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*Our first care is your health care*  
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**DATE:** September 2009, Second Publishing

**TO:** Holders of AHCCCS Medical Policy Manuals

**FROM:** Maureen Sharp, Medical Policy Manager  
Office of Medical Policy and Programs, AHCCCS

**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)  
Update, October 2009

There are multiple changes for the month of October 2009. All policy changes described below are effective 10/1/2009 and include substantive changes.

### **Chapter 100**

The entirety of Chapter 100 was reviewed. Changes primarily relate to updates to legal citations and modification of language to be more consistent with other Agency documents. Non-substantive changes were made to improve the readability and clarity of the text.

The following definitions have been added or have had substantive changes to their descriptions:

- AHCCCS Contractor Operations Manual (ACOM)
- American Indian Health Program (AIHP)
- Behavioral Health Facility
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Institution for Mental Diseases (IMD)
- KidsCare Program
- Respite Care
- Rural Substance Abuse Transitional Agency

### **Chapter 300, Policy Changes Related to Benefit Redesign for Adults in Acute Care**

Due to significant fiscal challenges facing the State and substantial recent growth in the Medicaid population, the Arizona Health Care Cost Containment System (AHCCCS) has reviewed and modified the acute care benefit package. The sections of policy that have been modified are as described below:

#### **Policy 310–N, Laboratory**

The Laboratory Policy has been modified to include medical necessity criteria related to genetic testing. Please refer to the section of Policy labeled as Limitations: Genetic Testing Provisions.

Genetic testing will only be covered if the testing is necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnosis or syndromes when such diagnosis would not significantly alter the medical treatment of the member.

Genetic testing is not covered for purposes of current or future family planning. Genetic testing is not covered to determine if members carry a hereditary predisposition to cancer or other diseases. Genetic testing is also not covered for members diagnosed with cancer to determine whether their particular cancer is due to a hereditary genetic mutation known to increase the risks of developing that cancer.

### **Policy 310-T, Physician Services**

The Physician Services Policy has been modified to include medical necessity criteria related to allergic immunotherapy. Please refer to the section of policy labeled as Limitations: Allergic Immunotherapy.

AHCCCS will no longer cover allergic immunotherapy (testing, treatment, injections) for adults except in limited circumstances where an absence of therapy may be life threatening.

Allergy testing is only covered in those instances when a member has either sustained an anaphylactic reaction to an unknown allergen or has exhibited such a severe allergic reaction (e.g., severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.) that it is reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. In such instances, allergy testing is covered to identify the unknown allergen.

These limitations do not preclude coverage of over-the-counter medications or prescriptions intended to treat allergy symptoms.

The Physician Services Policy also addresses Genetic Subspecialists. These providers are limited by the provisions included in Policy 310-N Laboratory “Genetic Testing”.

### **Policy 310-Z, Sleep Studies (Polysomnography)**

The Sleep Studies Policy has been completely rewritten to include “Indications and Limitations”. AHCCCS has added the requirement that if positive air pressure titration is indicated, a “split night” study must be performed. The testing may only be completed over two separate nights if there are clinical indications preventing a “split night” study. (In a split night study, the sleep study is performed during the first half of the night and positive air pressure system titration is performed during the second half of the night.)

### **Policy 310-EE, Negative Pressure Wound Therapy**

Negative Pressure Wound Therapy is a new Policy. This Policy sets medical necessity criteria for negative pressure wound therapy for all populations. The Policy includes criteria related to initiating coverage, continued coverage, and when coverage ends. The Policy also includes a category of limitations on coverage.

## **Chapter 300**

In addition to modifications related to the benefit redesign, other sections of Chapter 300 have been revised. Substantive changes are as described below:

### **Policy 310-D, Dental Services for Members 21 Years of Age and Older**

Per Laws 2009, Third Special Session, Chapter 10, AHCCCS will no longer cover medically necessary dentures. Policy has been modified to be consistent with this change in statute.

### **Policy 310-V, Prescription Medication/Pharmacy Services**

The Prescription Medication policy has been revised to provide greater clarity. Substantive changes are as follows:

- Amount, Duration and Scope has been revised to provide greater guidance related to the AHCCCS Pharmacy Benefit. AHCCCS provides the following additional clarification related to formularies, “Contractors may manage the pharmacy benefit by developing formularies.”
- The Tobacco Cessation Product Policy has been referenced to direct the reader to review the protocol for smoking cessation aids.

The modifications to Prescription Medicine Policy are substantive. Individuals with questions related to the Pharmacy Benefit may contact Suzanne Berman, BS, RPh, Director of Pharmacy Services at 602-417-4726.

### **Policy 310-DD, Covered Transplants and Related Immunosuppressant Medication**

Per contractual changes, effective 10/1/09, kidney transplants are to be reimbursed in accordance with regular reinsurance guidelines. The modification to this Policy is a conforming change and considered substantive.

### **Policy 320-L, Neuropsychological Testing**

The Policy related to Neuropsychological testing is a new Policy. Neuropsychological testing is a covered service under certain circumstances due to a medical condition or a behavioral health condition.

This Policy provides clarification related to the circumstances for reimbursement and the reimbursement source.

## **Chapter 400**

Chapter 400 has been completely reviewed and revised. Contractor staff working in this area should review the Chapter completely. Select substantive changes are included below:

- Policy 410, section E has been revised to provide additional information related to the use of Mifepristone (also known as Mifeprex or RU-486) in Pregnancy Termination.
- Policy 430, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services has been revised. The description of EPSDT has been revised to more closely align with Federal Law.
- Policy 430, EPSDT, Section C – EPSDT Service Standards, #7 Oral Health Services has been modified. Effective 10/1/09 AHCCCS will only cover dental sealants on EPSDT members under age 16.
- Policy 430, EPSDT, Section D – Contractor Requirements for Providing EPSDT Services has been modified. Clarification has been added that Contractors must print and distribute two part carbonless EPSDT Tracking forms to contracted providers.
- Policy 430, EPSDT, Section D – Contractor Requirements for Providing EPSDT Services has been modified. Policy has been modified related to reporting requirements as included in Appendix A, EPSDT Improvement and Adult Quarterly Monitoring Report. As noted in Policy and Appendix A, select reporting requirements have been suspended. The shaded areas on Appendix A are not in effect as of 10/01/2009.

Individuals with questions related to Chapter 400 should contact Connie Williams at 602-417-4301.

## **Chapter 900**

Chapter 900 has been completely reviewed and revised. Contractor staff working in this area should review the Chapter completely. Select substantive changes are included below:

- Policy 950, Section C - Requires that initial credentialing include a query of the following lists to verify that provider has not been excluded. If a provider is found to be on the list they can be terminated. This modification is to incorporate a CMS requirement.
  - (1) Health and Human Services-Office of Inspector General (HHS-OIG) list of excluded individuals/entities (LEIE)
  - (2) General Services Administration (GSA) excluded parties list System (EPLS)
  - (3) Medicare exclusion database (the MED)

- Policy 950, Section F: The name of this policy has changed and the Policy has been subdivided into two sections. Previously, the section was titled “Credentialing Organizational Providers.” The section has been split into the sections of “Initial Assessment of Organizational Providers” and “Reassessment of Organizational Providers.”

This modification is to correspond with the NCQA language related to assessing organizational providers. The Policy has been subdivided to provide clarity.

Individuals with questions related to Chapter 900 should contact Kim Elliott, PhD at 602-417-4782.

### **Policy 1210, Institutional Services and Settings**

Language related to Institutions for Mental Disease (IMD) has been changed to mirror verbiage in Chapter 100.

### **Appendix A, EPSDT Improvement and Adult Quarterly Monitoring Report Instructions and Template**

As noted above, (Policy 430, section D), certain reporting requirements have been suspended. The shaded areas in Appendix A are not in effect as of 10/01/2009.

### **Appendix B, AHCCCS EPSDT Tracking Forms**

The instructions have been modified to clarify that Contractors must print and distribute two part carbonless EPSDT Tracking forms to contracted providers.

### **TO UPDATE YOUR AMPM:**

#### **Chapter 100**

Replace entire Chapter with the revised Chapter 100.

#### **Chapter 300**

Replace Chapter Table of Contents with the revised TOC.

Replace Exhibit 300-1 with the revised Exhibit 300-1.

Replace pages 310-1 through 310-4 with the revised pages 310-1 through 310-4.

Replace pages 310-7 through 310-101 with the revised pages 310-7 through 310-108.

Replace pages 320-3 through 320-8 with the revised pages 320-3 through 320-8.

Replace page 320-29 with the revised pages 320-29 through 320-36.

## **Chapter 400**

Replace Chapter Table of Contents through page 410-2 with the revised TOC through page 410-2.

Replace pages 410-7 through 410-8 with the revised pages 410-7 through 410-8.

Replace page 410-13 through Exhibit 410-1 with the revised page 410-13 through Exhibit 410-1.

Replace Exhibit 410-4 with the revised Exhibit 410-4.

Replace pages 420-1 through 420-4 with the revised pages 410-1 through 420-4.

Replace pages 430-1 through 430-23 with the revised pages 430-1 through 430-25.

Replace pages 440-1 through 440-3 with the revised pages 440-1 through 440-3.

## **Chapter 800**

Replace pages 820-1 through 820-6 with the revised pages 820-1 through 820-6.

## **Chapter 900**

Replace Chapter Table of Contents through page 900-2 with the revised TOC through page 900-2.

Replace pages 910-1 through 920-4 with the revised pages 910-1 through 920-4.

Replace pages 940-1 through 950-11 with the revised pages 940-1 through 950-12.

Replace page 960-1 through Exhibit 960-1 with the revised page 960-1 through Exhibit 960-1.

## **Chapter 1200**

Replace pages 1200-1 through 1200-4 with the revised pages 1200-1 through 1200-4.

Replace pages 1210-1 through 1210-4 with the revised pages 1210-1 through 1210-4.

## **Appendix A**

Replace the entire Appendix A with the revised Appendix A.

## **Appendix B**

Replace the Appendix B cover and instruction pages with the revised cover and instruction pages (1<sup>st</sup> two pages).