

## SECTION VI: Covered Services

### COVERED SERVICES

“Covered services” include all the medical care, health care services, supplies, and equipment that are covered under the plan. As a Medicare health plan, ONECare must cover all services covered by Original Medicare and must follow Original Medicare’s coverage rules for these services.

The covered services are listed in the Evidence of Coverage (EOC) with a benefit chart noted that services are covered only when the following coverage requirements are met:

- Medicare covered services must be provided according to the coverage guidelines established by Medicare.
- Services (including medical care, services, supplies, and equipment) *must* be medically necessary. “Medically necessary” means that the services, supplies, or drugs are needed for the prevention, diagnosis, or treatment of a medical condition and meet accepted standards of medical practice.
- Care is received from a network provider. In most cases, care received from an out-of-network provider will not be covered.
- A primary care provider (a PCP) who is providing and overseeing care.
- Some of the services listed in the Evidence of Coverage (EOC) benefits chart are covered *only* if a doctor or other network provider gets approval in advance (called “prior authorization”).

Covered Services included though not limited are:

1. Inpatient Services
  - Inpatient Hospital Care
  - Inpatient Mental Health Care
  - Skilled Nursing Facility Care
2. Home Health Services
3. Physician Services, Including Office Visits
4. Chiropractic Services
5. Podiatry Services
6. Outpatient Mental Health Care
7. Outpatient Substance Abuse Services
8. Outpatient Surgery
9. Ambulance Services
10. Emergency Care
11. Urgently Needed Care

## SECTION VI: Covered Services

12. Outpatient Rehabilitation Services (Physical Therapy, Occupational Therapy, Cardiac Rehabilitation, Speech and Language Therapy)
13. Outpatient Diagnostic Tests and Therapeutic Services and Supplies
14. Durable Medical Equipment
15. Prosthetic Devices
16. Diabetes Self Monitoring, Training and Supplies
17. Medical Nutrition Therapy
18. Preventive Care and Screening Tests
  - Bone Mass Measurement
  - Colorectal Screening
  - Immunizations
  - Mammography Screening
  - Pap Smears, Pelvic Exam and Clinical Breast Exams
  - Prostate Cancer Screening
  - Cardiovascular Disease Testing
  - Physical Exams
  - Dental Services (Supplemental – see Summary of Benefits)
  - Vision Services (Supplemental – see Summary of Benefits)
19. Renal Dialysis
20. Prescription Drugs
21. Health & Wellness Education Programs

## EXCLUDED SERVICES

The following are examples of services not covered by the plan:

1. Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services.
2. Experimental or investigational medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare approved clinical research study or by our plan. Experimental procedures and items are those items and procedures determined by the plan and Original Medicare to not be generally accepted by the medical community.
3. Surgical treatment of morbid obesity unless medically necessary.
4. Private room in a hospital, unless medically necessary
5. Private duty nurses
6. Personal convenience items, such as a telephone or television in the member's room at a hospital or skilled nursing facility
7. Nursing care on a full-time basis in the member's home

## SECTION VI: Covered Services

8. Custodial care is care provided in a nursing home, hospice or other facility setting when skilled medical care and/or skilled rehabilitation services is not medically necessary. Custodial care is personal care that does not require the continued attention of trained medical personnel, such as care that helps with activities of daily living, like bathing and dressing.
9. Homemaker services
10. Fees charged by immediate relatives or members of the member's household
11. Meals delivered to the member's home
12. 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 medical necessary.
13. Cosmetic surgery or procedures, unless because of accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
14. Dentures
15. Chiropractic care other than manual manipulation of the spine consistent with Medicare coverage guidelines.
16. Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
17. Radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, eyeglasses are covered for people after cataract surgery.
18. Reversal of sterilization procedures, sex change operations and non-prescription contraceptive supplies.
19. Acupuncture
20. Naturopathic services
21. Services provided to veterans in Veterans Affairs (VA) facilities. However, in the case of emergency services received at a VA hospital, if the VA cost sharing is more than the cost sharing required under our plan, we will reimburse veterans for the difference. Members are still responsible for the cost sharing amount.

## EMERGENCY SERVICES

### ***DEFINITION***

“Emergency Medical Condition” means a medical condition manifesting itself by the sudden onset of symptoms of acute severity, which may include severe pain such that a reasonable person would expect that the absence of immediate medical attention could result in (1) placing the member's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

## **SECTION VI: Covered Services**

### ***EMERGENCY CARE***

ONECare members are entitled to access emergency care without prior authorization. However, the Plan requires that when an enrollee is stabilized but requires additional medically-necessary health care services, that providers notify ONECare prior to, or at least during the time of rendering these services. ONECare wishes to assess the appropriateness of care and assure that care is rendered in the proper venue.

### ***LIFE THREATENING OR DISABLING EMERGENCY***

Delivery of care for potentially life threatening or disabling emergencies should never be delayed for the purposes of determining eligibility or obtaining prior authorization. These functions should be done either concurrently with the provision of care or as soon after as possible.

### ***BUSINESS HOURS***

In an emergency situation, if a member is transported to an emergency department (ED), the ED physician will contact the member's PCP as soon as possible (post stabilization) in order to give him/her the opportunity to direct or participate in the management of care.

### ***MEDICAL SCREENING EXAM***

Hospital EDs under Federal and State Laws are mandated to perform a medical screening exam (MSE) on all patients presenting to the ED. Emergency services include additional screening examination and evaluation needed to determine if a psychiatric emergency medical condition exists. ONECare will cover emergency services necessary to screen and stabilize members without prior authorization in cases where a prudent layperson acting reasonably would have believed that an emergency medical condition existed.

### ***AFTER BUSINESS HOURS***

After regular ONECare business hours member eligibility is obtained and notification is provided by calling the telephone number on the member ID card, which is the regular Member Services telephone number. During these hours the number connects to a 24-hour information service, which is available to members as well as to providers. Nurse triage services are available in the event that a member calls for advice relating to a clinical condition that they are experiencing during, before or after business hours. In these cases the member will be given advice or directed to go to the nearest urgent care facility, ED, or to call 911 depending on the circumstances and the nurse triage protocols.

## **SECTION VI: Covered Services**

### **FAMILY PLANNING SERVICES**

Family planning services for male and female members are covered when provided by physicians or practitioners to members who voluntarily choose to delay or prevent pregnancy. Physicians and other practitioners should discuss and document in the medical record that each member of reproductive age has been notified verbally or in writing of the availability of family planning services. Family planning and family planning extension services include covered medical, surgical, pharmacological and laboratory benefits specified below. Covered services also include the provision of accurate information and counseling to allow members to make informed decisions about the specific family planning methods available.

### **HOME HEALTH**

Home health care is a covered service when members require part-time or intermittent care but do not require hospital care under the daily direction of a physician. Twenty-four (24) hour care is not a covered service.

### **LABORATORY**

Sonora Quest is contracted for all outpatient laboratory work for all lines of business, lab draws in the office must be sent to Sonora Quest for processing. Service locations are available at [www.sonoraquest.com](http://www.sonoraquest.com) by clicking the patient service center locator tab. Web-based patient service center appointment scheduling is also available and offers members the ability to schedule an appointment for a convenient day and time, resulting in reduced wait time upon arrival at a patient service center. The web based scheduling system is available 24-hr a day. Walk-in appointments are still available during scheduled hours of operation as well, although appointments are encouraged.

### **MATERNITY CARE SERVICES**

The plan provides a full continuum of maternity care program services to all eligible, enrolled members. All maternity care services must be delivered by contracted qualified physicians and non-physician practitioners and must be provided in compliance with American College of Obstetrics and Gynecology (ACOG) standards. Our plan will allow licensed midwife services if the member is anticipated to have an uncomplicated prenatal course, a low-risk labor and delivery, and the member has requested the services of a licensed midwife.

## SECTION VI: Covered Services

The prior authorization department authorizes OB Care and Delivery packages for newly identified pregnant members when an Authorization/Pregnancy Risk Assessment tool is received or the office requests an authorization. If a provider office requests an authorization, they are informed to fax in the Authorization/Pregnancy Risk Assessment tool. This tool is used to screen members for case management and monitor risk factors for other interventions such as smoking cessation materials and harmful affects of alcohol products while pregnant.

When a member is identified as high risk and is assigned to OB case management, the OB case manager will contact the member by telephone and will assist the member with coordination of any services the member may require, scheduling of appointments and follow-up with providers on members compliance, provide ongoing member education on prenatal care, family planning health issues including sterilization services, and post partum care. Other services the case manager can assist the member with include assistance with obtaining community services such as WIC, assistance for the provider office with noncompliant members to receive appropriate services, coordination of referrals to the Regional Behavioral Health Authority (RBHA) when services are required, and assistance for the provider office with referral to a perinatologist. Our plan's policy states that the woman and her newborn are allowed to receive 48 hours of inpatient hospital care after a normal vaginal delivery and up to 96 hours of inpatient care after a cesarean delivery.

### ***SERVICES INCLUDED IN THE TOTAL OB PACKAGE***

<ul style="list-style-type: none"><li>• Physical Exams</li><li>• Initial and subsequent history</li><li>• Weight and blood pressure</li><li>• Breast stimulation studies</li><li>• Genetic counseling (*excludes testing)</li><li>• Artificial rupture of membrane</li><li>• Follow up visits</li><li>• Fetal scalp monitoring</li><li>• Induction of labor</li><li>• Delivery (includes multiple births)</li><li>• 5+ prenatal visits &amp; 1 post partum (pap smear included)</li><li>• Laboratory services and handling fees by TOB provider</li></ul>	<ul style="list-style-type: none"><li>• Family planning</li><li>• Maternity counseling</li><li>• Nutritional Evaluation</li><li>• Inpatient &amp; Observation services</li><li>• Wet preps and wet mounts</li><li>• External cephalic versions</li><li>• Risk Screening per ACOG Standards</li><li>• All Prenatal Visits, including EPSDT Visits</li><li>• WIC Referrals for Medically Eligible Members</li><li>• Physical Exams (Including sick exams)</li><li>• Prostaglandin Gel Insertion</li></ul>
---	---

## SECTION VI: Covered Services

### ***SERVICES EXCLUDED FROM THE TOTAL OB PACKAGE & REIMBURSED SEPARATELY - Prior authorization may be required***

<ul style="list-style-type: none"><li>• Amniocentesis</li><li>• Amnioinfusion (requires prior authorization)</li><li>• Colposcopy (CPT codes 56820-56821, 57420-57421, 57452, 57454-57456 and 57460-57461)</li><li>• OB Ultrasound (3 or more 2D ultrasounds require prior authorization)</li></ul>	<ul style="list-style-type: none"><li>• Non-stress test</li><li>• Post Delivery D &amp; C (59160)</li><li>• Post-partum Tubal Ligation (requires prior authorization)</li><li>• RhoGAM Injection</li><li>• Surgical Assist</li></ul>
---	--

### ***HIGH RISK PRENATAL HOME CARE INFUSION***

Please contact our Case Management Team at 602.778.8396 x8336 for assistance with high risk members.

### ***MATERNITY CARE APPOINTMENT SCHEDULING***

<ul style="list-style-type: none"><li>• First trimester</li><li>• Second trimester</li><li>• Third trimester</li><li>• High risk pregnancies</li></ul>	<ul style="list-style-type: none"><li>• Within 14 days of request</li><li>• Within 7 days of request</li><li>• Within 3 days of request</li><li>• Within 3 days of identification of high risk by the health plan or maternity care provider, or immediately if an emergency exists</li></ul>
--	---

**Return appointments are scheduled per the ACOG standards indicated below:**

- Monthly through 28 weeks
- Bi-weekly between 29 and 36 weeks
- Weekly after the 36<sup>th</sup> week

## PHARMACY

### ***FORMULARY***

The Care1st Formulary, including updates, are communicated and made available on our website [www.care1st.com/az](http://www.care1st.com/az). Providers may also contact Provider Network Operations for a copy. Please ensure that your office is prescribing medications listed on the current formularies. Before submitting the Pharmacy Prior Authorization Request Form for a non-formulary medication, consider all formulary alternatives. Prior authorization requests and supporting documentation are faxed to 602.778.8387.

MedImpact is our Prescription Benefit Manager and they manage all prescription drug transactions and pharmacy networks for all lines of business.

## SECTION VI: Covered Services

### ***SPECIALTY MEDICATIONS PURCHASING PROGRAM***

Specialty oral and injectable drugs may be obtained through our contracted vendor, Avella Specialty Pharmacy (fka Apothecary Shop). Please use the following procedure to procure specialty drugs:

#### **Prior Authorization Process**

- Complete the Pharmacy Prior Authorization Request and fax to us at 602.778.8387.
- Once approved, the Pharmacy Department will fax back the approval to the practice.
- The practice then completes the Avella Specialty Pharmacy (Avella) request form (form is provided by the Pharmacy Team at the time of approval) and faxes the script and the completed Avella form to Avella at 866.792.7684. The phone number for Avella is 877.792.7684.
- Avella completes the order and ships the medication.

Prior authorization requests must first come to the health plan before an order is placed. If prior authorization is not obtained before the order is placed, the plan decision and patient care may be delayed.

\*This program does not include vaccines. Please review the Prior Authorization Guidelines for J and Q codes that require prior authorization. In addition, all unclassified drugs (i.e. J3490, J9999) require prior authorization and are evaluated on a case by case basis for approval and reimbursement.

Contact Pharmacy Prior Authorization at 602.778.1800 (Options 5, 5) if you have any questions.

### **RADIOLOGY**

Radiology services required in the course of diagnosis, prevention, treatment and assessment are covered services.

### **REHABILITATION**

#### ***OCCUPATIONAL THERAPY***

Occupational therapy services are medically prescribed treatments to improve or restore functions which have been impaired by illness or injury, or which have been permanently lost or reduced by illness or injury. Occupational therapy is intended to improve the member's ability to perform those tasks required for independent functioning.



## SECTION VI: Covered Services

ONECare covers medically necessary inpatient occupational therapy services for all members.

Occupational therapy consists of evaluation and therapy. Therapy services may include:

- a. Cognitive training
- b. Exercise modalities
- c. Hand dexterity
- d. Hydrotherapy
- e. Joint protection
- f. Manual exercise
- g. Measuring, fabrication or training in use of prosthesis, arthrosis, assistive device, or splint
- h. Perceptual motor testing and training
- i. Reality orientation
- j. Restoration of activities of daily living
- k. Sensory re-education, and
- l. Work simplification and/or energy conservation

### ***PHYSICAL THERAPY***

Physical therapy is a covered service when provided by, or under the supervision of, a registered physical therapist to restore, maintain or improve muscle tone, joint mobility or physical function.

### ***SPEECH THERAPY***

Speech therapy is the medically prescribed provision of diagnostic and treatment services provided by, or under, the direct supervision of a qualified speech pathologist.

Speech therapy consists of evaluation and therapy. Therapy services may include:

- a. Articulation training
- b. Auditory training
- c. Cognitive training
- d. Esophageal speech training
- e. Fluency training
- f. Language treatment
- g. Lip reading
- h. Non-oral language training
- i. Oral-motor development, and
- j. Swallowing training