

DATE: July 11, 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.

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 \(AMPM\)](#)

POLICY 450, OUT-OF-STATE PLACEMENT FOR BEHAVIORAL HEALTH TREATMENT

Policy 450 was revised for general updates and also updated to align with the final rule of Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

○ **ATTACHMENT A, OUT-OF-STATE PLACEMENT FORM**

Attachment A was updated to replace “Contractor or TRBHA” with “Entity”.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGE TO POLICY 450:

Removed “child or young adult” in section III., A. as this Policy applies to all eligible members.

A. GENERAL REQUIREMENTS

It may be necessary to consider an Out-of-State placement ~~for a child or young adult~~ to meet the member’s unique circumstances or clinical needs. Decisions to place members in Out-of-State placements for behavioral health care and treatment shall be examined and made after the CFT, ART, or TRBHA have reviewed all other in-state options. Other options may include single case agreements with in-state providers or the development of a Service Plan that incorporates a combination of support services and clinical interventions.

POLICY 820, PRIOR AUTHORIZATION

Policy 820 was revised to align with 42 CFR §440.70 Home Health Services – new Face-to-Face requirements for Medicaid FFS medical equipment and supplies.

- **ATTACHMENT A, AHCCCS HYSTERECTOMY CONSENT AND ACKNOWLEDGEMENT FORM**

Attachment A was revised to comport with requirements as outlined in 42 CFR 441.255 (c).

NEWLY ADDED APPROVED NOT YET EFFECTIVE

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

[AMPM Approved Not Yet Effective](#)

POLICY 300, RESERVED

Policy 300, Chapter Overview was reserved as the contents of the chapter overview were determined to be non-substantive and no longer needed. *This Policy will have an implementation date of 10/01/18.*

EXHIBIT 310-1, RESERVED

Exhibit 310-1, A.A.C. AHCCCS Rule Emergency Medical and Behavioral Health Services for Non-FES Members was reserved as the information on these rules are provided in their entirety in the Arizona Administrative code. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-A, RESERVED

Policy 310-A, Audiology was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-E, RESERVED

Policy 310-E, Dialysis was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-H, RESERVED

Policy 310-H, Health Risk Assessment and Screening Tests was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-I, HOME HEALTH SERVICES

Policy 310-I was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-T, RESERVED

Policy 310-T, Physician Services was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-W, RESERVED

Policy 310-W, Radiology and Medical Imaging was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-X, OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES

Policy 310-X was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

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

No changes.

POLICY 310-Y, RESERVED

Policy 310-Y, Respiratory Therapy was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-CC, RESERVED

Policy 310-CC, Triage-Screening and Evaluation of Emergency Medical Conditions was reserved as the information was moved into AMPM Policy 310-F, Emergency Medical Services. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-HH, END OF LIFE CARE AND ADVANCE CARE PLANNING

Policy 310-HH was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-JJ, ORTHOTIC AND PROSTHETIC DEVICES

Policy 310-JJ was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 320-G, LUNG VOLUME REDUCTION SURGERY

Policy 310-GG was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. Added a definition for Lung Volume Reduction Surgery (LVRS). *This Policy will have an implementation date of 10/01/18.*

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

Attachment A was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting.

POLICY 320-K, RESERVED

Policy 320-K, Tobacco Cessation Product was reserved as the service will be incorporated into AMPM Exhibit 300-1, AHCCCS Covered Services Acute Care and is listed in the AHCCCS Drug List. *This Policy will have an implementation date of 10/01/18.*

- **ATTACHMENT A, PEIOR AUTHORIZATION PROTOCOL THERAPEUTIC CLASS SMOKING CESSATION AIDS**

Attachment A was reserved.

POLICY 320-L, NEUROPHYSIOLOGICAL TESTING

It was determined that Policy 320-L be revised instead of reserved and has therefore been removed from “Approved Not Yet Effective” and is currently under review.

POLICY 320-M, MEDICAL MARIJUANA

Policy 320-M was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 320-N, HEPATITIS C (HCV) PRIOR AUTHORIZATION REQUIREMENTS FOR DIRECT ACTING ANTIVIRAL MEDICATION TREATMENT

Policy 320-N was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 560, CHILDREN’S REHABILITATIVE SERVICES CARE COORDINATION AND SERVICE PLAN MANAGEMENT

Policy 560 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). References to CRS Contractor were removed and AIHP and Tribal ALCTS were included as this policy now applies to them. Clarified responsibility of treating providers for service planning and coordination of care. *This Policy will have an implementation date of 10/01/18.*

POLICY 800, RESERVED

Policy 800, Chapter Overview was reserved as the language was determined to be an outline of AMPM Policy 810. *This Policy will have an implementation date of 10/01/18.*

POLICY 961, PEER, FAMILY, AND CSA TRAINING, CREDENTIALING, AND OVERSIGHT REQUIREMENTS

Policy 961 was reserved. This Policy consisted of three separate sections that have been broken down creating the following three stand-alone Policies.

POLICY 963, PEER AND RECOVERY SUPPORT TRAINING, CREDENTIALING AND SUPERVISION REQUIREMENTS.

Formally 961-A. During development the Policy the existing language was reorganized and clarification added for better flow. *This Policy will have an implementation date of 10/01/18.*

POLICY 964, PARENT FAMILY SUPPORT PROVIDER TRAINING, CREDENTIALING, AND SUPERVISION REQUIREMENTS

Formally 961-B. During development the Policy the existing language was reorganized and clarification added for better flow. *This Policy will have an implementation date of 10/01/18.*

POLICY 965, COMMUNITY SERVICE AGENCIES

This is formally 961-C. This Policy is still under review and revisions and will be finalized soon.

POLICY 1000, RESERVED

Policy 1000, Chapter Overview was reserved as the contents of the chapter overview were determined to be non-substantive and no longer needed. *This Policy will have an implementation date of 10/01/18.*

POLICY 1600, RESERVED

Policy 1600, Chapter Overview was reserved as the information was determined to be non-substantive. *This Policy will have an implementation date of 10/01/18.*

APPENDIX J, RESERVED

Appendix J, FFS Mileage Reimbursement Form was reserved. AHCCCS no longer has independent providers. Providers who wish to render services to Tribal ALTCS shall complete the provider registration to become AHCCCS providers (affiliated with NEMT company). *This Policy will have an implementation date of 10/01/18.*

PREVIOUSLY ADDED TO THE APPROVED NOT YET EFFECTIVE

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

[AMPM Approved Not Yet Effective](#)

The following Policies are posted for Contactor reference. However, the below Policies will not be in effect until the date referenced in each Policy. Policies which are newly approved but not yet effective will be added at the beginning of this section.

EXHIBIT 300-2A, AHCCCS COVERED SERVICES BEHAVIORAL HEALTH

Exhibit 300-2A was revised to include Behavioral Health Residential Facility as part of AHCCCS Covered Services for ALTCS E/PD and DES/DDD members. Revised to indicate assessment and peer support services are covered services for DDD members. *This Policy will have an implementation date of 10/01/18.*

EXHIBIT 300-3B, RESERVED

Exhibit 300-3B, Inpatient Limit: Members & Contractor Responsibility Acute & ALTCS Members 21 Years of Age and Older (Medicaid Only, QMB Dual and Non QMB Dual Status) has been Reserved due to the 25 day limitation being repealed from rule A.A.C. R9-22-204(c). *This Exhibit will have an implementation date of 10/01/18.*

EXHIBIT 300-3A, RESERVED

AMPM Exhibit 300-3A, Application of Physical Therapy Visit Outpatient Limit Acute & ALTCS Members 21 Years of Age and Older was reserved due to the contents are duplicative of what is currently outlined in AMPM Policy 310-X. *This Exhibit will have an Implementation Date of 10/01/18.*

POLICY 310-D1, DENTAL SERVICES FOR MEMBERS 21 YEARS OF AGE AND OLDER

Policy 310-D1 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-N, LABORATORY

Policy 310-N was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-O, RESERVED

Policy 310-O, Maternal and Child Health Services was reserved due to no substantive information see AMPM Chapter 400 for Maternal and Child Care Policies. *This Policy will have an Implementation Date of 10/01/18.*

POLICY 310-P, MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT AND ORTHOTIC-PROSTHETIC DEVICES

Policy 310-P was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 310-V, PRESCRIPTION MEDICATIONS/PHARMACY SERVICES

Policy 310-V was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 320-A, AFFILIATED PRACTICE DENTAL HYGIENIST

Policy 320-A was reserved. The information will be moved into AMPM Policy 431, Oral Health Care for EPSDT Age Members, effective October 1, 2018. *This Policy will have an implementation date of 10/01/18.*

POLICY 330, RESERVED

Policy 330, Covered Conditions and Services for Children's Rehabilitative Services (CRS) Program was reserved due to information is no longer applicable with 10-01-18 integration. Pertinent information is being moved to AMPM Policy 560, CRS Care Coordination and Service Plan Management. *This Policy will have an Implementation Date of 10/01/18.*

EXHIBIT 400-2C, DENTAL PLAN AND EVALUATION CHECKLIST

Exhibit 400-2C was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 420, FAMILY PLANNING

Policy 420 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 530, MEMBER TRANSFERS BETWEEN FACILITIES

Policy 530 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 900, CHAPTER OVERVIEW

Policy 900 was reserved. Definitions from this Policy were added within the appropriate Chapter 900 policies. *This Policy will have an implementation date of 10/01/18.*

POLICY 930, RESERVED

Policy 930, Member Rights and Responsibility was reserved due to language being available within other areas: Contracts, HIPAA regulations, AHCCCS Privacy Notice. Pertinent information will be incorporated into The Handbook for Members of the American Indian Health Program and/or the Tribal Regional Behavioral Health Authorities and Tribal ALTCS Member Handbook to include language regarding members obtaining services from any FFS provider. *This Policy will have an Implementation Date of 10/01/18.*

POLICY 970, PERFORMANCE MEASURES

AMPM Policy 970 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This policy will have an implementation date of 10/01/18.*

POLICY 980, PERFORMANCE IMPROVEMENT PROJECTS

Policy 980 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor formatting. *This Policy will have an implementation date of 10/01/18.*

POLICY 1060, RESERVED

Policy 1060, Training Requirements for RBHAs and Behavioral Health Providers was reserved. A new Policy, ACOM Policy 407, is being developed, effective October 1, 2018, to incorporate Workforce Development requirements for all lines of business. *This Policy will have an Implementation Date of 10/01/18.*

POLICY 1600, RESERVED

Policy 1600, Chapter Overview was reserved as the contents of the chapter overview were determined to be non-substantive and no longer needed. *This Policy will have an implementation date of 10/01/18.*

APPENDIX E, RESERVED

Appendix E, Childhood and Adolescent Behavioral Health Tool Kits was reserved as AHCCCS will refer to nationally recognized resources. *This Policy will have an implementation date of 10/01/18.*

APPENDIX F, RESERVED

AMPM Appendix F, Adult Behavioral Tool Kits was Reserved as AHCCCS is moving away from maintaining clinical tool kit documents and will instead refer to nationally recognized resources. Appendix F includes the following list of tools: Adult ADHD, Adult Anxiety, Adult Depression, Postpartum Depression. *This Appendix will have an implementation date of 10/01/18.*