

**DATE:** January 10, 2018  
**To:** Holders of the AHCCCS Medical Policy Manual  
**FROM:** Contracts and Policy Unit  
Division of Health Care Management, AHCCCS  
**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM.

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at [DHCMContractsandPolicy@azahcccs.gov](mailto:DHCMContractsandPolicy@azahcccs.gov).

**PLEASE NOTE:** We are currently converting the AMPM Headers and Footers to a new format, aligning Policy language for consistency, and changing Exhibits to Attachments. Changes will be done over the next several months.

**UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)**

To view the policies and attachments, please access the following link:

**AHCCCS MEDICAL POLICY MANUAL (AMPM)**

**CHAPTER 300, POLICY 310-I, HOME HEALTH SERVICES**

Policy 310-I, Home Health Services was revised to incorporate new Face-to-Face requirements for Medicaid Fee-For-Service (FFS) home health services. In addition, coverage was added for Acute Outpatient Occupational Therapy.

**CHAPTER 300, POLICY 320-N, PRIOR AUTHORIZATION REQUEST FOR DIRECT ACTING ANTIVIRAL MEDICATION TREATMENT FOR AHCCCS MEMBERS AGE 18 YEARS AND OLDER**

Due to the cost savings associated with the drug change for Mavyret, AHCCCS is removing the fibrosis level and several definitions for Policy 320-N. Treatment coverage for ages 12-18 has also been revised with the Federal Drug Administration (FDA) approval for this age band. Retreatment Guidelines and limitations were also updated with limitations list removing the one treatment per lifetime and added the limitation "Greater than one Direct Acting Antiviral drug regimen used for retreatment".

**CHAPTER 300, POLICY 310-V, PRESCRIPTION MEDICATION/PHARMACY SERVICES**

Policy 310-V was revised to align definitions with A.R.S. §36-2930.03. Clarification for Prior Authorization, Step Therapy, and requirements was added. Language surrounding Opioid Use Disorder (OUD) was revised to include a change from a 7 day supply limit to a 5 day supply limit of prescription Opioid Medications. Requirements surrounding the Crisis Drug List were added. In addition, Discarded Physician-Administered Medications has been added for the federally and state reimbursable physician-administered medications shall not be billed to AHCCCS or its Contractors as outlined in A.A.C. R9-22-209(C).

- **ATTACHMENT A, INFORMED CONSENT-ASSENT FOR PSYCHOTROPIC MEDICATION TREATMENT**

Attachment A, Informed Consent-Assent for Psychotropic Medication Treatment was revised to include other prescribing clinicians who may also utilize the form for each medication listed within the Attachment.

- **ATTACHMENT B, 5-DAY SUPPLY LIMIT OF SHORT-ACTING OPIOID AND LONG-ACTING OPIOID MEDICATION EXCLUSION SPECIFICATIONS**

The title for Attachment B was changed from 7-Day Supply Limit of Prescription Opioid Medications Exclusions to 5-Day Supply Limit of Short-Acting Opioid and Long-Acting Opioid Medication Exclusion Specifications. In addition, Exclusion process applies to short-acting Opioid Medications for both the Skilled Nursing Facility Care and Post-Surgical Procedures.

- **ATTACHMENT C, ICD-10-CM DIAGNOSIS CODE DESCRIPTION**

No changes.

### **CHAPTER 300, POLICY 310-X, OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES**

Policy 310-X, Occupational, Physical, and Speech Therapies was revised to include coverage for Occupational Therapy services for the adult acute population. The established limits are 15 for acquiring and 15 for restoring skills or level of function, mirroring the limits for Physical Therapy.

- **ATTACHMENT A, AHCCCS ADULT MEMBER THERAPY BENEFIT TABLE**

Attachment A, AHCCCS Adult Member Therapy Benefit Table was created to quickly provide an overview of the different types of therapies and provide the limitations for Acute and ALTCS members.

### **CHAPTER 300, POLICY 310-JJ, ORTHOTICS AND PROSTHETICS**

Policy 310-JJ, Orthotics and Prosthetics is a new Policy found within the AMPM. The information was previously found in AMPM 310-P, Medical Supplies, Durable Medical Equipment and Orthotics, Prosthetic Devices. The information surrounding the Orthotics and Prosthetics sections have been removed and placed into this Policy. Augmentative Communication Devices (speech generating devices) was added and are considered prosthetic devices and therefore are covered when medically necessary as outlined within the Policy.

### **EXHIBIT 400-2A, MATERNITY-FAMILY PLANNING SERVICES ANNUAL PLAN CHECKLIST**

Exhibit 400-2A received formatting changes comprised of changing Exhibits to Attachments the numbers are now lettered.

**EXHIBIT 410-2, RESERVED**

Exhibit 410-2, formally, AHCCCS Maternity Care Risk Screening Guidelines is being reserved due to outdated information.

**CHAPTER 400, POLICY 410, MATERNITY CARE SERVICES**

The health plan management requirements for pregnant women have been revised in Policy 410. Controlled Substances Prescription Monitoring Program (CSPMP) and requirements were added for members being assessed and treated for Substance Use Disorder (SUD). Additional clarification was added for Labor and delivery services provided in a home setting.

- **ATTACHMENT A, SEMIANNUAL REPORT OF NUMBER OF PREGNANT WOMEN WHO ARE HIV/AODS POSITIVE**

Changed the requirements found in Attachment A to align with Contract language and submission requirements.

- **ATTACHMENT B, AHCCCS REQUEST FOR STILLBIRTH SUPPLEMENT**

Changed the process found in Attachment B to align with Contract language and submission requirements.

- **ATTACHMENT C, AHCCCS CERTIFICATE OF NECESSITY FOR PREGNANCY TERMINATION**

No changes.

- **ATTACHMENT D, AHCCCS VERIFICATION OF DIAGNOSIS BY CONTRACTOR PREGNANCY TERMINATION REQUEST**

No changes.

- **ATTACHMENT E, AHCCCS MONTHLY PREGNANCY TERMINATION REPORT**

Attachment A had language added surrounding the copy of the official incident report, when rape or incest is involved. The treating physician can now certify in his or her professional opinion if the member was unable for physical or psychological reasons comply with the requirements to report the rape and/or incest to the authorities. In addition language was also added to upload to the secure portal with a separate secure email.

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**CHAPTER 400, POLICY 420,**

New contraceptive devices, pregnancy screening, specific pharmaceuticals have been added as covered services to Policy 420. In addition, sterilization services and pregnancy termination are covered when the requirements specified within the Policy are met.

- **ATTACHMENT A, CONSENT TO STERILIZATION**

No changes.

- **ATTACHMENT B, AHCCCS STERILIZATION REPORTING FORM FOR MEMBERS UNDER 21 YEARS OF AGE**

No changes.

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**APPROVED NOT YET EFFECTIVE**

*To view the policies and attachments, please access the following link:*

[AMPM Approved Not Yet Effective](#)

None at this time.