Chapter 12:

Benefits and Covered Services

Review/Revised: 1/21, 3/22, 2/23, 5/23

BCBSAZ Health Choice Pathway covers the same benefits covered under Original Medicare. Sometimes Medicare adds coverage for a new service during the year. BCBSAZ 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 & Clinical Guidelines.*

12.0 GENERAL LIST OF COVERED SERVICES

Below is a general list of services that are covered under BCBSAZ 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 Sublaxation treatment
- Services to treat kidney disease and conditions
- Skilled nursing facility care

- Urgent care

12.1 PREVENTIVE SERVICES

BCBSAZ 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/MLNGenInfo**

12.2 SUPPLEMENTAL BENEFITS

BCBSAZ 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, and Exhibit 12.2 for CPT codes for Supplemental Benefits (also refer to: Chapter 6 Medical Authorizations and Notifications).

Vision	
2022	**2023**
$450 per year for one pair of glasses (lenses plus frames), and/or contacts.	$450 per year for one pair of glasses (lenses plus frames), and/or contacts.
One routine eye exam per year, includes **unlimited** eyewear, contact lenses and eyeglasses (lenses and frames).	One routine eye exam per year, includes **unlimited** eyewear, contact lenses and eyeglasses (lenses and frames).

Dental	
2022	**2023**
$4,000/Year Comprehensive + Preventive	$4,000/Year Comprehensive + Preventive
Two Oral Exams and Two Cleanings per year, one every 6 months (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: • One of either bitewing x-rays or single x-rays OR • One complete aka full mouth (fmx) or panoramic x-ray. • Complete/panoramic only allowed once every 36 months.	Two Dental X-Ray per year, which can consist of: • One of either bitewing x-rays or single x-rays OR • One complete aka full mouth (fmx) or panoramic x-ray. ○ 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
Denture adjustments up to 4 times a year. Dentures covered once every 5 years. NO Prior Authorization required.	Denture adjustments up to 4 times a year. Dentures covered once every 5 years. NO Prior Authorization required.

Over the Counter (OTC)	
2022	**2023**
$270 allowance every 3 months, Any unused benefit amount during quarters 1, 2 & 3 will roll over from the previous quarter, however, it will expire in the following quarter if unused. Any unused benefit amount from quarter 4 will not carry over to the year. Purchase online (cvs.com/otchs/healthchoice), by phone (1-844-457-8938) or in-store.	$380 allowance every 3 months. Any unused benefit amount during quarters 1, 2 & 3 will roll over from the previous quarter, however, it will expire in the following quarter if unused. Any unused benefit amount from quarter 4 will not carry over to the year. Purchase online (cvs.com/otchs/healthchoice), by phone (1-844-457-8938) or in-store.

Hearing	
2022	**2023**
$2,000 allowance every 1 years.	$2,500 allowance every 1 years.
One routine hearing exam per year. $2,000 allowance every year for hearing aid(s), both ears combined. Hearing aid fitting once every year.	One routine hearing exam per year. $2,500 allowance every year for hearing aid(s), both ears combined. Hearing aid fitting once every year.

Meals (Home Delivered)	
2022	**2023**
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 84 meals per admit, once per calendar year, 2 meals per day for 35 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.	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)	
2022	**2023**

Special supplemental benefit for the following chronic condition(s): complications from chronic heart failure (CHF), diabetes with complications, complications from chronic obstructive pulmonary disease (COPD). chronically ill has two categories: 1. Specialized plan of care that may include remote-monitoring, internet-enabled devices such as scales, glucose meters, or blood pressure cuffs. These devices are capable of reporting data to the member's health care provider in real-time. $25.00 food gift card to buy healthily groceries each month (Does not roll over).	Special supplemental benefit for the following chronic condition(s): complications from chronic heart failure (CHF), diabetes with complications, complications from chronic obstructive pulmonary disease (COPD). chronically ill has two categories: 1. Specialized plan of care that may include remote-monitoring, internet-enabled devices such as scales, glucose meters, or blood pressure cuffs. These devices are capable of reporting data to the member's health care provider in real-time. $30.00 or $100.00 food flex card to buy healthily groceries each month (Does not roll over). General support for Living up to $1,000 per year to help cover the cost of lodging after an eligible inpatient stay and certain Utilities (electric, gas, sanitary, water, and/or landline telephone service).

Fitness	
2022	**2023**
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.	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.

Part D	
2022	**2023**
Copay Levels*: Generic Brand Catastrophic	Value-Based Insurance Design (VBID) Part D Benefit -

	LIS (1)	$3.95	$9.85	$0.00	• Beneficiary (LIS) cost sharing is waived for all Part D drugs across all benefit phases. • $0 cost share PART D drugs (covered Drugs) for LIS (all levels) eligible members. Meaning if member qualifies for "Extra Help", the member will qualify for Part D reduced cost sharing amounts. • Instead of paying the LIS cost sharing amounts, they will pay $0 copay for all covered drugs, including generic and brand name drugs • These copay amounts are only for in-network pharmacies.
	LIS (2)	$1.35	$4.00	$0.00	
	LIS (3)	$0.00	$0.00	$0.00	

Transportation	
2022	**2023**
Van or medical transport to a plan approved health-related location = 24 One-Way Trips a Year	Van or medical transport to a plan approved health-related location = 36 One-Way Trips a Year

Medicare Changes	
2022	**2023**
In-network maximum enrollee out-of-pocket cost: **$3,450.** ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to **$120**. Opioid Treatment Services: Beneficiary pays **$0 copay**.	In-network maximum enrollee out-of-pocket cost: **$7,550.** ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to **$95**. Opioid Treatment Services: Beneficiary pays **$0 copay**.

12.3 EXCLUDED SERVICES

Certain services are excluded under the Original Medicare program. BCBSAZ 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 BCBSAZ 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 BCBSAZ Health Choice Pathway utilization management system.