

**13b. Screening services.**

Coverage is available for evidence-based medically necessary screening services for children based on guidelines from the American Academy of Pediatrics and CDC/IACIP for immunizations.

Coverage is available for evidence-based medically necessary screening services for adults as described in the AHCCCS Medical Policy Manual ([www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals](http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=policymanuals)) which are based, in part, on guidelines from the U.S. Preventive Services Task Force.

**13c. Preventive services.**

Coverage is available for evidence-based medically necessary preventive services for children based on guidelines from the American Academy of Pediatrics and CDC/ACIP for immunizations.

Coverage is available for evidence-based medically necessary preventive services for adults as described in the AHCCCS Medical Policy Manual (<http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx>) which are based, in part, on guidelines from the U.S. Preventive Services Task Force. In addition to the services specified under section 4106 of the Affordable Care Act, Arizona covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

Coverage is available for up to 10 hours of Diabetes Self-Management Training (DSMT) outpatient services, as defined in 42 United States Code Section 1395x. The services must be prescribed by a primary care practitioner in one of the following circumstances: 1) the member is initially diagnosed with diabetes or 2) the member was previously diagnosed with diabetes but a change has occurred in the member's diagnosis, medical condition or treatment regimen or the member is not meeting appropriate clinical outcomes.

**13d. Rehabilitative services.**

**Rehabilitative Services-** Services to teach independent living, social and communication skills to persons or their families to promote the maximum reduction of behavioral health symptoms and/or restoration of an individual to his/her best age appropriate functional level for the purpose of maximizing the person's ability to live independently and function in the community. Services may be provided to a person, a group of persons or their families with the person(s) present. Rehabilitative services must be provided by individuals who are qualified behavioral health professionals, behavioral health technicians or behavioral health paraprofessionals as described in the following pages of Attachment 3.1-A Limitations, pages 9(b) – 9(j).

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