310-T PHYSICIAN SERVICES

DESCRIPTION

AHCCCS covers physician services for all members within certain limits based on member age and eligibility. Physician services include medical assessment, treatment, and surgical services performed in the office, clinic, hospital, home, nursing facility or other location by a licensed doctor of medicine or osteopathy.

AMOUNT, DURATION AND SCOPE

Physician services are covered as appropriate to the member's medical need and the physician's scope of practice. Refer to AMPM Policy 430, for criteria related to covered services for members under the age of 21.

Physical examinations and well visits for members to determine risk of disease; provide early detection and to establish a prevention or treatment plan for the member as well as annual periodic examinations to monitor health status are covered.

LIMITATIONS

- **Services Not Directly Related to Medical Care** - AHCCCS does not cover physician services routinely performed and not directly related to the medical care of a member (e.g., physician visits to a nursing facility for the purpose of 30-60 day certification).

- **Moderate Sedation** – AHCCCS does not cover moderate sedation (i.e., conscious sedation) performed by the physician performing the underlying procedure for which sedation is desired, or by another provider except as described below, for the adult population. Refer to AMPM Policy 430, for criteria related to coverage of conscious sedation for members under the age of 21.

AHCCCS does cover monitored anesthesia care, including all levels of sedation, provided by qualified anesthesia personnel (physician anesthesiologist or certified registered nurse anesthetist) for the adult population and members under the age of 21. Anesthesia services (except epidurals) require the continuous presence of the anesthesiologist or certified registered nurse.
Allergy Immunotherapy – Allergy immunotherapy including desensitization treatments administered via subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or via other routes of administration, is not covered for persons age 21 years and older. Therefore, it is an excluded service for these members. Allergy immunotherapy is covered for persons under the age of 21 under EPSDT when medically necessary. Refer to AMPM Chapter 400 for additional information.

EXCEPTIONS

• **Allergy Testing** – Allergy testing, including testing for common allergens is not covered for persons age 21 years and older unless the 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 [not localized] urticaria, etc.) where it is reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. In the above instances, allergy testing is covered to identify the unknown allergen where such identification may help the member avoid repeat exposures to that particular allergen. Allergy testing is covered for persons under the age of 21 under EPSDT when medically necessary. Refer to AMPM Chapter 400 for additional information.

• **Self-administered epinephrine** – Self-administered epinephrine is covered for all members with a history of previous severe allergic reactions, whether or not the specific cause of that reaction has been identified.

For prescription medication coverage exceptions, please refer to AMPM Policy 310-V.

• **Medical Marijuana** – AHCCCS does not cover an office visit or any other services that are primarily for determining if a member would benefit from medical marijuana. Refer to AMPM Policy 320-M.

**GENETIC SUBSPECIALISTS**

Genetic subspecialists are subject to the limitations described in AMPM Policy 310-N, Genetic Testing Provisions subsection.

Refer to AMPM Chapter 800 for prior authorization requirements for FFS providers.