

DATE: October 6, 2014

TO: Holders of AHCCCS Medical Policy Manuals

FROM: Kevin Neill, Policy Manager
Office of Medical Policy and Coding, AHCCCS

SUBJECT: AHCCCS Medical Policy Manual (AMPM)
Update, 2014-09

Revisions were made to the following:

CHAPTER 300, OVERVIEW

The reference to the AHCCCS memo dated September 4, 1997; entitled —Medicaid Payments for Foreign Country Providers has been removed.

Effective Date: 10/01/2014

EXHIBIT 300-3, BENEFIT CHANGE IMPLEMENTATION
POLICY 310-P, MEDICAL SUPPLIES, DME, ORTHO-PROSTH DEVICE
POLICY 1250-C, MEDICAL AND ACUTE CARE SERVICES

The above exhibit and policies were revised in the AMPM to reflect insulin pump coverage implementation. Please note that Exhibit 300-3 has been removed.

Effective Date: 10/01/2014

POLICY 310-FF, ORTHOTICS
ATTACHMENT B, AHCCCS ORTHOTICS CERTIFICATE OF MEDICAL NECESSITY FOR ADULTS
21 AND OVER
EXHIBIT 300-3, BENEFIT CHANGE IMPLEMENTATION
EXHIBIT 300-3A, ORTHOTICS EXCEPTIONS
POLICY 310-P, MEDICAL SUPPLIES, DME, ORTHO-PROSTH DEVICES
POLICY 1250-C, MEDICAL AND ACUTE CARE SERVICES

The above policies and exhibits were revised in the AMPM to reflect orthotics coverage implementation. Please note that Exhibit 300-3 and 300-3A have been removed.

Effective Date: 10/01/2014

POLICY 310-K, HOSPITAL INPATIENT HEALTH SERVICES

EXHIBIT 300-3B

POLICY 410, MATERNITY CARE SERVICES

POLICY 1020, MM/UM SCOPE AND COMPONENTS

Revisions were made to the above AMPM policies and exhibits to reflect the removal of the 25-day inpatient hospital limit, subject to medical necessity or prior authorization, as required. Please note that Exhibit 300-3B was previously Exhibit 300-3D.

Effective Date: 10/01/2014