STATE-WIDE SERVICES—AFFORDABLE LONG TERM CARE PLANNING

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ARIZONA LONG TERM CARE SYSTEM AHCCCS/MEDICARE COST-SHARING LEGAL DOCUMENT PREPARATION MEDICARE INSURANCE SERVICES VETERANS BENEFITS

## NON-COVERED MEDICAL EXPENSES

ALTCS does not cover some medical-related expenses BUT they do allow a customer to submit those expenses and have them deducted from the Share of Cost so the customer can pay the bill him/herself.

If you decide you want to submit the non-covered medical expenses, here's the ALTCS policy for your reference:

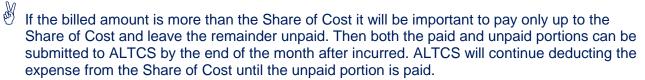
Costs a customer must pay for medically necessary services that are not covered by the Program Contractor or any other health insurance may be allowed as a SOC deduction. The customer does not have to pay the entire cost of the service for it to qualify. A deduction may be allowed for health insurance deductibles, co-insurance, and co-payments for these costs. A SOC deduction is not allowed for any service that is covered as part of the AHCCCS benefits package.

Costs for the following services may qualify for a SOC deduction if not covered by other insurance:

- Non-emergency dental services for persons who are age 21 or older;
- Hearing aids, hearing aid repairs and hearing aid batteries for persons who are age 21 or older;
- Non-emergency eye care and prescriptive lenses for persons who are age 21 or older;
- Chiropractic services, including treatment for subluxation of the spine, demonstrated by x-ray;
- Orthognathic surgery (aligning the lower jaw with the upper jaw so that it does not protrude or recede) for persons 21 years of age or older;
- Co-payments for Medicare Part D prescriptions; and
- On a case-by-case basis, other non-covered medically necessary services that are requested of AHCCCS and approved by the Director.

If the service is not specifically listed, and the customer asks that the expense be allowed as a SOC deduction, send a policy clarification request to the PCR Mailbox.





## To be allowed as a Share of Cost deduction ...

- the expense must be for a non-covered medical service;
- the services must be medically necessary (physician's prescription or written statement); and
- the amount and date the expense was incurred or paid must be verified (receipt, invoice, copy of payment).