

BENEFIT REDESIGN IMPLEMENTATION - DRAFT AHCCCS SYSTEM IMPACTS SUMMARY

| Benefit | Legislative Language, HB 2010 Section 36-2907 | AHCCCS Interpretation of statute | Policy Questions/Action/decision | Criteria | High-Level Impacts | Notes | Target Implementation Date |
|---------------------------|---|--|---|---|--|---|----------------------------|
| Insulin Pumps | B. (2) (c) Insulin pumps, percussive vests and orthotics are not covered health and medical services. | AHCCCS will eliminate coverage of Insulin pumps | Will individuals who currently have an insulin pump be grandfathered? A. Adults who currently have an insulin pump. B. Members who receive under EPSDT who become an adult? Decision: Members will retain the item when it has been purchased prior to age 21. Replacement and rental is not allowed. Members may continue to receive maintenance on the item and associated supplies beyond their 21st b'day. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |
| | | | | CODES - E0784. | | | |
| Percussive Vests | B. (2) (c) Insulin pumps, percussive vests and orthotics are not covered health and medical services. | AHCCCS will eliminate coverage of percussive vests. | Will individuals who currently have a percussive vest be grandfathered? A. Adults who currently have a percussive vest. B. Members who receive under EPSDT who become an adult? Decision: Members will retain the item when it has been purchased prior to age 21. Replacement and rental is not allowed. Members may continue to receive maintenance on the item and associated supplies beyond their 21st b'day. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |
| | | | | CODES - E0483. | | | |
| Bone-Anchored Hearing Aid | B. (2) (b) Prosthetic devices do not include hearing aids, dentures, bone anchored hearing aids or cochlear implants. Prosthetic devices, except prosthetic implants, may be limited to twelve thousand five-hundred dollars per contract year. | AHCCCS will eliminate coverage of Bone-Anchored Hearing AID (BAHA) | Will individuals who currently have a BAHA be grandfathered? A. Adults who currently have a BAHA? B. Members who receive under EPSDT who become an adult? Decision: Members will retain the item when it has been purchased prior to age 21. Replacement and rental is not allowed. Members may continue to receive maintenance on the item and associated supplies beyond their 21st b'day. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |
| | | | | CODES - L8690 and L8692. | | | |

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| Cochlear Implant | B. (2) (b) Prosthetic devices do not include hearing aids, dentures, bone anchored hearing aids or cochlear implants. Prosthetic devices, except prosthetic implants, may be limited to twelve thousand five-hundred dollars per contract year. | AHCCCS will eliminate coverage of cochlear implant | Will individuals who currently have a cochlear implant be grandfathered? A. Adults who currently have a cochlear implant? B. Members who receive under EPSDT who become an adult? Decision: Members will retain the item when it has been purchased prior to age 21. Replacement and rental is not allowed. Members may continue to receive maintenance on the item and associated supplies beyond their 21st b'day. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |
| | | | | CODES - L8614. | | | |
| Prosthetics Excluding prosthetic implants | B. (2) (b) Prosthetic devices do not include hearing aids, dentures, bone anchored hearing aids or cochlear implants. Prosthetic devices, except prosthetic implants, may be limited to twelve thousand five-hundred dollars per contract year. | AHCCCS may implement a cap on prosthetics. The Agency has already determined that a revision of policy is more appropriate. | The statute appears permissive. Does the Agency choose to pursue current course of limiting by policy or does the Agency choose to impose a monetary limit? Decision: AHCCCS will continue its decision to limit prosthetics by policy. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |
| | | | | CODES - L5856, L5857, L5858 and L5973. | | | |
| Orthotics | B. (2) (c) Insulin pumps, percussive vests and orthotics are not covered health and medical services. | | What does the Agency consider an orthotic? Action: OIR letter to CMS can the Agency exclude all orthotics? Or partially excluded certain orthotic items? Follow up-3/30/10 OIR is moving forward with SPA not letter. This will hold CMS to 90 day timeline. An inquiry to CMS has no timeline. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | ADHOC TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |

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| | | | | <p>CODES - L0001 - L4999; Excluding L0859, L0861, L0980, L0982, L0984, L2810, L2840, L2850, L4000, L4002, L4010, L4020, L4030, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4390, L4392 AND L4394.</p> | | | |
| Emergency Dental Service | <p>A. (6) Emergency dental care and extractions for persons who are at least twenty-one years of age.</p> | | <p>Will the Agency request a waiver for FFS American Indians? Decision: Undetermined Action: OIR letter to CMS for clarification as to the degree AHCCCS can limit emergency dental for adults. Follow up 3-30-10 OIR will move forward with SPA not letter. This will hold CMS to 90 day timeline. An inquiry to CMS has no timeline. Matt working on policy definition.</p> | <p>Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare.</p> | <p>MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information.</p> | <p>Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override.</p> | <p align="center">October 1 2010</p> |
| | | | | <p>CODE LIST ATTACHED.</p> | | | |
| Services by Podiatrist | <p>B (2) (e) Podiatry services do not include services performed by a podiatrist.</p> | <p>Services provided by a podiatrist are no longer covered.</p> | | <p>Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare.</p> | <p>CODING. Will require ISD coding of revisions of identified edits - 1 claims and 1 encounters. Provider Type (10) based.</p> | | <p align="center">October 1 2010</p> |
| | | | | <p>CODES - PROVIDER TYPE BASED.</p> | | | |

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| Well Exams | B (2) (h) Well exams are not a covered health and medical service, except mammograms, pap smears and colonoscopies. | Well visits are no longer covered. | Would well exams that include a mammogram, pap smear or colonoscopy be covered? Decision: These are procedure and an exam that includes a referral under the well visits codes would not be covered. Action: Matt/ALS believes that the new federal health reform bill may preclude AHCCCS from eliminating this service. Matt will follow up and report back to the team. | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | MANUAL TABLE UPDATES AND EDIT STATUS CODING UPDATES. 1. Code specific age limit updates to RF113 and RF127. 2. Ensure that age limit edits are bypassed for QMB (Part C) Medicare primary claims and encounters by update to related edit table status information. | Note - There are currently no dates associated with Age Limits on RF113 or RF127, Encounters will control through edit status and pends for dates of service prior to 7/1/2010 will be eligible for override. | October 1 2010 |
| | | | | CODES - 99385, 99386, 99387, 99395, 99396, 99397 and S5190 OR Diagnosis Code of V72.31 or V70.70. | | | |
| Transplants | B (2)(f) NONEXPERIMENTAL TRANSPLANTS DO NOT INCLUDE THE FOLLOWING: i) PANCREAS ONLY TRANSPLANTS. (ii) PANCREAS AFTER KIDNEY TRANSPLANTS. (iii) LUNG TRANSPLANTS. (iv) HEMOPOETIC CELL TRANSPLANTS. (v) ALLOGENIC UNRELATED TRANSPLANTS. (vi) HEART TRANSPLANTS FOR NON-ISCHEMIC CARDIOMYOPATHY. (vii) LIVER TRANSPLANTS FOR DIAGNOSIS OF HEPATITIS C. | Interpretation issue-# iv & v should be one item. As currently all bone marrow and solid organ transplants would be dis-allowed- | Action: Determine interpretation for implementation | Applies to Adult Recipients age 21 and >; Non-Medicare primary claims and encounters where the recipient does not have QMB (Part C) Medicare. | <u>Reinsurance table updates and Operational policy changes.</u> | | October 1 2010 |
| | | | | CODES - RI TABLES | | | |

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| Physical Therapy | Not addressed in legislation | | Imposition of visit limitation in process | TBD | TBD | | October 1 2010 |
| | | | | CODES - TBD | | | |
| Bariatric Surgery | B. (2) (g) Beginning October 1, 2011 , bariatric surgery procedures, including laparoscopic and open gastric bypass and restrictive procedures, are not covered health and medical services. | AHCCCS will eliminate coverage of bariatric surgery. | Why was this delayed by one year? Could it be implemented by policy earlier? Answer: unknown and no | TBD | Will implement by policy; no system impacts. | | October 1 2011 |
| | | | | CODES - TBD | | | |