



**AMPM CHAPTER 300, MEDICAL POLICY FOR AHCCCS COVERED SERVICES**

**EXHIBIT 300-1, AHCCCS COVERED SERVICES**

**ACUTE CARE**

| SERVICES  | TITLE XIX         |          | TITLE XXI |
|---|-------------------|----------|-----------|
|   | <21               | >21      | <19       |
| Audiology   | X                 | X        |           |
| Behavioral Health   | SEE EXHIBIT 300-2 |          |           |
| Breast Reconstruction After Mastectomy  | X                 | X        | X         |
| Chiropractic Services   | X                 |          | X         |
| Cochlear Implants   | X                 |          | X         |
| <u>Diagnostic Testing<sup>1</sup></u>   | <u>X</u>          | <u>X</u> | <u>X</u>  |
| Emergency Dental Services   | X                 |          | X         |
| Preventive & Therapeutic Dental Services  | X                 | X        |           |
| Limited Medical and Surgical Services by a Dentist (for Members Age 21 and older)         |                   | X        | X         |
| Dialysis  | X                 | X        | X         |
| Emergency Services-Medical  | X                 | X        | X         |
| Emergency Eye Exam  | X                 |          | X         |
| Vision Exam/Prescriptive Lenses   | X                 | X        | X         |
| Lens Post Cataract Surgery  | X                 | X        | X         |
| Treatment for Medical Conditions of the Eye   | X                 | X        |           |
| Health Risk Assessment & Screening Tests (for Members Age 21 and Older)                   |                   |          | X         |
| Preventive Examinations in the Absence of any Known Disease or Symptom                    | X                 | X        | X         |
| HIV/AIDS Antiretroviral Therapy   | X                 | X        | X         |
| Home Health Services  | X                 | X        | X         |
| Hospice   | X                 | X        | X         |
| Hospital Inpatient Medical  | X                 | X        | X         |
| Hospital Observation  | X                 | X        | X         |
| Hospital Outpatient Medical   | X                 | X        | X         |
| Hysterectomy (medically necessary)  | X                 | X        | X         |
| Immunizations   | X                 | X        | X         |
| Laboratory  | X                 | X        | X         |
| Maternity Services  | X                 | X        | X         |
| Family Planning   | X                 |          | X         |
| Early and Periodic Screening, Diagnosis and Treatment (Medical Services)                  | X                 |          | X         |
| Other Early and Periodic Screening, Diagnosis and Treatment Services Covered By Title XIX | X                 | X        | X         |
| Medical Foods   | X                 | X        | X         |
| Durable Medical Equipment   | X                 | X        | X         |
| Medical Supplies  | X                 | X        | X         |
| Prosthetic  | X                 |          | X         |
| Orthotic Devices  | X                 | X        | X         |
| Nursing Facilities (up to 90 days)  | X                 | X        | X         |
| Non-Physician First Surgical Assistant  | X                 | X        | X         |

<sup>1</sup> Adding to address diagnostic testing coverage



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|                    |   |  |   |
|--------------------|---|--|---|
| Physician Services | X |  | X |
|--------------------|---|--|---|

**OPEN UNTIL 12/10/16**

**EXHIBIT 300-1<sup>2</sup>**

**AHCCCS COVERED SERVICES**  
**ACUTE CARE**

**<sup>2</sup> Removed - formatting alignment**

See Chapter 300 for age and service delivery site restrictions, scope and time limitations, provider specialty requirement and eligibility limitations.

See Chapter 400 for Maternal and Child Health Service restrictions and limitations. See Chapter 800 for FFS/PA requirements.

See Chapter 1100 for covered services for the Emergency Services Program (ESP)

See Arizona Administrative Code, Title 9, Chapter 22, 28 and 31 regarding AHCCCS covered services



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| SERVICES  | TITLE XIX |     | TITLE XXI |
|---|-----------|-----|-----------|
|   | <21       | >21 | <19       |
| Foot and Ankle Services (See Policy Regarding Adult Coverage) <sup>3</sup>  | X         | X   | X         |
| Prescription Drugs  | X         | X   | X         |
| Primary Care Provider Services  | X         | X   | X         |
| Private duty nursing  | X         | X   | X         |
| Radiology and Medical Imaging   | X         | X   | X         |
| Occupational Therapy – Inpatient  | X         | X   | X         |
| Occupational Therapy – Outpatient   | X         |     | X         |
| Physical Therapy – Inpatient  | X         | X   | X         |
| Physical Therapy – Outpatient (See Policy Regarding Visit Limitations)  | X         | X   | X         |
| Speech Therapy – Inpatient  | X         | X   | X         |
| Speech Therapy – Outpatient   | X         |     | X         |
| Respiratory Therapy   | X         | X   | X         |
| Total Outpatient Parenteral Nutrition   | X         | X   | X         |
| Non-Experimental transplants approved for Title XIX reimbursement (See Policy Regarding Specific Transplant Coverage) | X         | X   | X         |
| Transplant Related immunosuppressant drugs  | X         | X   | X         |
| Transportation – Emergency  | X         | X   | X         |
| Transportation - Non-emergency  | X         | X   | X         |
| Triage  | X         | X   | X         |

<sup>4</sup>See [AMPM Chapter 300](#) for age and service delivery site restrictions, scope and time limitations, provider specialty requirement and eligibility— limitations.

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See [Arizona Administrative Code, Title 9, Chapter 22, 28 and 31](#) regarding AHCCCS covered services.

<sup>3</sup> Change made Post Tribal Consultation 10-20-16 – separate Foot and Ankle policy has been retired no need for this citation

<sup>4</sup> Moved all notes out of footer into the body of the document

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