

DATE: January 05, 2017
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) - January

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.

PLEASE NOTE: Arizona Law 2015, Chapter 19 Section 9 (SB 1480) enacts that from and after June 30, 2016 the provisions of behavioral health services under Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is transferred to and shall be administered by AHCCCS. We are in the process of transferring all pertinent documents to AHCCCS.

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, EXHIBIT 300-1 AHCCCS COVERED SERVICES - ACUTE

Exhibit 300-1 was updated to add diagnostic testing and to remove the reference to AMPM Policy 310-Z, Sleep Studies this policy was retired.

CHAPTER 300, POLICY 320-I, TELEHEALTH AND TELEMEDICINE

Policy 320-I, Telehealth and Telemedicine has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, appropriate provisions that were found within DHBS Policy 410, Use of Telemedicine were reviewed and merged within this Policy and language was clarified regarding informed consent and confidentiality in telemedicine. A section specific to Telemonitoring has also been added.

CHAPTER 300, POLICY 320-P, SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION

Policy 310-P, Serious Mental Illness Eligibility Determination is a new Policy that was adopted from ADHS/DBHS Policy 106, changing the applicability from ADHS/DBHS to the RBHAs. Additionally, the Policy has been revised to include the two methods for removing an SMI designation (clinical and administrative).

- **EXHIBIT 320-P-1, SERIOUS MENTAL ILLNESS DETERMINATION**
- **EXHIBIT 320-P-2, SERIOUS MENTAL ILLNESS QUALIFYING DIAGNOSIS**
- **EXHIBIT 320-P-3, ADMINISTRATIVE SERIOUS MENTAL ILLNESS DECERTIFICATION FORM**

These Exhibits have been adopted from ADHS/DBHS Policy 106.

- **EXHIBIT 320-P-3, ADMINISTRATIVE SERIOUS MENTAL ILLNESS DECERTIFICATION FORM**
(SPANISH VERSION)

Exhibit 320-P-3 (Spanish version) This Exhibit was adopted from ADHS/DBHS Policy 106 and is forthcoming.

CHAPTER 300, 320-Q, GENERAL AND INFORMED CONSENT

Policy 310-Q, General and Informed Consent is a new Policy that was adopted from ADHS/DBHS Policy 107, General and Informed Consent changing the applicability from ADHS/DBHS to the RBHAs. Additional terminology has been updated throughout the Policy. Additionally, Policy updated to update special requirements for children to include language regarding consent requirements regarding children removed from the home by DCS.

- **EXHIBIT 320-Q-1, APPLICATION FOR VOLUNTARY EVALUATION**
- **EXHIBIT 320-Q-2, SUBSTANCE ABUSE PREVENTION PROGRAM EVALUATION AND CONSENT**

These Exhibits have been adopted from ADHS/DBHS Policy 107.

CHAPTER 300, POLICY 320-U, PRE-PETITION SCREENING, COURT ORDERED EVALUATION AND COURT ORDERED TREATMENT

This is a new Policy in the AMPM to incorporate *DBHS Policy 109, Pre-Petition Screening, Court Ordered Evaluation and Court Ordered Treatment*. Added clarifying language to state Arizona counties may contract with AHCCCS Contractors for pre-petition screening services, emergency/crisis petition filing, and court ordered evaluation services. Additionally, although the Contractor may not be contracted for pre-petition screening services, emergency/crisis petition filing, and court ordered evaluation services in all counties, the Contractor must provide policies and procedures for providers outlining these processes.

- **EXHIBIT 320-U-1, APPLICATION FOR INVOLUNTARY EVALUATION**
- **EXHIBIT 320-U-2, APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION**
- **EXHIBIT 320-U-3, PETITION FOR COURT-ORDERED EVALUATION**
- **EXHIBIT 320-U-4, PETITION FOR COURT-ORDERED TREATMENT**
- **EXHIBIT 320-U-5, AFFIDAVIT**
- **EXHIBIT 320-U-6, A.R.S. 12-136, FLOW CHART RECOGNITION OF TRIBAL COURT PROCESS**
- **EXHIBIT 320-U-7, APPLICATION FOR VOLUNTARY EVALUATION**

All Exhibits have been adopted from ADHS/DBHS Policy 109.

CHAPTER 400, POLICY 410, MATERNITY CARE SERVICES

No changes at this time.

- **EXHIBIT 410-1, SEMIANNUAL REPORT OF NUMBER OF PREGNANT WOMEN WHO ARE HIV/AIDS POSITIVE**
- **EXHIBIT 410-2, AHCCCS MATERNITY CARE RISK SCREENING GUIDELINES**
- **EXHIBIT 410-3, AHCCCS REQUEST FOR STILLBIRTH SUPPLEMENT**
- **EXHIBIT 410-4, AHCCCS CERTIFICATE OF NECESSITY FOR PREGNANCY TERMINATION**
- **EXHIBIT 410-5, AHCCCS VERIFICATION OF DIAGNOSIS BY CONTRACTOR FOR PREGNANCY TERMINATION REQUEST**
- **EXHIBIT 410-6, AHCCCS MONTHLY PREGNANCY TERMINATION REPORT**

The title of these Exhibits have been corrected.

CHAPTER 500, POLICY 580, BEHAVIORAL HEALTH REFERRAL AND INTAKE PROCESS

Policy 580, Behavioral Health Referral and Intake Process has been revised to change the applicability from ADHS/DBHS to all Contractors responsible for the provision of behavioral health services and Tribal Regional Behavioral Health Authorities (TRBHAs). This is a new Policy to incorporate DBHS Policy 103, Referral and Intake Process.

In addition, changes were made to provide clarity, consistency and references to additional AHCCCS Medical Policy Manual (AMPM) and ACOM have been cited.

- **EXHIBIT 580-1, REFERRAL AND INTAKE PROCESS FORM**

This Exhibit is no longer needed and has been removed.

CHAPTER 800, POLICY 820, PRIOR AUTHORIZATION REQUIREMENTS (FFS)

Policy revised to include prior authorization requirement for non-emergency transportation. Prior authorization is required for medically necessary non-emergency medical transportation to and from covered behavioral health services when the trip exceeds 100 miles one way or round trip. Prior authorization is required regardless of the diagnosis code billed on the claim. Policy also revised to include language regarding when hysterectomies are not covered and to clarify hysterectomy consent requirements, pursuant to 42 CFR 441.255.

- **EXHIBIT 820-1, AHCCCS HYSTERECTOMY CONSENT AND ACKNOWLEDGEMENT FORM**

Title of Exhibit has been revised.

CHAPTER 900, POLICY 920, QUALITY MANAGEMENT-PERFORMANCE IMPROVEMENT QM/PI PROGRAM
SCOPE

Policy 920, Quality Management-Performance Improvement (QM/PI) was revised to add language that to require Contractors to utilize clinical quality staff to conduct on-site reviews if there is a health and/or safety concern identified either by the Contractor, AHCCCS or other party.

- **EXHIBIT 920-1, HEALTH CARE ACQUIRED CONDITIONS OTHER PROVIDER PREVENTABLE CONDITION REPORTING TOOL**

- **EXHIBIT 920-2, HEALTH AND SAFETY UPDATE-IMMEDIATE JEOPARDY**
No changes to these Exhibits.

- **EXHIBIT 920-3, ORIGINAL PROVIDER APPROVED NOT APPROVED DIRECT CARE WORKER TRAINING AND TESTING PROGRAM**

New Exhibit 920-3 Organizational Providers Approved/Not Approved Direct Care Worker (DCW) Training and Testing Programs was added to the Policy.

CHAPTER 900, POLICY 940, MEDICAL RECORDS AND COMMUNICATION OF CLINICAL INFORMATION

Policy 940, Medical Records and Communication of Clinical Information has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, appropriate provisions that were found within DHBS Policy 802, Medical Records have been reviewed to merge appropriate provisions within this Policy. Policy also revised to reflect AHCCCS workgroup agreements in partnership with the Arizona Association of Health Plans. Contractors may utilize the Arizona Association of Health Plans (AzAHP) to conduct medical record reviews.

Policy has been revised to include the methodology to be used for conducting medical record reviews.

CHAPTER 900, POLICY 950, CREDENTIALING AND RECREDENTIALING PROCESSES

Policy 950, Credentialing and Recredentialing Processes was revised to clarify that the credentialing and recredentialing process includes all providers, including but not limited to acute, primary, behavioral, substance use disorders and Long Term Services and Support (LTSS) as described in 42 CFR 438.214. Criteria added regarding Contractor time standard for uploading credentialed providers. Policy also revised to reflect AHCCCS workgroup agreements in partnership with the Arizona Association of Health Plans.

- **EXHIBIT 950-1, AHCCCS CONTRACTOR QUARTERLY CREDENTIALING REPORT**
Exhibit 950-1, AHCCCS Contractor Quarterly Credentialing Report has been revised to remove the recredentialing from the timeline requirements. Providers must be recredentialing every three years.

CHAPTER 1200, POLICY 1220-C, PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

Policy 1220-C, Pre-Admission Screening and Resident Review (PASRR) has been revised to change the applicability from ADHS/DBHS to the RBHAs. In addition, appropriate provisions that were found within DBHS Policy 1106, PASRR were reviewed and merged within this Policy.

- **EXHIBIT 1220-1, ARIZONA PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL 1**
- **EXHIBIT 1220-2, LEVEL II PASRR PSYCHIATRIC EVALUATION**
- **EXHIBIT 1220-3, PRE-ADMISSION SCREENING AND RESIDENT REVIEW INVOICE**
All Exhibits have been adopted from ADHS/DBHS Policy 1106.