

SERVICES THAT ARE COVERED

Your PCP and case manager will help you get the health care and long-term care services you need. Below is a list of covered services. There may be some limitations based on AHCCCS rules and policies. If you have Medicare, read the Medicare handbook called “Other Things You Should Know About Medicare” to find out which services are covered.

Long Term Care Services

1. Nursing homes
2. Home and community based services
 - Adult day health care
 - Attendant care
 - Spouse Attendant Care
 - Self-Directed Attendant Care
 - Day treatment and training
 - Emergency alert systems
 - Habilitation
 - Home delivered meals
 - Home health services
 - Homemaker services
 - Home modifications
 - Hospice
 - Personal care
 - Respite and group respite care
3. Alternative residential settings
 - Adult foster care
 - Therapeutic Home Care – adult and child
 - Assisted living home
 - Assisted living center
 - Alzheimer’s treatment assistive living
 - Behavioral health level II and III
 - Rural substance abuse transitional agency
 - Traumatic brain injury homes

Medical Services

1. Hospital care
2. Doctor office visits, including specialists
3. Routine physical exams
4. Health risk assessments and screening
5. Nutritional assessments
6. Laboratory and X-ray
7. Durable medical equipment and supplies
8. Medications on Mercy Care Plan’s list of covered medicines. Members with Medicare will receive their medications from Medicare Part D.
9. Emergency care
10. Care to stabilize you after an emergency
11. Rehabilitation services, including occupational, speech, physical and respiratory therapy
12. Routine immunizations

13. Medically necessary organ and tissue transplants and related prescriptions
14. Cochlear implants
15. Kidney dialysis
16. Emergency and pre-transplant dental services; medically necessary dentures
17. Medically necessary foot care
18. Maternity care (prenatal, labor and delivery, postpartum)
19. Family planning services
20. Behavioral health services and settings
21. Medically necessary transportation to and from required medical services; emergency transportation
22. Outpatient surgery and anesthesia
23. Audiology services
24. Cataract removal; medically necessary vision services
25. Medical foods, with limitations
26. Urgent Care

Additional Services for Children (under 21)

1. Routine preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealants, oral hygiene education, X-rays, fillings, extractions and other medically necessary procedures and therapeutic and emergency dental services
2. Vision services, including exams and prescriptive lenses
3. Regular checkups and immunizations
4. Chiropractic services
5. Children’s Rehabilitative Services
6. Conscious sedation
7. Incontinence briefs, with limitations

Additional Services for Qualified Medicare Beneficiaries (QMBs)

1. Chiropractic services
2. Any service covered by Medicare but not by AHCCCS

SERVICES THAT ARE NOT COVERED

Below is a list of services that are not covered. Please call your case manager if you need help finding community resources in your area for services that are not covered.

All Members

1. Services from a provider who is NOT a MCP provider (unless prior approved by Mercy Care)
2. Cosmetic services or items
3. Personal comfort items
4. Any service that needs prior authorization that was not prior authorized
5. Services or items given free of charge, or for which charges are not usually made
6. Services of special duty nurses, unless medically necessary and prior authorized
7. Physical therapy that is not medically necessary
8. Routine circumcisions
9. Experimental services as determined by the health plan medical director
10. Abortions and abortion counseling unless medically necessary, pregnancy is the result of rape or incest or if physical illness related to the pregnancy endangers the life of the mother
11. Health services when you are in prison or in a facility for the treatment of tuberculosis
12. Experimental organ transplants
13. Sex change operations and reversal of voluntary sterilization
14. Drugs and supplies without a prescription
15. Treatment to straighten teeth, unless medically necessary
16. Prescriptions not on our list of covered medications, unless approved by Mercy Care Plan
17. Diapers solely for personal hygiene

Other Services Not Covered for Members Over 21.

1. Hearing aids
2. Routine eye examinations for prescriptive lenses or glasses
3. Chiropractic services (except for QMB members)
4. Routine dental services