

### **~~330 – RESERVED<sup>1</sup> COVERED CONDITIONS AND SERVICES FOR THE CHILDREN’S REHABILITATIVE SERVICES (CRS) PROGRAM~~**

~~EFFECTIVE DATE: 03/11/11, 03/15/17, 10/01/18~~

~~REVISION DATES: 10/01/13, 09/01/14, 10/01/15, 01/05/17, 11/01/17~~

#### **PURPOSE**

~~AHCCCS enrolls EPSDT members who require treatment for medically disabling or potentially disabling conditions, as defined in A.A.C. R9-22-1303, into the Children’s Rehabilitative Services (CRS) program. Enrollment in CRS is based upon a member’s qualifying condition and the need for active treatment of the CRS conditions in A.A.C. R9-22-1303 through medical, surgical, or therapy modalities. The AHCCCS Division of Member Services (DMS) will provide information to the CRS Contractor related to the CRS qualifying condition(s) that are identified during the eligibility determination process. DMS may also provide information received for purposes of eligibility determination for the CRS Program regarding care, services or procedures that may have been approved or authorized by the member’s current health plan. It will be the responsibility of the CRS Contractor to ensure that the information provided by the AHCCCS Division of Member Services is made available to the appropriate areas and staff within its organization who may need the information. It remains the responsibility of the CRS Contractor as well as the Acute Care, Division of Developmental Disabilities (DDD), and Comprehensive Medical Dental Program (CMDP) Contractors to also appropriately transition the member utilizing established transition processes.~~

~~The CRS Contractor provides services through an approach to service delivery that is family-centered, coordinated and culturally competent, in a manner that considers the unique medical and behavioral holistic needs of the member.~~

~~CRS members may be seen for care and specialty services by CRS contracted network providers within the community that are qualified or trained in the care of the member’s condition. CRS members may also benefit from treatment in clinic based multi-specialty/interdisciplinary care settings when active treatment is required, in addition to care and services provided by community based providers in independent offices. The CRS Contractor also provides community based services, including services provided in field clinics.~~

~~CRS services are covered within the state of Arizona. When medically necessary services are not available in state, the CRS Contractor is required to provide services out of state.~~

~~Covered benefits for CRS Partially Integrated members are the same as those provided by the Acute Contractors and the Behavioral Health Contractors including any necessary placement settings such as skilled nursing facilities, chemotherapy, hospice, transplant services, and behavioral health placement settings, as determined to be medically~~

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<sup>1</sup> Policy being reserved and applicable language moved into AMPM 560 as a direct result of the AHCCCS Complete Care RFP YH19-0001

~~necessary and resulting from the CRS qualifying condition or a condition that is related to, or the result of, a CRS condition.~~

## **H. DEFINITIONS**

<del><b>ACTIVE TREATMENT</b></del>	<del>Current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition (A.A.C. R9-22-1301).</del>
<del><b>CHRONIC</b></del>	<del>Expected to persist over an extended period of time.</del>
<del><b>CRS CONDITION</b></del>	<del>Any of the covered medical conditions in A.A.C. R9-22-1303 which are referred to as covered conditions in A.R.S. 36-2912.</del>
<del><b>CRS FULLY INTEGRATED</b></del>	<del>A coverage type which includes members who receive all services from the CRS Contractor including acute health, behavioral health and CRS related services.</del>
<del><b>CRS PARTIALLY- INTEGRATED-ACUTE</b></del>	<del>A coverage type which includes American Indian members who receive all acute health and CRS related services from the CRS Contractor and who receive behavioral health services from a TRBHA.</del>
<del><b>CRS PARTIALLY- INTEGRATED- BEHAVIORAL HEALTH</b></del>	<del>A coverage type which includes CMDP or DDD members who receive all behavioral health and CRS related services from the CRS Contractor and acute health services from the primary program of enrollment.</del>
<del><b>CRS ONLY</b></del>	<del>A coverage type which includes members who receive all CRS related services from the CRS Contractor, who receive acute health services from the primary program of enrollment, and who receive behavioral health services as follows:<ul style="list-style-type: none"><li><del>← CMDP and DDD American Indian members from a TRBHA</del></li><li><del>← AIHP members from a TRBHA or RBHA</del></li><li><del>← CRS only also includes ALTCS/EPD AI Fee For Service members.</del></li></ul></del>

**CRS PROVIDER**

~~A person who is authorized by employment or written agreement with the CRS Contractor to provide covered CRS services to a member or covered support services to a member or a member's family.~~

**FIELD CLINIC**

~~A “clinic” consisting of single specialty health care providers who travel to health care delivery settings closer to members and their families than the Multi-Specialty Interdisciplinary Clinics (MSICs) to provide a specific set of services including evaluation, monitoring, and treatment for CRS-related conditions on a periodic basis.~~

**FUNCTIONALLY LIMITING**

~~A restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a CRS provider. (A.A.C. R9-22-1303).~~

**MEDICALLY ELIGIBLE**

~~Meeting the medical eligibility requirements of A.A.C. R9-22-1303.~~

**MULTI-SPECIALTY  
INTERDISCIPLINARY  
CLINIC (MSIC)**

~~An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.~~

**AMOUNT, DURATION AND SCOPE**

~~The CRS Contractor is responsible for all Title XIX and XXI covered services described throughout this Chapter, including those described in this section of the Policy for members in the fully integrated coverage type.~~

~~CRS services described in this Policy apply for members in the CRS fully integrated coverage type as well as members in the CRS Partially Integrated coverage type and the CRS Only coverage type.~~

~~The CRS Contractor provides covered medical, surgical, or therapy modalities only for CRS enrolled members. The CRS Contractor provides CRS covered services for CRS qualifying conditions and conditions arising as a result of or related to the CRS qualifying condition when medically necessary. The CRS Contractor does not cover routine, preventive, or other non-CRS related covered services for Comprehensive Medical and Dental Program (CMDP), Division of Developmental Disabilities (DDD), Fee-For-Service (FFS) or third party payers. Members who are 21 years of age and older are subject to all limitations and exclusions applicable to the adult population.~~

~~AHCCCS members under the age of 21 shall be enrolled into the CRS Program when the presence of a CRS condition requiring active treatment, as defined by A.A.C. R9-22-1303, is confirmed through medical review by DMS. Applicants who are not enrolled in Title~~

~~XIX/XXI cannot be enrolled in the CRS Program. Members are permitted to opt out of, or refuse enrollment into, the CRS program. See also ACOM Policy 426.7. American Indian members have the choice not to enroll in managed care and may receive services through FFS programs.~~

~~The CRS Contractor may elect to provide AHCCCS or CRS non-covered services. In such instances, the CRS Contractor acknowledges that the provision of these services will not be considered in rate development and will not be reimbursable through Medicaid funds.~~

~~The CRS Contractor or authorized subcontractors provide medically necessary CRS services in both inpatient and outpatient settings, including contracted hospitals, multi-specialty interdisciplinary clinics (MSICs), community based field clinics, community based provider offices, behavioral health, and skilled nursing facilities.~~

~~Certain services may be available only in limited types of service settings or may be medically appropriate only for members with a particular clinical presentation. Services may require prior authorization from the CRS Contractor and may require additional documentation to determine the medical necessity of the service requested for treating the CRS qualifying condition or a condition that is related to, or the result of, a CRS condition.~~

#### **COVERAGE DISPUTE RESOLUTION PROCESS**

~~In the event that the CRS Contractor and the DDD Contractor, CMDP Contractor, AIHP or Tribal ALTCS Contractor disagree on the financial responsibility or coverage decision of the CRS Contractor, the Medical Director for each Contractor or FFS Program shall review and discuss the request for services to determine appropriate financial responsibility or coverage. If agreement is not reached, the DDD Contractor, CMDP Contractor, AIHP, or Tribal ALTCS Contractors shall provide the medically necessary service and initiate a Request for Review with the AHCCCS Medical Management Unit. The following shall be the process for resolving the Request for Review:~~

- ~~1. The DDD, CMDP Contractor, AIHP or Tribal ALTCS Contractors shall submit the service request and all accompanying/relevant documentation to the AHCCCS Medical Management Manager with a request for secondary review and determination if the CRS Contractor coverage decision was appropriate; within 30 Calendar Days of the receipt of the CRS coverage decision.~~
- ~~2. The AHCCCS Medical Management Manager shall issue a written decision to the CMDP Contractor, DDD Contractor, AIHP, or Tribal ALTCS Contractors and the CRS Contractor no later than 30 Calendar Days from the date of the receipt of the Request for Review.~~
- ~~3. If the AHCCCS Medical Management Manager determines that the service should have been provided by the CRS Contractor, the CRS Contractor shall be financially responsible for the costs incurred by the DDD Contractor, CMDP Contractor, AIHP or the Tribal ALTCS Program in providing the service.~~

- ~~4. All AHCCCS Medical Management decisions shall advise the Contractor that the Contractor may file a request for review with the Office of Administrative Legal Services (OALS) at AHCCCS within 30 Days of receipt of the AHCCCS Medical Management responsible Contractor decision in the event that the Contractor continues to disagree with the decision.~~
- ~~5. Contractors shall refer to ACOM Policy 426 for the responsibility for coverage and payment of CRS conditions as well as other services that are the responsibility of the respective Contractor.~~

### **MEDICAL SERVICES**

~~The CRS program provides medical services in accordance with A.A.C. R9-22, Article 2. The following services described in this Policy apply strictly to CMDP, DDD, and AIHP Fee For Service (FFS) for CRS Partially Integrated members and the Tribal ALTCS Contractors for CRS Only members. The CRS fully integrated plan is responsible for all Title XIX and XXI covered services, including those described in this Policy. Coverage limitations and exclusions for members 21 years of age and older apply.~~

~~Below is the responsibility of the CRS Contractor:~~

#### **A. AUDIOLOGY SERVICES**

~~Audiology is an AHCCCS covered service as described in AMPM Policy 310-A within certain limitations, to evaluate and rehabilitate members with hearing loss. For purposes of CRS, the following applies:~~

##### **Audiologic Assessments**

~~Audiologic assessments must be consistent with accepted standards of audiologic practice.~~

##### **Hearing Aid Fittings and Evaluations, the following are covered:**

~~Hearing aids.~~

~~The CRS member may have the hearing aid reevaluated annually,~~

~~A hearing aid may be replaced once every three years, unless the member experiences a change in hearing levels or is determined by a CRS contracted audiologist to require a hearing aid replacement due to the hearing aid being lost, broken, or non-functioning;~~

~~Implantable bone conduction devices,~~

~~Cochlear implants. (For further information, please refer to [AMPM Policy 430](#).)~~

#### **DENTAL AND ORTHODONTIA SERVICES**

~~Dental and Orthodontia Services are AHCCCS covered services, with certain limitations as described in AMPM Policy 430. For purposes of the CRS program, the following applies:~~

### **Dental Services**

~~Full ranges of dental services are covered by the CRS Contractor for CRS members having at least one of the following:~~

~~Cleft lip and/or cleft palate,~~

~~A cerebral spinal fluid diversion shunt where the member is at risk for subacute bacterial endocarditis,~~

~~A cardiac condition where the member is at risk for subacute bacterial endocarditis,~~

~~Dental complications arising as a result of treatment for a CRS condition,~~

~~Documented significant functional malocclusion,~~

~~When the malocclusion is defined as functionally impairing in a CRS member with a craniofacial anomaly, or~~

~~When one of the following criteria is present:~~

~~Masticatory and swallowing abnormalities that affect the nutritional status of the individual resulting in growth abnormalities,~~

~~The malocclusion induces clinically significant respiratory problems such as dynamic or static airway obstruction, or~~

~~Serious speech impairment, determined by a speech therapist, that indicates the malocclusion as the primary etiology for the speech impairment and that speech cannot be further improved by speech therapy alone.~~

### **Orthodontia Services**

~~Medically necessary Orthodontia Services are covered for a CRS member with a diagnosis of cleft palate or documented significant functional malocclusion as described in I.e. above.~~

### **DIAGNOSTIC TESTING AND LABORATORY SERVICES**

~~AHCCCS covers medically necessary diagnostic testing and laboratory services as described in AMPM Policy 310-N. For purposes of the CRS program, the following applies:~~

#### Limitations

~~Genetic testing is only covered when the results of such testing are necessary to differentiate between treatment options as described in AMPM Policy 310-N, Covered Services and when related to a CRS condition.~~

~~Follow up laboratory evaluations for conditions unrelated to the CRS condition are excluded. The member must be referred to his or her primary care physician for follow-up care.~~

### **DURABLE MEDICAL EQUIPMENT (DME)**

~~AHCCCS covers medically necessary DME, as described in AMPM Policy 310-P. For CRS qualifying conditions, the CRS program covers:~~

~~Durable medical equipment for rehabilitative care;~~

~~Equipment repairs, and~~

~~Equipment modifications.~~

### **Exclusion and limitations of Durable Medical Equipment Services**

~~(Refer to #4 and #5 of this section for specific information related to wheelchair and ambulation devices)~~

~~Members are eligible for equipment only when ordered by a CRS contracted provider and/or authorized by the CRS Contractor;~~

~~Cranial modeling bands are excluded except for members who are 24 months of age or younger who have undergone CRS approved cranial modeling surgery and demonstrate postoperative progressive loss of surgically achieved correction and that without intervention would most likely require additional surgery.~~

### **Equipment Maintenance for Durable Medical Equipment Services**

~~CRS covered services include equipment modifications necessary due to the member's growth or due to a change in the member's orthopedic or health needs. The request for modification must come from a CRS contracted provider.~~

### **Equipment Replacement or Repair for Durable Medical Equipment Services**

~~The CRS Contractor must ensure that Durable Medical Equipment found to be unsatisfactory due to imperfect or faulty construction is corrected, adjusted, or replaced.~~

### **Wheelchairs and Ambulation Devices**

~~The CRS program provides routine or custom wheelchairs and/or ambulation assistive devices (crutches, canes, and walkers) for CRS members, based on medical necessity;~~

~~The CRS program provides initial wheelchair fittings within 20 business days of the order being written. Modifications, and repairs must be completed according to the medical needs of the member (Completion not to exceed 30 business days from the date ordered by the member's provider unless there are documented extenuating circumstances).~~

~~The CRS program provides final fittings for ambulation assistive/adaptive devices from the date ordered within:~~

~~20 working days for routine fittings;~~

~~Three working days for repairs ordered by a physician as urgent;~~

~~Same day service shall be provided for emergency adjustments or repairs for members unable to undertake their normal daily activities safely without the repair/adjustment.~~

~~Note: In order to meet the timeframes in items b and c, as found above, the Contractor may provide temporarily appropriate and safe ambulation assistive/adaptive devices while waiting for routine fittings, repairs, and/or adjustments.~~

~~The CRS program covers medically necessary equipment modifications and replacement;~~

~~Custom fit standards and parapodiums are covered for CRS members with spinal cord defects who have walking potential;~~

~~Trays for wheelchairs are provided when documentation indicates that the need is directly related to improvement in functional skill;~~

~~The member and/or his family must demonstrate that they can safely use all equipment provided to the member, as verified and documented by the treating provider or wheel chair fitting provider. Practical and functional use of the equipment must be documented in the CRS medical record.~~

### **Limitations and Exclusions Related to Wheelchairs and Ambulation Devices**

~~Replacement of wheelchairs and ambulation devices is not a covered service when the equipment is functional and can be repaired such that the equipment is safe to operate;~~

~~Physical or structural modifications to a home are excluded;~~

~~After initial delivery, care and transportation of the equipment, including vehicle modifications, is the responsibility of the member and/or the member's guardian.~~

~~Note: The CRS program repairs or provides maintenance to equipment that was not provided to the member by the CRS Contractor, when a CRS provider has determined the equipment to be safe and appropriate.~~

### **HIGH FREQUENCY CHEST WALL OSCILLATION THERAPY**

~~High Frequency Chest Wall Oscillation (HFCWO) therapy is an AHCCCS covered service, for members under 21 years of age, as described in AMPM Policy 320. HFCWO is covered by CRS when there is:~~

~~A diagnosis of cystic fibrosis;~~

~~Documentation of excessive sputum production combined with the member's inability to clear the sputum without assistance;~~

~~Copy of chest x ray report and pulmonary function tests showing findings consistent with moderate or severe Chronic Obstructive Pulmonary Disease (COPD);~~

~~Prescription signed by M.D. or D.O. with a specialty in pulmonary disease, indicating the need for at least daily chest physiotherapy;~~

~~Member is two years of age or older, or has a documented chest size of 20 inches or greater, whichever comes first.~~



~~Specific documentation supporting why HFCWO therapy for the member is superior to other more cost-effective therapy methods, including at least one of the following:~~

~~Promotes independent self-care for the individual,  
Allows independent living or university or college attendance for the individual,  
Provides stabilization in single adults or emancipated individuals without able partners to assist with Chest Physical Therapy (CPT), or  
Severe end-stage lung disease requiring complex or frequent CPT.~~

~~Evidence that the member can use the vest effectively, including continuing compliance with all forms of prescribed therapy and treatment and member and family acceptance of HFCWO therapy, and~~

~~Coordination prior to implementation of HFCWO therapy for long term use between the CRS provider office/clinic and AHCCCS (AIHP), CMDP or DDD Contractor, or other payer source has occurred.~~

#### **DISCONTINUATION CRITERIA FOR HFCWO**

~~HFCWO services will be discontinued if there is:~~

~~Member and/or prescribing physician request, or~~

~~Patient treatment compliance at a rate of less than 50% usage, as prescribed in the medical treatment plan, that is verified at two and six months of use.~~

#### **HOME HEALTH CARE SERVICES**

~~AHCCCS covers medically necessary home health care services, as described in AMPM Policy 310 I. For purpose of the CRS program, home health care services include professional nurse visits, therapies, equipment, and medications. Home health care services must be ordered by a CRS contracted provider. The home health care service is covered for a CRS member when the home health service is specifically for the treatment of a CRS or CRS related condition.~~

#### **INPATIENT SERVICES**

~~The CRS Contractor covers medically necessary inpatient services, as described in AMPM Policy 310 K. The hospitalization is covered for a member when the hospitalization is for the treatment of a CRS condition or a condition that is related to, or the result of, the CRS condition.~~

~~CRS requirements for admission and coverage for an inpatient acute care stay are as follows:~~

~~CRS authorized providers with admitting privileges can admit and treat CRS members for CRS qualifying conditions or those conditions related to, or the result of, a CRS condition. Providers must have a contract with a CRS Contractor or receive an authorization from the CRS Contractor.~~

~~The admitting provider must obtain prior authorization from the CRS Contractor for all non-emergency hospital CRS related admissions.~~

~~Prior authorization is not required for an emergency service.~~

~~The primary reason for hospitalization must be related to, or the result of, the CRS condition.~~

### ~~GROWTH HORMONE THERAPY~~

~~The CRS program covers growth hormone therapy only for members with panhypopituitarism.~~

### ~~NUTRITION SERVICES~~

~~CRS covers medically necessary nutritional services, as described in AMPM Policy 430. For purposes of the CRS program, nutrition services include screening, assessment, intervention, and monitoring of nutritional status. CRS Contractors must cover nutrition services for CRS members with special nutritional needs when the nutritional need is related to a CRS condition or resulting from the CRS condition. The CRS program covers nutritional supplements upon referral from CRS providers with consultation by a registered dietician.~~

~~**NOTE:** Covered services also include special formula to meet the nutritional needs of members with metabolic needs.~~

#### ~~Limitations~~

~~A registered dietitian must provide nutrition services.~~

~~The CRS program covers Total Parenteral Nutrition (TPN) for long term nutrition if medical necessity is related to, or resulting from, the CRS condition.~~

### ~~OUTPATIENT SERVICES~~

~~The CRS Contractor is responsible for outpatient services where the diagnosis is a CRS qualifying condition or a condition that is related to, or the result of, a CRS condition.~~

~~CRS outpatient services include:  
Ambulatory/outpatient surgery.~~

~~Outpatient diagnostic and laboratory services;  
Ancillary services, and  
Clinic services.~~

~~CRS members may benefit from multi-specialty, interdisciplinary care teams, in addition to community based providers. The CRS Contractor shall make available these care teams throughout the state.~~

~~Community based field clinics are specialty clinics that are held periodically in outlying towns and communities in Arizona, or on Indian Reservations.~~

~~CRS members may be seen by CRS Contracted community based providers in independent offices for CRS qualifying conditions or conditions that are related to, or the result of, a CRS condition.~~

#### **LIMITATIONS**

~~The member's primary health care system must be used for routine and acute medical care that is not related to the CRS condition, such as periodic visits for scheduled immunizations and periodic physical examinations and check-ups.~~

#### **PHARMACEUTICAL SERVICES**

~~The CRS Contractor covers medically necessary prescription medication and pharmacy services, as described in AMPM Policy 310 V. Under the CRS program, pharmaceuticals are covered when appropriate for the treatment of the CRS condition or a condition that is related to, or the result of, a CRS condition, when ordered by the CRS provider, and provided through a CRS contracted pharmacy. The CRS Contractor is required to provide community based pharmacy services.~~

#### **LIMITATIONS**

~~Pharmaceuticals or supplies that would normally be ordered by the primary care physician for the non-CRS covered condition(s) are not covered.~~

~~Medications covered under Medicare Part D for CRS members who are dual eligible (AHCCCS/Medicare) enrollees are not covered by the CRS program.~~

#### **PHYSICAL AND OCCUPATIONAL THERAPY SERVICES**

~~AHCCCS covers medically necessary physical and occupational therapy services, as described in AMPM Policy 310 X. For purposes of the CRS program, physical therapy and occupational therapy services are provided when the service is medically necessary and prescribed to treat the CRS condition and other conditions arising as a result of the CRS qualifying condition. Limitations listed for members age 21 and older in AMPM Policy 310 X.~~

### **PHYSICIAN SERVICES**

~~AHCCCS covers medically necessary physician services, as described in AMPM Policy 310-T. For purposes of the CRS program, physician services must be furnished by an AHCCCS registered, licensed physician and must be covered for members when rendered within the physician's scope of practice under A.R.S. Title 32. The CRS Contractor is responsible for contracting with physician specialists with expertise in pediatries to provide CRS covered services.~~

~~Medically necessary physician services may be provided in an inpatient or outpatient setting.~~

### **PROSTHETIC AND ORTHOTIC DEVICES**

~~AHCCCS covers medically necessary prosthetic and orthotic services, as described in AMPM Policy 310-P. Under the CRS program, prosthetic and orthotic devices are provided when medically necessary to treat the CRS condition and other conditions arising as a result of the CRS qualifying condition.~~

### **MAINTENANCE AND REPLACEMENT**

~~The CRS program covers prosthetic and orthotic modifications or repairs that are related to the CRS condition and medically necessary;~~

~~The CRS program covers ocular prostheses and replacements when medically necessary and when related to a CRS condition;~~

~~Prior authorization is required for replacement of lost or stolen prosthetic and orthotic devices;~~

~~The CRS program must provide or fabricate orthotic/prosthetic devices that assist CRS members in performing normal living activities and skills. Requirements include: All orthotic/prosthetic devices shall be constructed or fabricated using high quality products;~~

~~All orthotics shall be completed, modified or repaired, and delivered to the CRS member within 15 working days of the provider's order;~~

~~All prosthetics shall be completed, modified or repaired, and delivered to the CRS member within 20 working days following the member's provider order;~~

~~Orthotic/prosthetic repairs ordered by a CRS provider as urgent shall be delivered within five working days, and~~

~~Same day service shall be provided for emergency adjustments for members unable to undertake their normal daily activities without the repairs and/or modifications.~~

~~The CRS program will assure there will be no additional charge for modifications and/or repairs during the normal life expectancy of the device, except as required to accommodate a documented change in the member's physical size, functional level, or medical condition.~~

### **LIMITATIONS AND EXCLUSIONS**

~~Myoelectric prostheses are excluded.~~

~~Limitations for members age 21 and older apply as described in AMPM Policy 310-P.~~

### ~~PSYCHOLOGY/BEHAVIORAL HEALTH SERVICES~~

~~For discussion of behavioral health services, please see AMPM Policy 310-B.~~

### ~~SECOND OPINIONS~~

~~The CRS program covers second opinions by other CRS contracted physicians, when available. If not available, CRS will provide a second opinion by a contracted specialty provider able to treat the condition or a same specialty non-CRS contracted provider.~~

### ~~SPEECH THERAPY SERVICES~~

~~AHCCCS covers medically necessary speech therapy services, as described in AMPM Policy 310-X. Speech therapy services are provided by the CRS program when the service is medically necessary and prescribed to treat the CRS diagnosed or a related condition. Limitations for members age 21 and older apply as per AMPM Policy 310-X.~~

### ~~TRANSPLANT SERVICES~~

~~The CRS program covers transplant services for CRS qualifying conditions or those conditions related to, or resulting from, the CRS condition.~~

### ~~TELEMEDICINE~~

~~AHCCCS covers telemedicine, as described in AMPM Policy 320 I. The CRS program covers telemedicine when it is related to the member's CRS condition. The purpose of telemedicine is to provide clinical and therapeutic services by means of telemedicine technology. This technology is used to deliver care and services directly to the member and to maximize the provider network.~~

### ~~TRANSPORTATION~~

~~AHCCCS covers medically necessary transportation services, as described in AMPM Policy 310-BB. The CRS program covers transportation for a member who is receiving services for a CRS condition or a CRS related service.~~

### ~~VISION SERVICES~~

~~The CRS program covers vision services including examinations, eyeglasses, and/or contact lenses for the treatment of a CRS or CRS related condition.~~

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