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330 COVERED CONDITIONS AND SERVICES FOR THE CHILDREN’S REHABILITATIVE SERVICES (CRS) PROGRAM

- Exhibit 330-1 Covered Conditions in the CRS Program
This chapter provides information about the acute care services that are covered by AHCCCS and the conditions and services provided under the Children’s Rehabilitative Services Program (CRS).

- The AHCCCS acute care program offers comprehensive preventive, acute and behavioral health care services with limited coverage of rehabilitative services, home health care and long term care, as specified in Arizona Administrative Code Title 9, Chapter 22, Article 2. The latter services are covered more extensively through the Arizona Long Term Care System (ALTCS) described in AMPM Chapter 1200 of this Manual. All covered services must be medically necessary and provided by a primary care provider, or other qualified providers as defined in AMPM Chapter 600 of this Manual.

- AHCCCS enrolls EPSDT members who require treatment for medically disabling or potentially disabling conditions, as defined in A.A.C. R9-7-202 (refer to Exhibit 330-1), into the Children’s Rehabilitative Services (CRS) program. The CRS program is based upon a member’s need for active treatment of CRS conditions through medical, surgical, or therapy modalities where the following three criteria are present:
  - Specialized treatment is necessary
  - Functional improvement is potentially achievable, and
  - Long-term follow-up may be required for maximum achievable results.

Out-of-state services are covered as provided for under Title 42 of the Code of Federal Regulations, Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states, and services needed due to a medical emergency. Services furnished to AHCCCS members outside the United States are not covered. AHCCCS will not register nor reimburse providers who are located outside the United States.

**NOTE:** In relation to services provided outside of the United States, for
purposes of Chapter 300, Chapter 1200, and Chapter 1600, United States (U.S.) includes the 50 states of the U.S., the District of Columbia, and the U.S. Territories (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands).

This chapter does not discuss maternal and child health services or services provided through the Federal Emergency Service Program (FESP). Maternal and child health services, including the KidsCare program (Title XXI), are described in AMPM Chapter 400. FESP services are described in AMPM Chapter 1100.

AMPM Exhibit 300-1 identifies covered AHCCCS acute care program services and AMPM Exhibit 300-2 identifies covered behavioral health services for Title XIX and Title XXI members.

The remaining pages of this chapter provide a description and a discussion of the amount, duration and scope limitations based on member eligibility and/or member age for AHCCCS acute care program services and the CRS program. Prior Authorization (PA) requirements for covered services are not provided in this chapter.

AHCCCS PA requirements for covered services provided by Contractors are focused on inpatient hospital services and AHCCCS requires Contractors to implement an appropriate PA procedure for inpatient hospital services. AHCCCS also encourages Contractors to implement PA and utilization management methods for other services as appropriate. Specific Contractor PA requirements are not identified in this Manual; for details regarding Contractor PA requirements for specific services, contact the Contractor.

If a service requiring PA is denied by a Contractor or by AHCCCS Administration, notice of action must be provided to the member in accordance with Arizona Administrative Code Title 9, Chapter 34 (9 A.A.C. 34). For Contractors, ACOM Policy 414 also applies.

The Administration requires PA from the Division of Fee-for-Service Management (DFSM) PA Unit for many covered acute services that are provided to a Fee-For-Service (FFS) member, (i.e., a member not enrolled with a Contractor). Exceptions include emergency services.

AHCCCS PA requirements for services provided to FFS members are specified in AMPM Chapter 800. Refer to the PA section of AMPM Policy 810 for information regarding requirements for notification of FFS providers and FFS members if PA is denied. Refer to the concurrent review section of Policy 810 for information related to approval or denial of the continuation of inpatient hospital services for FFS members.
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Refer to AMPM Chapter 1600 for information on ALTCS program covered services that require PA.

Refer to the AHCCCS FFS Provider Manual and the Encounter Reporting User Manual for complete information regarding claim and encounter reporting procedures for covered services. These manuals are both available on the AHCCCS Website (http://www.azahcccs.gov/).

REFERENCES


2. Arizona Revised Statutes (A.R.S.) Title 36, Chapter 29, Articles 1-5.

3. (A.R.S.) Title 36, Chapter 2, Article 3

4. Arizona Administrative Code (A.A.C.) Title 9, Chapter 7, 22, 28, 31 and 34.

5. AMPM Chapter 100 of this Manual includes 42 C.F.R., State Statute and Rule citations related to services and settings addressed in the Chapter.

6. AMPM Chapter 600 of this Manual, Exhibit 610-1, includes 42 C.F.R., State Statute and Rule citations related to provider requirements.

7. AHCCCS Contractor Operations Manual (ACOM)

8. AHCCCS Contracts