0 GENERAL LIST OF COVERED SERVICES

Below is a general list of services that are covered under Health Choice Pathway (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

12.1 PREVENTIVE SERVICES

Health Choice Pathway 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>

12.2 SUPPLEMENTAL BENEFITS

Health Choice Pathway also covers supplemental benefits that are not covered under the Original Medicare program. These additional services include dental, vision, hearing over the counter products, refer to Exhibit 12.1 for a comparison chart, (also refer to: Chapter 6 Medical Authorizations and Notifications).

Vision	
2020	2021
\$300 per year for one pair of glasses (lenses plus frames), and/or contacts.	\$350 per year for one pair of glasses (lenses plus frames), and/or contacts.
One routine eye exam per year, includes contact lenses and one pair of eyeglasses (lenses and frames).	One routine eye exam per year, includes unlimited eyewear, contact lenses and eyeglasses (lenses and frames).

Dental	
2020	2021
\$3,000/Year Comprehensive + Preventive	\$3,000/Year Comprehensive + Preventive
Two Oral Exams and Two Cleanings per year (exams and cleanings must be performed in the same preventive office visit).	Two Oral Exams and Two Cleanings per year, one every 6 months (exams and cleanings must be performed in the same preventive office visit).
One Dental X-Ray per year, which can consist of: <ul style="list-style-type: none"> • One of either bitewing x-rays or single x-rays OR • One complete aka full mouth (fmx) aka panoramic set. 	One Dental X-Ray per year, which can consist of: <ul style="list-style-type: none"> • One of either bitewing x-rays or single x-rays OR • One complete aka full mouth (fmx) or panoramic x-ray. <ul style="list-style-type: none"> ○ Complete/panoramic only allowed once every 36 months.
Deep Cleanings, Non-Routine Diagnostic Services, Non-routine Restorative Services, Non-routine Endodontics/Periodontics	Deep Cleanings, Non-Routine Diagnostic Services, Non-routine Restorative Services, Non-routine Endodontics/Periodontics
Non-routine Extractions	Non-routine Extractions
Dentures covered once every 5 years, PA Required. Denture adjustments up to 4 times a year.	Denture adjustments up to 4 times a year. Dentures covered once every 5 years. Prior Authorization required.

Over the Counter (OTC)	
2020	2021
\$150 every 3 months for items found in the OTC catalog provided to members (no roll-over).	\$260 allowance every 3 months, purchase online (cvs.com/otchs/healthchoice), by phone (1-844-457-8938)

	or in-store. Amount does not rollover, vendor change to CVS - OTC Health Solutions.
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Hearing	
2020	2021
\$1,500 allowance every 3 years, per ear	\$1,500 allowance every 1 years.
One routine hearing exam per year. One hearing aid for 1 ear + fittings, every 3 years, per ear.	One routine hearing exam per year. \$1,500 allowance every year for hearing aid(s), both ears combined. Hearing aid fitting once every year.

Meals (Home Delivered)	
2020	2021
10 meals per admit, once per calendar year, immediately following an inpatient hospital stay. PA Required	Up to 28 meals per admit, once per calendar year, 2 meals per day for 14 days, immediately following an acute inpatient hospital stay. Prior Authorization required.
	Up to 14 meals, once per calendar year, 2 meals per day for 7 days, for members at risk of hospitalization, emergency services, and having complications with the following conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes. Prior Authorization required.

Special Supplemental Benefits for the Chronically Ill (SSBCI)	
2020	2021
Condition of criteria must be met via Care Management Referral and Assessment. Support with daily living activates, 8 hours a month Infinity of Page and Synergy Home Care.	Special supplemental benefits for the following chronic condition(s): complications from chronic heart failure (CHF), diabetes with complications, complications from chronic obstructive pulmonary disease (COPD). Services provided will be based on the need of the individual and a plan of care developed with the member and their family. <ul style="list-style-type: none"> • Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or Specialist intervention.

	<ul style="list-style-type: none"> • Connected health devices may enable physicians to monitor members without having to conduct face-to-face appointments. • Physicians may be able to remotely take blood pressure, weight, and monitor glucose as appropriate so that issues such as high blood pressure or elevated blood sugar can be identified in real-time. Prior Authorization required.
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Fitness	
2020	2021
Gym Membership – Silver & Fit	Gym Membership – Silver & Fit Silver&Fit Healthy Aging and Exercise program - member can combine any/all of the options: 1,500+ digital workout videos, daily workout videos via social media channels, stay fit kits, home fitness kits, access to 15,000+ fitness centers and a Healthy Aging coach.

Routine Foot Care	
2020	2021
12 routine visits per year by a Podiatrist (billed with 'GY' modifier)	Not a supplemental benefit, Medicare-covered benefit when medically necessary.

12.3 EXCLUDED SERVICES

Certain services are excluded under the Original Medicare program. Health Choice Pathway 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.

- 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.

12.4 PCP PRESCRIBING MEDICATIONS FOR BEHAVIORAL HEALTH DIAGNOSES

PCP's can prescribe and monitor behavioral health medications; however, please check the Health Choice Pathway 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.

12.5 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.

12.6 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.

12.7 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 Pathway utilization management system.