

MCP SERVICES THAT ARE COVERED

All Members	Additional Services for Children (under age 21)
<ol style="list-style-type: none"> 1. Hospital care 2. Doctor office visits, including specialist visits 3. Routine physical exams 4. Health risk assessments and screenings 5. Nutritional assessments 6. Identification and evaluation of hearing loss 7. Laboratory visits and x-rays 8. Durable medical equipment and supplies 9. Medications on Mercy Care Plan's list of covered medicines. Members with Medicare will receive their medications through Medicare Part D. 10. Emergency care 11. Care to stabilize you after an emergency 12. Home health services (such as nursing and home health aide) instead of hospitalization 13. Nursing home, when used instead of hospitalization, up to 90 days a year 14. Inpatient rehabilitation services, including occupational, speech and physical therapy 15. Respiratory therapy 16. Routine immunizations 17. AHCCCS-approved organ and tissue transplants and related prescriptions 18. Cochlear implants 19. Kidney dialysis 20. Emergency dental services, medically necessary dentures and pre-transplant dental services 21. Medically necessary foot care 22. Maternity care (prenatal, labor and delivery, postpartum) 23. Family planning services 24. Behavioral health services 25. Medically necessary and emergency transportation 26. Medical foods, with limitations 27. Emergency care for eye conditions; cataract removal 28. Urgent care 29. Hospice care 	<ol style="list-style-type: none"> 1. Identification, evaluation and rehabilitation of hearing loss 2. Medically necessary personal care. This may include help with bathing, toileting, dressing, walking and other activities that the member is unable to do for medical reasons 3. Routine preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealant, oral hygiene education, x-rays, fillings, extractions and other therapeutic and medically necessary procedures 4. Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered) 5. Outpatient speech, occupational and physical therapy 6. Chiropractic services 7. Conscious sedation 8. Adaptive aids (DD members only) 9. Medically necessary practitioner visits to member's home (DD members only) 10. Incontinence briefs, with limitations 11. Children's Rehabilitation Services (CRS) Services <p>Additional Services for Qualified Medicare Beneficiaries (QMB)</p> <ol style="list-style-type: none"> 1. Respite services 2. Chiropractic services 3. Outpatient occupational therapy 4. Any services covered by Medicare but not by AHCCCS

SERVICES THAT ARE NOT COVERED

All Members	Other Services That are Not Covered for Adults (age 21 and over). These services are available to Mercy Care Advantage members.
<ol style="list-style-type: none">1. Services from a provider who is NOT contracted with Mercy Care Plan (unless prior approved by the Health Plan)2. Cosmetic services or items3. Personal care items such as combs, razors, soap etc.4. Any service that needs prior authorization that was not prior authorized5. Services or items given free of charge, or for which charges are not usually made6. Services of special duty nurses, unless medically necessary and prior authorized7. Physical therapy that is not medically necessary8. Routine circumcisions9. Services that are determined to be experimental by the health plan medical director10. Abortions and abortion counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy endangers the health of the mother11. Health services if you are in prison or in a facility for the treatment of tuberculosis12. Experimental organ transplants, unless approved by AHCCCS13. Sex change operations and reversal of voluntary sterilization14. Medications and supplies without a prescription15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care Plan16. Prescriptions not on our list of covered medications, unless approved by Mercy Care Plan17. Physical exams for the purpose of qualifying for employment or sports activities	<ol style="list-style-type: none">1. Hearing aids2. Routine eye examinations for prescriptive lenses or glasses3. Routine dental services.4. Chiropractic services (except for Medicare QMB members)5. Outpatient speech and occupational therapy (except for Medicare QMB members)