Douglas A. Ducey, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602 417 4000 www.azahcccs.gov



April 28, 2015

Brian Zolynas Centers for Medicare & Medicaid Services Division of Medicaid & Children's Health Operations 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6707

Dear Mr. Zolynas:

Enclosed is Arizona State Plan Amendment (SPA) #15-003, which revises the State Plan to reflect updates to the orthotic benefit.

If you have any questions about the enclosed SPA, please contact Christopher Vinyard at (602) 417-4034.

Sincerely,

Monica Coury Assistant Director

Office of Intergovernmental Relations

Cc: Cheryl Young Andrea Casart

CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-003	Arizona
~		
FOD. C. A. C. M. P. A. A. M. P. A. L. C. C.	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: Centers for Medicare and Medicaid Services		
		,
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2015	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
3.1112 of 12.11 (MITERIA)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	□ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		n amenament)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1905(a) of the Social Security Act	FFY 2015: None	
	FFY 2016: None	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)):
Attachment 3.1-A Limitations, Page 9	Attachment 3.1-A Limitations, Page 9	
remember 3.1 11 Elimentons, 1 ugo)	7 Reachine 10 7 17 Emilia	ations, ruge
10. SUBJECT OF AMENDMENT:		
Revises the State Plan to reflect updates to the orthotic benef	fit	
11. GOVERNOR'S REVIEW (Check One):	<u></u>	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Monica Coury	
1/104	801 E. Jefferson, MD#4200	
10000	Phoenix, Arizona 85034	
13. TYPED NAME:	Filoellix, Alizolla 65054	
Monica Coury		
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:		
April 28, 2015		
FOR REGIONAL OF	FEICE USE ONI V	
17. DATE RECEIVED:	18. DATE APPROVED:	
17. DATE RECEIVED.	16. DATE AFFROVED.	
DY ANY ADDROVED ON	TE CODY ATTACHED	
PLAN APPROVED – ON		77.07.1.7
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME:	22. TITLE:	
AA DENALDWA		
23. REMARKS:		

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.

Medicare Part D drugs are not covered for full benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

12c. Prosthetic devices.

Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older do not include hearing aids, cochlear implants, bone anchored hearing aids, percussive vests, microprocessors for controlled joints for the lower limbs in addition to microprocessor-controlled joints for the lower limbs, penile implants, and vacuum devices.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are not covered when except under the following circumstances: Halos to treat cervical fracture instead of surgery; Walking boots instead of surgery or serial easting; Knee orthotics for crutch dependent ambulation instead of a wheelchair, the use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines and the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.

12d. Eyeglasses.

Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

Adult services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13a. Diagnostic Services.

Genetic testing is not covered unless the results of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.

TN No. <u>14-001015-003</u>
Supersedes Approval Date: Effective Date: <u>October 1, 20154</u>
TN No. <u>14-003010</u>

