AMPM Exhibit 300-1 is **NOT** an all-inclusive list of covered services and only addresses services that **DO NOT** have a specific Policy addressing that service. In order to be covered, services shall be medically necessary, cost effective, and Federally and State reimbursable as stated in AAC R9, Chapter 22, 28 and 31.

In addition, Title XIX members under the age of 21 are entitled to services provided under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program which includes comprehensive treatment and preventive health care services for both physical and behavioral health conditions and illnesses. For persons eligible for EPSDT, Federal law requires coverage of all Medicaid services listed in Federal law 42 USC 1396d(a) when the services are medically necessary and cost effective even if the services are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies.

Refer to the AMPM Chapter 300 for additional policies of covered services.

KEY	
COVERED	X
COVERED WITH LIMITATIONS	X*
NOT COVERED	**

SERVICES		TITLE XIX		TITLE XXI
		<21	>21	<19
AUDIOLOGY		X	X*	X
*	Hearing aids, provided as part of audiology services, are covered only for members under the age of 21 receiving EPSDT services or enrolled in KidsCare.			
BEHAVIORAL HEALTH		REFER TO EXHIBIT 300-2A AND 300-2B		
CHIROPRACTIC SERVICES		X	X*	X
*	The Primary Care Provider (PCP) may initially order up to 20 visits annually that include treatment and may request authorization for additional chiropractic services in that same year if additional chiropractic services are medically necessary.			
COCHLEAR IMPLANTS		X	X	X
DIAGNOSTIC TESTING		X	X	X
DIABETES SELF MANAGEMENT TRAINING		X*	X*	X*
*	Include up to 10 program hours annually of diabetes outpatient self-management training services if prescribed by a PCP in specified circumstances: 1. The member is initially diagnosed with diabetes. 2. For members who have previously been diagnosed with diabetes: a. A change occurs in the members diagnosis, medical condition, or treatment regimen, or b. The member has not been meeting appropriate clinical outcomes.			
DIALYSIS		X*	X*	X*
*	Hospital admissions solely to provide chronic dialysis are not covered. Federal Emergency Services Program (FESP) dialysis as specified in AMPM Policy 1100.			

Effective Dates: 10/01/17, 10/01/18, 07/01/22, 10/14/22, 03/31/23, 10/01/25, 07/09/26
Approval Dates: 08/24/17, 10/18/18, 04/07/22, 09/15/22, 3/21/23, 11/26/24, 09/19/25, 06/26/26

SERVICES		TITLE XIX		TITLE XXI
		<21	>21	<19
EYE - EMERGENCY EXAM		X	X	X
EYE - TREATMENT FOR MEDICAL CONDITIONS OF THE EYE LENS POST CATARACT SURGERY		X	X*	X
*	Removal of cataract only when visible by exam, ophthalmoscopic or slit lamp and any of the following: 1. Visual acuity that cannot be correct by lenses to be better than 20/70. 2. Complete inability to see posterior chamber, visions confirmed by potential acuity meter reading. 3. For Fee-For-Service (FFS) members, who have corrected visual acuity between 20/50, and 20/70, a second opinion by an ophthalmologist to demonstrate medical necessity may be required. Refer to AMPM Policy 820.			

SERVICES		TITLE XIX		TITLE XXI
		<21	>21	<19
EYE - VISION EXAMINATION/OPTOMETRY SERVICE/PRESCRIPTIVE LENSES		X	X*	X
*	For members who are 21 years of age or older, eye examinations for prescriptive lenses are not covered.			
FOOT AND ANKLE SERVICES		X	X	X
HEALTH RISK ASSESSMENT & SCREENING TESTS (FOR MEMBERS AGED 21 AND OLDER)		X*	X*	X*
*	The following are not covered services: 1. Qualification for insurance. 2. Pre-employment physical examinations. 3. Qualifications for sports or physical exercise activities. 4. Pilot examinations. 5. Disability certification for the purpose of establishing any kind of periodic payments. 6. Evaluation for establishing Third Party Liability (TPL).			
HIGH FREQUENCY CHEST WALL OSCILLATION THERAPY		X	X	X
HIV/AIDS ANTIRETROVIRAL THERAPY		X	X	X
HOSPITAL OUTPATIENT		X	X	X
NEGATIVE PRESSURE WOUND THERAPY		X	X	X

SERVICES		TITLE XIX		TITLE XXI
		<21	>21	<19
NEUROPSYCHOLOGICAL TESTING		X*	X*	X*
*	A neuropsychological evaluation is not a covered service when: 1. The objective of evaluation is educational planning. The school district is responsible for the cost of evaluation to evaluate conditions such as learning disabilities. 2. The individual has permanent, persistent, and static organic brain dysfunction, and it is unlikely that evaluation results would provide new information that would be utilized to alter the course of treatment or treatment planning. The current condition of the member may render evaluation results invalid due to such conditions as: 1. Present substance use or withdrawal. 2. Medication regimen that may affect evaluation performance. 3. The primary purpose of evaluation is not related to a treatment plan. The Neuropsychological evaluation is **not** a covered service under the **physical health** condition category when a member has behavioral health disorders that are primarily attributable to organic brain damage that results in higher-level mental organic brain dysfunction. Examples include mood disorder, depression with psychosis secondary to traumatic brain injury; mood disorder due to Cerebrovascular Accident (CVA) with major depressive-Like episode; inhalant-induced persisting dementia. The service is not reimbursable by Acute Care Contractors. However, ALTCS Contractors or the AHCCCS Administration for FFS members may be financially responsible if it is determined that the neuropsychological service is medically necessary and covered under behavioral health. The Neuropsychological evaluation is **not** a covered service under the **behavioral health** condition category when organic brain damage or dysfunction is not suspected of contributing to the member's behavioral health disorder, or behavioral health treatment is not expected to change due to results of neuropsychological testing.			
NON-PHYSICIAN FIRST SURGICAL ASSISTANT		X	X	X

SERVICES		TITLE XIX		TITLE XXI
		<21	>21	<19
PHYSICIAN SERVICES		X*	X*	X*
*	Allergy Testing – Is not covered for a member 21 years and older unless member has either sustained an anaphylactic reaction to an unknown allergen or has exhibited such a severe allergic reaction where it is reasonable to assume further exposure to the unknown allergen may result in life-threatening situation. Immunotherapy – Allergy immunotherapy including desensitization treatments administered via subcutaneous injections (allergy shots), Sublingual Immunotherapy (SLIT) or via other routes of administration, is not covered for members aged 21 years and older. Medical Marijuana – Is not covered for office visit or any other services that are primarily for determining if a member would benefit from medical marijuana. Moderate Sedation – Is not covered when administered by a physician performing the underlying procedure for which sedation is desired.			
PRIVATE DUTY NURSING		X	X	X
RADIOLOGY AND MEDICAL IMAGING		X	X	X
RESPIRATORY THERAPY		X	X	X
SLEEP STUDIES (POLYSOMNOGRAPHY)		X	X	X
TOBACCO CESSATION PRODUCTS		X*	X*	X*
*	The members must enroll with the Arizona Smokers' Helpline (ASH Line) by calling Arizona Smokers Helpline 1-800-556-6222 or visiting www.ashline.org. The maximum supply a member may receive of a tobacco cessation product is a 12-week supply in a six-month time period. The six-month period begins on the date the pharmacy fills the first tobacco cessation product. Prior Authorization (PA) is required for: 1. Members under the age of 18 years old. 2. Brand name medications when a generic product is available. 3. Bupropion 24 hour/Wellbutrin XL. Coverage is not authorized for: 1. Non-Title XIX members. 2. Indications other than as an aid for tobacco cessation. 3. Doses greater than the Food and Drug Administration (FDA) maximum allowable. 4. Combination treatment with more than one of the above agents. 5. Specific drug-disease condition contraindications.			

SERVICES		TITLE XIX		TITLE XXI
		<21	>21	<19
TRADITIONAL HEALING		X*	X*	**
*	Traditional Healing services are available if the following apply: 1. The member qualifies for services through the Indian Health Service or Tribal Facility pursuant to the conditions of participation outlined in 42 CFR 136.12. 2. The Traditional Health service is delivered by or through the Indian Health Service or a Tribal Facility as specified in ARS 36-2907. 3. The Traditional Health service is provided by an Urban Indian Organization when a Care Coordination Agreement is in place with an IHS/Tribal 638 facility.			
TRIAGE		X	X	X