

State/Territory: ARIZONA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

X Provided: ___ No limitations X With limitations*
___ Not provided.

c. Chiropractors' services.

___ Provided: ___ No limitations X With limitations*
X Not provided. Not a covered service except when provided under EPSDT

d. Other practitioners' services.

X Provided: Identified in Limitations section of Attachment.
___ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: X No limitations ___ With limitations*

b. Home health aide services provided by a home health agency.

Provided: X No Limitation ___ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ___ No Limitations X With limitations**

* Description provided in Limitations section of this Attachment.

**Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

TN No. 22-xxxx 11-006

Supersedes _____ Approval Date _____ Effective Date October 1, 2022 ~~April 1, 2011~~

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6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' Services

Optometrists' services when they are provided by a licensed optometrist. See section 12d for limitations on eyeglasses and contact lenses.

6c. Chiropractors' Services

Services of a licensed chiropractor within their scope of practice as defined by state law. Services must be ordered by a primary care physician or primary care practitioner. Up to twenty chiropractic visits that include treatment may be ordered annually. Additional chiropractic services may be authorized in the same year if the additional services are medically necessary.

6d. Other practitioners' services.

Other practitioners' services provided by:

- i. Services of a licensed respiratory therapist within the scope of practice according to state law.
- ii. Services of a licensed Certified Nurse Practitioner within their scope of practice according to state law.
- iii. Services of a licensed Certified Registered Nurse Anesthetist within their scope of practice according to state law.
- iv. Services of a licensed Non-physician First Surgical Assistants and Physician Assistant within their scope of practice according to state law.
- v. Services of a licensed midwife within their scope of practice according to state law.
- vi. Services of a licensed affiliated practice dental hygienist within their scope of practice according to state law.
- vii. Services of a licensed social worker within their scope of practice according to state law.
- viii. Services of a licensed physician assistant within their scope of practice according to state law.
- ix. Services of a licensed psychologist within their scope of practice according to state law.
- x. Services of a licensed counselor within their scope of practice according to state law.
- xi. Services of a licensed registered nurse within their scope of practice according to state law.
- xii. Services of a licensed psychiatric nurse practitioner within their scope of practice according to state law.
- xiii. Services of a licensed marriage and family therapist within their scope of practice according to state law.
- xiv. Services of a licensed substance abuse counselor within their scope of practice according to state law.
- xv. Services of an ADHS licensed Emergency Medical Care Technician (EMCT) within their scope of practice according to state law
- xvi. Services of a licensed Clinical Nurse Specialist within their scope of practice according to state law