

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

GUIDE TO LANGUAGE IN NOTICES OF ACTION

OCTOBER 1, 2009

ATTACHMENT C, ACOM POLICY #414

This document is only a guide and is intended to provide examples of easily understood language. Contractors are required to use language specific to the members' situation and service request. See the AHCCCS Contract and Polices for all requirements regarding Notice of Action letter requirements. This document is not to be relied upon for Legal citations. Legal citations change regularly. The Contractor is responsible for citing the correct legal source when changes to the legal basis occur.

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AHCCCS GUIDE TO NOTICE OF ACTION LETTERS

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AHCCCS GUIDE TO NOTICE OF ACTION LETTERS

Background

When an AHCCCS Contractor makes a decision to not pay for a requested service, the Contractor must notice the member, in writing, of that decision. That written notice is called a Notice of Action (NOA) letter. This guide is intended to provide examples of language for use in NOA letters, and is not intended to be a complete reference for Federal, State, and Contractual requirements regarding Notices of Action letters.

The point of the NOA letters is to notify members of adverse decisions and provide them with the factual basis or reason for that decision, and how to appeal that decision. NOA letters must be written such that they are easy for the member to understand. Members need to understand the reason for action so that they can decide if they want to appeal the decision, and how to best argue their case if they do decide to appeal. The better the member understands the reason for the action, the more able the member will be to participate in their health care decisions.

In the case where additional medical information is needed to make a decision, the NOA letter must be clear enough to allow the member the opportunity to provide any additional supportive information that may assist the member in receiving the requested service. The Contractor and member do not need to rely solely on the member's physician or provider to supply any additional information. If the member has information that would help in the decision process, the member should be made aware that they can supply this to the Contractor to aid in the decision. For example, if the member has some test results or therapy notes that support their need for the requested services the Contractor must accept these as additional medical documentation.

If the member files an appeal, the issues to be decided at the hearing will be based on the specific reasons given in the NOA letter. Therefore, it is critical that the NOA letter fully and clearly explain the Contractor's justification for the action. NOA letters must include the following:

- a. the requested service;
- b. the reason/purpose of that request in layperson terms;
- c. the action taken by the Contractor (denial, limited authorization, reduction, suspension or termination) with respect to the service request;
- d. the reason for the action, including member specific facts;
- e. the legal basis for the action; **citations to general provisions in the AHCCCS statute or regulations or to the Contractor's internal policy manual are not sufficient.**
- f. where members can find copies of the legal basis; when a legal authority including an internal Contractor's policy manual is available on-line, the Contractor shall provide the accurate URL site to enable the member to find the legal authority on-line.
- g. the right to appeal the decision and the process for appealing the decision;
- h. legal resources for members for help with appeals, as prescribed by AHCCCS.

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Contractors, via the NOA letter, must help members understand the decisions made by the Contractor. **A general statement that a requested service is not medically necessary, without explanation of why a service is not medically necessary, is unacceptable as a reason for the action.** Use of this or similar language as a reason for an action will result in regulatory action by AHCCCS, including but not limited to civil monetary penalties up to \$25,000 per event (letter) and/or capping of enrollment. If a Contractor determines that a service is not going to be paid for by the Contractor due to any of the main categories cited below, it is appropriate to cite the relevant regulation, e.g. R9-22-201 B.1. , R9-28-201., as the legal basis for the action. Citations must be accurate and specify the particular section of the law that is applied. However, the Contractor must also explain why a denied/ reduced service is not going to be paid for by the Contractor in language which is easily understood by the member. Refer to specific sections of the Guide for examples where the Contractor is appropriately denying or limiting services.

The NOA letter may not merely refer the member to a third party (e.g., the member's physician or case worker) in lieu of adequately citing in the letter the complete and accurate factual and legal bases for the denial / reduction or termination of a service. For example, simply telling the member to call their physician because a service is denied without providing the member specific reason for the denial is unacceptable.

Contractors must cite the AHCCCS Early Periodic Screening, Diagnosis and Treatment (EPSDT) Rule R9-22-213 and federal law 42 USC 1396(d)(r)(5) when denying, reducing or terminating a service for a Title XIX member who is younger than twenty-one (21) years of age when these provisions are applicable. When the Contractor denies, reduces, or terminates services that have been requested for Title XIX members under the age of 21, the Contractor must explain why the requested services do not meet the conditions as described in this policy and the AMPM Chapter 400, Section 430. The Contractor must specify why the requested services do not meet the EPSDT criteria and are not covered and must also specify that EPSDT services include coverage of screening services, vision services, dental services, hearing services and such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 USC 1396(d) (a) to correct or ameliorate (make better) defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS State Plan.

As explained more fully in the Guide, reasons for the denial, termination or reduction of requested medical services generally fall into one of several main categories:

- I. Not a paid benefit, exhausted benefits;
- II. Not medically necessary;
- III. Out of network provider;
- IV. Not enough information to make a decision in the legally required time frame; or
- V. System issues, including coverage by another entity.

In the event that more than one reason actually applies to a particular request by an individual or a provider, all applicable reasons should be given and explained in language that would be understood by a member.

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Due to the ongoing evolution of AHCCCS rules, Contractors must constantly review and update the rules references in this Guide to ensure accuracy. It is incumbent upon Contractors to ensure that the rule references in the actual Notice of Action letters are accurate.

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I. Not a Covered Benefit or Exhausted Benefit

This should only be cited as the reason in the NOA letter when the service is not available to anyone in the AHCCCS program or to anyone in the particular demographic group to which the member belongs, such as a member over the age of 21. Additionally, in general, AHCCCS benefits are driven by medical necessity and not by an absolute limit. However, there are some services that do have a limited benefit that may be exhausted.

A. Examples of ACCEPTABLE language regarding benefit not covered or exhausted include:

1. Eyeglasses for Member After their 21st birthday:

Your doctor asked that we pay for eye glasses for you to help you see better.

Our decision:

We have reviewed the request and will not pay for the eye glasses.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: AHCCCS does not pay for eye glasses for members after their 21st birthday and if their only problem is seeing clearly. To get glasses, you must have problems seeing due to surgery for cataracts, a film that can grow on your eyes. Cataracts cause a blurring or cloudiness over the lens in your eye. The notes from your doctor do not say you have this. There may be places that can help you to get glasses. Please call us at XXX-XXX-XXXX and we will give you the names of some places that might help you get glasses.

Acute Legal Basis: See Legal Basis Table A, basis number 1.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 1 and 2

2. Experimental Device:

Your doctor asked us to pay for a surgery to put a device (*insert name*) that (*purpose of device and medical condition/reason for request here*).

Our decision: We have reviewed the request and will not pay for the surgery.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We can not pay for it because there is no medical proof that it will help you. That means it is experimental. We have called your doctor to tell *him/her* that we cannot pay for this. Your doctor will be able to help you with a different treatment. Make sure you call *him/her* within the next few days.

Acute Legal Basis: See Legal Basis Table A, basis number 3.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 3.

3. Request for Drug Not Approved for the Treatment of Underlying Condition:

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Your doctor has asked us to pay for a drug called (*insert Drug Name*), a drug commonly used for (*therapeutic class information*).

Our decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: This drug has not been okayed by the Government (Federal Drug Administration) to treat your problem. We have also told your doctor about this decision and the names of the drugs that might be helpful, should your doctor agree. Your doctor can order one of these different drugs for your problem that we can pay for. Please ask your doctor for another drug to help your problem.

Acute Legal Basis: See Legal Basis Table A, basis numbers 3.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 3.

4. Cosmetic Surgery:

Your doctor asked us to pay for a surgery to fix a bump on your nose.

Our Decision: We can not pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The bump on your nose does not hurt your health. That means it is cosmetic surgery, and AHCCCS can not pay for cosmetic surgery.

Acute Legal Basis: See Legal Basis Table A, basis number 4.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 4.

5. Dental Services for Member 21 Years of Age or Older- Acute:

Your doctor asked us to pay for cleaning of your teeth.

Our Decision: We can not pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: AHCCCS only pays for emergency treatment of painful or infected teeth for members who are age 21 years and older. The notes from your dentist do not say that your tooth is causing pain. The notes from your dentist do not say that your tooth is infected. Please talk to your dentist about low cost dental clinics such as St. Vincent de Paul or the Arizona Dental School.

Acute Legal Basis: See Legal Basis Table A, basis number 5

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6. Root Canal for Member 21 Years of Age or Older:

Your dentist asked us to pay for root canal surgery on your back tooth to fix a root canal that was done before.

Our Decision: We can not pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your dentist do not say that you have infection or pain in the tooth. Routine root canal surgery on back teeth is not a paid for service for members who are 21 years of age or older unless there is pain or infection.

Acute Legal Basis: See Legal Basis Table A, basis number 5.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 5.

7. Fertility Clinic:

Your doctor has asked us to pay for visits to a fertility clinic to help you get pregnant.

Our Decision: We have reviewed the request and decided we cannot pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: AHCCCS does not pay for care to help you get pregnant. These services are called “infertility services.” Please ask your doctor if there is something else he can recommend to help you have a baby.

Acute Legal Basis: See Legal Basis Table A, basis number 6.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 6.

8. Hearing Aid for Member 21 Years of Age or Older:

You asked us to pay for a hearing aid to help you hear well.

Our Decision: We can not pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: AHCCCS does not pay for hearing aids for members who are 21 years of age or older. Please ask your doctor if there is something else that can be done for your hearing problem.

Acute Legal Basis: See Legal Basis Table A, basis number 7.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 7.

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9. Compression Stockings:

You have asked us to pay for special stockings called support hose for your (*insert reason*).

Our Decision: We have reviewed your request and we are not paying for the stockings.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: These special stockings can help with swelling, pain in your legs, or to prevent blood clots. Your medical records do not show that you have any of these problems. The stockings would be personal care items if you do not have a medical need. We can not pay for these because personal care items are not paid by AHCCCS.

Acute Legal Basis: See Legal Basis Table A, basis number 8.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 8.

10. Request Exceeding 240 Diapers per Month:

You asked for 300 diapers a month for your child.

Our Decision: We have reviewed this request and we cannot pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We can only pay for 240 diapers a month unless your child has a spastic bowel or chronic diarrhea. The records we have don't show that your child has these problems. We are approving 240 diapers a month. (*If this request is for someone 21 years of age or older and they have no medical need for the diapers, then add the age limitations to the legal basis: Diapers are covered for members who are at least 3 years old and only until the member's 21st birthday.*)

Acute/Long Term Care Legal Basis: See Legal Basis Table A, basis number 9.

11. Your dentist asked us to pay for dentures.

Your dentist asked us to pay for dentures.

Our Decision: We are not going to pay for these.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: AHCCCS does not pay for dentures. Please ask your doctor if there is something else that can be done for your problem. You may be able to get dentures through the dental school or a program that helps people get dentures at a cheaper price. You can talk with your dentist about these programs. (*The Health Plan may choose to attach a list of the programs that offer reduced cost dental services to adults or insert the name and numbers/ addresses of the clinics in the member's area. The list is available in English or Spanish*)

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http://www.azahcccs.gov/shared/Downloads/News/2008Session/ClinicList_English.pdf

http://www.azahcccs.gov/shared/Downloads/News/2008Session/ClinicList_Spanish.pdf)

Acute Legal Basis: See Legal Basis Table A, basis number 17.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 17.

B. Examples of UNACCEPTABLE explanations to use when denying services because they are not covered or exhausted include:

1. AHCCCS does not cover services or medications for cosmetic purposes.
2. AHCCCS does not cover dental services for persons over 21 except for emergency conditions.
3. Treatment for infertility is not a covered benefit under the AHCCCS program.
4. Effectiveness of this treatment has not been established (experimental).
5. This treatment is a phase II clinical trial.

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II. Not Medically Necessary

Medical necessity is the most common reason for denying, limiting or terminating an authorization request. All decisions regarding medical necessity **MUST** be made by a Medical Director or other qualified medical professional. It is important that up to date information be reviewed and evaluated when taking an action relative to medical necessity. Criteria for making medical necessity decisions must be available to members and providers. Contractors must notify the members regarding what information is missing that is necessary to make a determination of medical necessity, e.g. for a sleep study that requires that a member meet the Contractor's criteria such as documented fatigue, snoring, falling asleep during the day, etc., but the member's physician only documents complaints of fatigue, the NOA letter would say that the notes from your doctor do not say you snore or fall asleep during the day as the reason/ basis for the denial.. The member must be allowed the ability to provide needed information that may help in the determination or in the member's appeal. Lack of medical necessity may be cited in several situations, including:

1. The requested service has not been shown to be effective for the member's condition;
2. The amount, duration or scope of services requested is not necessary to treat the member's condition;
3. Other less expensive, less intrusive yet equally effective services have not been tried and failed and these are required to be tried before approving this particular service; (more conservative, less invasive or less risky procedures, plain X-rays before MRIs);
4. Step therapy is required before approving requested drug therapy, including generic drugs or less expensive brand name drugs; or
5. The requested service is considered personal care, not medically necessary treatment.

A. Examples of ACCEPTABLE language regarding medical necessity include:

1. Therapy: Extraordinary Number of Visits (approving less than requested):

Your doctor asked that we pay for three hours of physical therapy every day for twelve weeks to help you (*insert reason here, e.g. walk*).

Our Decision: We reviewed your medical record, and we will pay for one hour of physical therapy three days a week for six weeks.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your therapist say you are now walking by yourself down your entire street. You can get out of bed by yourself. You have been given exercises to do every day. Your therapist can help with the exercise program by seeing you just once a week and making changes then. This amount of therapy should help you get better. If you need more therapy after this, you or your doctor can ask us to pay for that at a later time.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

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2. Physical Therapy; Request to Extend Therapy (continuation of Therapy):

Your doctor asked that we pay for more physical therapy to help you with (*insert medical condition and reason for therapy*).

Our Decision: We will not pay for this. Your therapy will end on (*10 days from date of letter*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The Physical Therapist was ordered by your doctor to teach you how to walk with a walker and to give you exercises that would help you get in and out of bed, go to the bathroom alone and walk around your house. The notes from your physical therapist state you can now do all of these things. Your medical record shows that you can do these exercises at home without help. You must need a new exercise program or be unable to do your exercises for a physical therapist to be needed. We can look at a request for therapy in the future if your health changes.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

3. Speech Therapy; Request to Extend Therapy (continuation of Therapy) for a Title XIX member under 21 years of age:

Your doctor has asked that (XYZ) Health Plan pay for your speech therapy (someone who helps with your talking or communication skills) to continue. You have been having a speech therapist come to your home to help you learn to use your new “talking board” (the tool you have which talks by pressing the buttons).

Our Decision: We are not going to pay for this starting on (*10 days from date of letter*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The speech therapy notes say that your child can use the taking board without any help. The notes say that your child uses the board to talk to your family and teachers. The notes also say your child has learned all the uses of the talking board and the speech therapist was only reinforcing the teaching with you and your child. If something changes with your child we can look at any future needs of your child at that time.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 11.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 11.

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4. Gastric Surgery to Reduce Secretion:

Your doctor asked us to pay for a surgery to reduce the amount of acid in your stomach.

Our Decision: We are not going to pay for the surgery.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: This surgery is only paid for when other treatments have been tried and did not work. (*XYZ Health Plan*) requires that you and your doctor try medicines to reduce the amount of acid in your stomach first such as (*Insert the Contractors required drug treatment protocol for the member*). The notes from your doctor do not say that you have tried these medicines and that they did not work.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

5. MRI; Shoulder:

Your doctor has asked us to pay for Magnetic Resonance Imaging or MRI (a special kind of picture) of your shoulder (*insert reason for test here*) for the pain you are having.

Our Decision: We are not going to pay for the MRI.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: (*XYZ Health Plan*) requires that you have a regular X-ray of your shoulder before getting an MRI. Your medical records do not show that you have had an X-ray. We also want you to try some physical therapy to see if this will help you. A physical therapist is trained to help you with special exercises.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

6. MRI; Lower Back:

You asked us to pay for Magnetic Resonance Imaging or MRI (a special kind of picture) of your back (*insert reason test ordered*).

Our Decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You must try physical therapy or a visit to a pain specialist first to help you. The notes we have from your doctor do not show that you have tried these yet. Please talk to your doctor for help with this.

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Acute Legal Basis: See Legal Basis Table A, basis number 10 for medically necessary and cost effective, or use basis 12 if explanation is based on Standard of Care criteria for that particular diagnosis.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, use 2 AND basis number 10 for medically necessary and cost effective, or use basis 12 if explanation is based on Standard of Care criteria for that particular diagnosis.

7. Podiatrist for Flat Feet:

You asked us to pay for a visit a podiatrist (foot doctor) to treat your flat feet.

Our Decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: Care by a foot doctor has not been shown to help flat feet. *Contractor may choose to recommend insoles or some over the counter remedy in accordance with the Contractor's criteria used as a basis for the decision).*

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, use numbers 2 and 10.

8. Podiatrist for Routine Foot Care:

You asked us to pay for a podiatrist (a foot doctor) to trim your toe nails.

Our Decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: XYZ Health Plan does not pay for trimming of nails or other foot care unless you have a disease like diabetes or bad blood flow. These diseases make it unsafe to do this yourself. The notes we have from your doctor do not say you have any of these diseases.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, use numbers 2 and 10.

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9. Hysterectomy/Endometrial Ablation:

You asked us to pay for a hysterectomy (*surgery to remove your womb*)/endometrial ablation (*surgery on the inside of your womb*), to help with (*insert reason*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: This surgery is only approved when other treatments have been tried and did not work. We require you and your doctor to try other treatments such as (*insert examples of less invasive/less expensive treatment that are part of the Contractor's specific criteria that the member must try and fail before a surgical option would be considered.*) before we pay for this treatment.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, use numbers 2 and 10.

10. Electric Wheelchair or Power Operated Vehicle:

You asked us to pay for a power wheelchair, a special wheelchair that uses a battery and controls to use. This was asked for in order to help you (*insert need or reason for the request*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your doctor say you can walk around your house and safely use a regular (manual) wheelchair. (*The Contractor should substitute their criteria for the examples of options outlined in the previous sentence.*)

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, use numbers 2 and 10.

11. Durable Medical Equipment for a Title XIX member under 21 years old:

You asked that (*XYZ*) Health Plan pay for a combination stroller and car seat for your child so you can travel easier and only have one piece of equipment.

Our Decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You have a custom light weight wheelchair you use for your child. You

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also have a car seat in your car. You have a wheelchair carrier on your car. You can use the wheelchair when you travel. You use the car seat that is in your car. Your car seat meets all the safety needs when it is put in properly. These already meet your child's needs and will work for your child until your child is 60 pounds. The device that is both a car seat and a stroller only work till your child is 45 pounds and can be less safe as a car seat if you do not put it in correctly after each use.

Legal Basis: See Legal Basis Table A, basis numbers 10 and 11.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 11.

12. Durable Medical Equipment:

- a. Your doctor asked us to pay for a shower bench for you to sit on during your bath.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your doctor say it is not safe for you to get in the shower, and you get bed baths. The notes from your case manager say you are not able to stand or transfer to the shower even with your attendant's help. We are paying for an attendant to give you bed baths daily.

- b. You asked us to pay for a cane to help you walk.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: Our records show that you have a walker. The walker is safer for you. *(The Contractor may need to support this decision as to why the member's condition is not improved enough to use a cane, or describe the criteria for a cane.)*

- c. You asked us to pay for a bed side commode so you do not have to walk to the bathroom at night.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your *(doctor/ or case manager)* show that you can walk to the bathroom safely on your own.

- d. You asked us to pay for a hand held grabber to help you reach things on high shelves.

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Our Decision: We are not paying for this at this time.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We require that you first get an evaluation from an occupational therapist to see if this would help or if other care is better for you. An occupational therapist is trained to see how to help you safely do things in your home. We have asked if your doctor would write an order for an occupational therapist. Your doctor said this was ok. An occupational therapist will be calling you for an appointment. We will look at your request again after the therapist sees you and tells us what is best for you.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

13. Request for Brand Name Device/DME; Substitution of Equivalent Device:

You asked us to pay for a specific brand name device (*insert specific brand name device/DME here, e.g., Clinitron Bed*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We do not pay for this device, but do pay for (*insert name*), which is an equal device and does the same thing. According to the notes from your doctor this device will meet all of your medical needs. We have asked your doctor to order this equipment. We are waiting for your doctor to tell us if you can have (*insert the name of the alternative device. If the timeframe for making a decision has expired use additional language from Section IV in the guide and add the appropriate legal basis below*).

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 if using medically necessary or use number 13 if time has expired.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 AND 10 if using medically necessary or use number 13 if time has expired.

14. Request for a Specific piece of equipment/ DME for a Title XIX member who is under 21 years old.

You have asked that (XYZ) Health Plan pay for a second pair of “sports” eye glasses for your child. These sport eye glasses have a band around them so they have less chance of falling off. The glasses are bendable plastic and have less chance of breaking than hard plastic glasses.

Our Decision: We are not going to pay for these.

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The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We paid for glasses for your child in April of this year. Your child was given light weight plastic glasses that have less chance of breaking if they fall off. You can buy a band of elastic for holding eyeglasses around your child's head. This will allow your child to play sports with the other children. Your child should not be prevented from playing any games or sports with her current glasses.

Acute Legal Basis: See Legal Basis Table A, basis numbers 11.

Elderly/Physically Disabled Long Term Care Legal Basis See Legal Basis Table A, basis numbers 2 and 11.

15. Request for Brand Name Device/DME- Member Request; Not the Appropriate Device/DME for Member:

You asked us to pay for a specific brand name device, (*insert name of specific device/DME here e.g., Clinitron Bed*) to help you (*insert need here*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes we have from your doctor say that this is not the best device for you because (*insert reason in understandable language what the decision is based upon*). We will pay for (*insert name of product or device that will be provided when your doctor orders it*), which will better meet your needs and is safer for you.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

16. Request for Device with Unnecessary Features:

- a. You asked us to pay for (*insert device, i.e. walker*) that also has (*insert name of feature*) to help you (*insert reason for device*).

Our Decision: We will pay for the (*insert name of device*). We will not pay for (*insert features that are being denied*). The notes we have from your doctor do not show that (*insert feature*) will help you because (*insert reason that the decision is based upon, in understandable language*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: SAMPLE: The notes from your doctor say that you do not walk safely unless you have a walker that does not scoot. If there were wheels on your walker you might slide and lose your balance. The wheels may make you fall. Only people you have good balance should have wheels on their walker. You have

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had a stroke that left you weak on your right side and you fall towards that side. The notes from your doctor say you are not safe without something or someone to keep you steady. A walker without wheels is steadier.

- b. You asked us to pay for a walker with a seat to help you walk.

Our Decision: We will pay for the walker. We will not pay for the seat. The notes we have from your doctor do not show that seat will help because (*insert reason in understandable language that the decision is based upon*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: **SAMPLE:** The seat on the walker would help you if you walked for long distances. You have a scooter to help you with long distances. The notes from your physical therapist say that you can no longer walk more than 40 feet. Your doctor and therapist state that this is the best you will be able to do after your stroke. The stroke left you weak and you have muscular dystrophy which will make your muscles weaker over time. You only use your walker to help you in the bathroom because your scooter does not fit. You have a physical therapist visiting with you twice a week for the next two weeks. You should ask the therapist to help you set up your bathroom so you can rest by using a small chair or sturdy stool. Your therapist can help you with this.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

17. Gastric Bypass:

Your doctor has asked us to pay for gastric bypass surgery, a surgery to help you lose weight.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: This surgery is only paid for when other treatments have been tried and did not work. You must try other treatments first, *like medication or a weight loss plan (The Contractor may expand on this explanation so it is reflective of the Contractor's criteria for this service)*. These treatments are less risky and may help you without surgery.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

18. Breast Reduction Surgery:

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You have asked us to pay for a surgery to make your breasts smaller (a breast reduction) to help with back pain.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your doctor do not show that you have tried other treatments that did not work. These other treatments have less risk. We pay for breast reduction when you are at the right weight for your height, you have tried and failed physical therapy, and failed the use of drugs that might help your pain. We have shared this information with your doctor. Please talk to your doctor about these other treatments.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

19. Genetics Testing and Counseling:

Your doctor has asked us to pay for genetic testing to see if you have a chance of getting breast cancer.

Our Decision: We are not paying for this test.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The findings of the test can not tell if you will get breast cancer. *XYZ Health Plan* will pay for annual mammograms (special x-rays to see if you have a lump in your breast) and this is the best way known to find a lump early. You can also ask your doctor to teach you how to check your breasts every month to see if you can find a lump.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

20. Orthotics, custom:

You have asked that we pay for specially made shoe inserts to help with (*Contractor must insert member specific information*).

Our Decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You must try other treatments that can work just as well like *store bought shoe inserts, supportive shoes, physical therapy or pain medicine before trying specially made shoe inserts.* (*The Contractor should substitute their criteria for the examples of*

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options outlined in the previous sentence.) The notes from your doctor do not show that you have tried these other treatments. Please talk to your doctor about these other treatments.

Acute Legal Basis: See Legal Basis Table A, basis number 10. *(continued)*
Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

21. Specialty Referral:

We have reviewed your request for a visit to an allergist, a doctor to test you for things that might make you sick.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You must first try drugs called anti-histamines (a drug that decreases your allergies) such as (*insert the Contractor preferred drug therapy*) that may help for at least 6 weeks before we will pay for the special doctor visit. These medicines can help you feel better and you may not need to go to a special doctor. We have shared this information with your doctor to see if the medicines would be okay for you. We have not heard back from your doctor yet. (*Contractor should use the language from Section IV if the timeframe has expired legal basis if appropriate*). Please talk to your doctor about what medicines you can try.

Acute Legal Basis: See Legal Basis Table A, basis number 10 for medically necessary and number 12 if standard of care is cited; also use number 13 if time has expired and a decision could not be made.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis number 2 AND 10 for medically necessary and number 12 if standard of care is cited; also use number 13 if time has expired and a decision could not be made.

22. Request for Sleep Studies:

Your doctor has asked that we pay for a sleep study, a test to see if you are getting restful sleep.

Our Decision: We are not going to pay for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We only pay for these if you have these problems: (*insert specific plan criteria here*). The notes from your doctor do not say you have these problems.

Acute Legal Basis: See Legal Basis Table A, basis number 10.

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Elderly/Physically Disabled Long Term Care Legal Basis See Legal Basis Table A, basis numbers 2 and 10.

23. Dental: Partial Denial Members 21 years of age or older:

Your dentist has asked us to pay for *(insert all requested service and reason for request here)*.

Our Decision: We will pay for some of these services, but not all of them. The care we will pay for is *(insert here)*. The care we will not pay for is *(insert here)*.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We are not paying for *(insert here)* because the notes sent by your doctor do not show that you need this to get better because *(insert reason in understandable language that the decision is based upon)*. Please talk to your dentist about other treatments. You must also call your dentist to set up an appointment for the dental care we will pay for.

Acute Legal Basis: See Legal Basis Table A, basis number 10 for and the appropriate AMPM policy reference in Chapter 300, Policy 310.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and the appropriate AMPM policy reference in Chapter 300, Policy 310.

24. Dental: Deep Cleaning- All Ages based on Medical Need:

Your dentist asked us to pay for deep cleaning of your teeth to help with gum bleeding.

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes and/or x-rays from your dentist do not tell us why you need this instead of a regular cleaning. *(Insert the Contractor's criteria that would need to be met for this service to be paid for)* Please talk to your doctor or dentist.

Acute Legal Basis: See Legal Basis Table A, basis number 10 for and the appropriate AMPM policy reference in Chapter 300, Policy 310.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and the appropriate AMPM policy reference in Chapter 300, Policy 310.

25. Dental; Referral to Pedodontist- Members younger than 21 years of age:

Your dentist has asked that we pay for *(insert specific care and reason here)*.

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Our Decision: We are not paying for this care at this time because (*insert reason in understandable language that the decision is based upon*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: At XYZ Health Plan we only have contracts for children's dental care with special dentists called Pedodontists. These dentists are specially trained to take care of children and are the best at this care. You must see a children's dentist to help us decide what care you need. You can call (*insert provider name and number or you can attach a list of the pedodontists and state this*) to set up a visit, or call us for help at phone number (*insert Contractor phone number*).

Acute Legal Basis: See Legal Basis Table A, basis number 10.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10.

26. Dental: Sedation- All Ages based on Medical Need:

You have asked us to pay for putting you to sleep (general anesthesia) during your dental care.

Our Decision: We are only going to pay for one relaxing drug, and it will not make you totally fall asleep. This is called conscious sedation or twilight sleep.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You do not need to be completely asleep to get this care. Your dentist has agreed that this is ok for you. Your dentist thinks this one drug will be enough to help you relax and get the dental work done. Please call your dentist to set up your care.

Acute Legal Basis: See Legal Basis Table A, basis number 10 for and the appropriate AMPM policy reference in Chapter 300, Policy 310.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 for and the appropriate AMPM policy reference in Chapter 300, Policy 310.

27. Pharmacy; Request for Brand Name Drug-Dispense as Written Request; Lack of Step Therapy:

Your doctor has asked us to pay for a drug called (*insert Drug Name*), a drug commonly used for (*therapeutic class information or the reason for drug as stated on the service request*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: This is a brand name drug. Before we will pay for a brand name drug, you must first try the generic drug. A generic drug is the same as the brand, but costs less

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The generic drug you must try first is (*insert drug name*). Our records do not show that you have tried this drug. We have asked your doctor if it is ok for you to use the generic drug. We have told your doctor that we would pay for the generic drug but your doctor has not said this is ok. Your doctor must tell us why you cannot take the generic drug

OR Your doctor must tell us why you must have the brand name drug. (*If you have attempted to contact the doctor you may list the times/ dates you have called their doctor:*) We did not get the notes from your doctor that would tell us why you need the brand name drug. (*Use the timeframe expired language here and in the legal basis if appropriate from Section IV of the guide*). You can call your doctor's office to see if they have said this is ok. You will then be able to get this from the pharmacy.

Acute Legal Basis: See Legal Basis Table A, basis number 10 with added statement that, “ There are other medications that cost less and work as well. This means that when more than one service will help you, we pay for the one that costs less.”

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10 with added statement that, “There are other medications that cost less and work as well. This means that when more than one service will help you, we pay for the one that costs less.”

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28. Pharmacy; Request for Drug Not on Formulary; Attempt Formulary Med First:

Your care provider (insert the type or name of person requesting the service/ drug) has asked us to pay for a drug called (*insert Drug Name*), a drug commonly used for (*therapeutic class information or the reason for drug as stated on the service request*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You must try other drugs used for (*insert therapeutic class information*) that work as well and cost less. Drugs such as: (*insert name(s) of the preferred formulary drug(s) that meet the formulary equivalent criteria AND that the member has not tried*). These drugs are as good as the drug your care provider asked for. We are waiting for your care provider to agree to this drug or let us know why you must take (*insert Drug Name*). (*Use the timeframe expired language here and in the legal basis if appropriate*). Please talk to your doctor for help.

Acute Legal Basis: See Legal Basis Table A, basis number 10 with added statement that, “There are other medications that cost less and work as well. This means that when more than one service will help you, we pay for the one that costs less.”

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 10 with added statement that, “There are other medications that cost less and work as well. This means that when more than one service will help you, we pay for the one that costs less.”

29. Pharmacy; Request without Following Step Therapy Criteria:

Your doctor asked us to pay for a drug called (*insert Drug Name*), a drug commonly used for (*therapeutic class information or the reason for drug as stated on the service request*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: There is another drug treatment you must try first, such as (*Insert the Contractor’s criteria that should be met in order to approve this drug, or the drug names that should have been tried in an easily understood format, do not include the names of drugs the member has tried*). If this other drug treatment does not work, then you can try (*insert drug name from first sentence*). These drugs are as good as the drug your care provider asked for. . The notes we have from your care provider do not show that you have tried the other drug treatment.

We have called your care provider and told him/her this. We have not heard back if this is ok (*Insert language regarding expired timeframe here and in the legal basis if appropriate*). Please talk to your doctor.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.

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Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

30. Pharmacy Request; Noncompliance with Required Step Therapy:

Your (*care provider or doctor*) has asked that we pay for a drug called (*insert drug Name*), a drug commonly used for (*therapeutic class information or the reason for drug as stated on the service request*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes we have do not show that you have used (*insert drug name as stated in the provider notes or order*) the way your doctor told you to take it. Our records from the pharmacy show you have only picked up your (*Insert name of drug*) on (*Insert dates*) You must first use (*insert drug Name*) the way your (*care provider or doctor*) told you to before we can pay for (*insert drug name*). Please talk to your doctor about the drug you already have and how to take it the way it will work best. (If member is new you would not be able to mention pharmacy records but can rely on provider's notes)

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

31. Pharmacy Request; Noncompliance with Medical Regime:

Your care provider has asked that we pay for a drug called (*insert drug Name*), a drug commonly used for (*therapeutic class information or the reason for drug as stated on the service request*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes we have from your care provider show that (*list what in is the providers notes say have been ordered*) and you have not picked them up from your pharmacy. Your care provider's notes say that you have been taking these drugs, but we do not have any notes from the pharmacy that show you are getting them. You should talk to your care provider about what problems you have been having taking this drug so that you can be helped to feel better. **Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 12.**

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 12.

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32. Attendant Care – Initial request:

On (*insert date of case management assessment*), you asked your case manager to have someone (an attendant caregiver) help you 24 hours every week. Attendant Care is a paid caregiver service that helps you with making meals, doing the laundry, shopping, cleaning your house, bathing, dressing, getting around your home, and moving from your bed and chair. You can get a copy of the notes from that visit from your case manager.

Our Decision: We are going to pay an attendant care giver to help you 3 hours per day, everyday. You will get 21 hours every week. We are not paying for the other three (3) hours you asked for.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You told the case manager that you need help with bathing, doing your laundry, cleaning your house, grocery shopping and making your lunches and dinners. You are able to dress yourself and get your own breakfast. The case manager notes show that the things you need could be done in 21 hours per week. You can get a copy the notes (assessment) from that visit from your case manager.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15.

33. Attendant Care – Reduction (Change in Situation):

Your case manager met with you on (*insert date of case management assessment*), to go over your home care needs and attendant care needs. You have been getting 40 hours per week of Attendant Care (8 hours each day, Monday - Friday). Attendant Care is a paid caregiver service that helps you with making meals, doing the laundry, shopping, cleaning your house, bathing, dressing, getting around your home, and moving from your bed and chair. You can get a copy of the notes from that visit from your case manager.

Our Decision: We are reducing your attendant care from 40 hours each week to 38 hours weekly. This is a 2 hour reduction in your hours every week. This will start on (*ten days from DATE of letter.*)

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: Your care giver spends two hours each week grocery shopping. Your daughter asked us to stop having the attendant shop for you. Your daughter said she would rather do your shopping herself. We will now be paying for 38 hours of Attendant Care each week. You can get a copy of the notes from that visit from your case manager.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15.

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34. Reduction in hours due to a change in condition (Improved Condition):

On (*insert date of case management assessment*), you met with your case manager to go over your home care needs. You started getting more Attendant Care services (56 hours per week, 8 hours per day, 7 days per week) when you hurt your hip and leg 6 months ago. Attendant Care is a paid caregiver service that helps you with making meals, doing the laundry, cleaning your house, bathing, dressing, getting around your home, and moving from your bed and chair. You can get a copy the notes from that visit from your case manager.

Our Decision: We are changing your Attendant Care hours back to 28 hours each week. This is the same number of hours you were getting before you got hurt. This is a reduction of 28 hours weekly. This will start on (*at least ten days from DATE of letter*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You are done with therapy and your hip and leg are better. You are now able to bathe and dress yourself without help. You can get a copy the notes from that visit from your case manager. If at any time you feel that your care needs have changed and you need more help you can speak with your case manager.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15.

35. Attendant Care – Substitution:

On (*insert date of case management assessment*) you met with your case manager to go over your home care needs. You told your case manager that you would like to go to Adult Day Health 2 days each week (Wednesday and Friday) for 5 hours each time.

Our Decision: We will approve Adult Day Health services for you 2 days per week for 5 hours each time. Your Attendant Care hours however, will be reduced from 40 hours per week to 29 hours per week starting (*Ten Days from DATE of letter*). Your Attendant Care worker will continue to give you care for 8 hours on Tuesdays, Thursdays and Saturdays but on Wednesdays and Fridays, the worker will only help you in the morning (8am-10:30am) until you are picked up to go to the Adult Day Health center.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You have been getting 40 hours each week of Attendant Care (8 hours per day, Tuesday – Saturday) to help with bathing, dressing, fixing your lunch and to be with you so you are safe in your home. You will be going to Adult Day Health from 11am to 4 pm on Wednesdays and Fridays starting (*insert start date, tens days or greater from the date of letter*). You will need 2 ½ hours on those days to get ready for Adult Day Health. If at any time you feel that your care needs have changed and you need more help you can speak with your case manager.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15.

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36. Denial – Emergency Alert System:

On *(insert date of case management assessment)*, you met with your case managers to review your home care needs. You asked your case manager to pay for an Emergency Alert System. This is an alarm system in your home that sends an alert if you are not safe or have fallen and cannot get up by yourself. You can get a copy of the notes from that visit from your case manager.

Our Decision: We are not going to pay for an Emergency Alert System for you.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We will not pay for the alarm system for you since you have an Attendant Care worker with you for 40 hours each week and your family has told the case manager that they are with you at all other times. They have said you are rarely left alone but if you were alone that you are able to use the telephone to call for help in an emergency. There are also things you can do at home to let your family or Attendant know if you need help when they are out of the room, such as using a bell or monitor. You can speak with your case manager for some ideas to make you feel safe. If at any time you feel that your care needs have changed and you need more help you can speak with your case manager.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15.

37. Home Modification: Other Alternatives to Home Modification:

On *(insert date of case management assessment)* you met with your case manager to review your home care needs. You asked your case manager to pay for a Home Modification to remodel your bathroom. This includes removing your tub and replacing it with a roll in shower. You also asked for a raised toilet (higher than normal) with handrails. You asked us to widen your door so you can wheel in with a mobile shower chair you have been given.

Our Decision: We are not going to pay for the removal of your tub to change it to a roll in shower. We will pay to have your shower doors removed. We are not paying for a raised toilet with handrails. We are going to pay to widen your door.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The notes from your case manager and the Occupational Therapist (a person trained to look at how to best change your home to meet your needs) do not tell us that these changes to your bathroom are needed. You have a bedside commode with armrests that is raised. This will fit over your toilet so you can use the toilet in your bathroom. Widening the door will let you go into the bathroom with your walker. This is a safe way to use your toilet and the Occupational Therapist that visited your home will show you how to do this once your door is widened. We are not going to pay to remove your tub so you can have a roll in shower. The bathroom is too small to make this

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possible. The Occupational Therapist that visited you said you can use your tub with a shower bench once the doors are taken off. The Occupational Therapist will visit you once the doors are taken off to show you and your attendant how to do this. You have a shower bench that you have not been using. The Occupational Therapist says this will be safe and work well for you.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15. Also, AHCCCS Medical Policy Manual, Chapter 1200, Policy 1240(J) that states AHCCCS will pay for one ramp so a member can get into and out of their home.

38. Home Modification: More than one Ramp:

On (*insert date of case management assessment*) you met with your case manager to review your home care needs. You asked your case manager to pay for a Home Modification to put in a ramp at the back door of your home so you can go into your backyard.

Our Decision: We are not going to pay for a ramp at your back door.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You use a wheelchair to get around both inside and outside your home. Your home has a wheelchair ramp built at the side entrance near your driveway that you use to get into and out of your house. You told the case manager that you have no problems using this ramp. AHCCCS will pay for a ramp for a member when the member does not already have a way to safely get into or out of their home and a ramp would help them to do that.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15. Also, AHCCCS Medical Policy Manual, Chapter 1200, Policy 1240(J) that states AHCCCS will pay for one ramp so a member can get into and out of their home.

39. CES Above 100%:

On (*insert date of case management assessment*) you met with your case manager to go over your home care needs. You asked for 40 hours per week of Attendant Care and Home Health Nursing visits 3 times per week. Attendant Care is a paid caregiver service that helps you with making meals, laundry, cleaning your house, bathing, dressing, getting around your home, and moving from your bed and chair. Home Health Nursing is a nurse who would visit you for bowel care (help emptying your bowels). You can get a copy of the notes from that visit from your case manager.

Our Decision: You have been approved for 40 hours per week of Attendant Care and 2 visits every week by a Home Health Nurse.

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The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: You have been approved for 40 hours every week of Attendant Care. AHCCCS policy/rules do not allow Health Plans to spend more for a member's home care than we would spend for their care in a nursing home (unless the extra costs are expected to last less than 6 months). We compare the costs between a nursing home and home services as follows:

1. We start with what a nursing home would cost for you. That amount is \$4920.10 per month. Then we subtract the amount that you would have to pay **IF** you were in a nursing home. This amount is called the "Alternate Share of Cost" or "Cost Effectiveness Study (CES) Share of Cost". It is based on the income and expenses that you have reported to AHCCCS. In your case, AHCCCS has told us this amount is \$726.90 per month. If you have questions about how that amount is calculated, you can ask your case manager to talk to the AHCCCS office that did your eligibility about this.
2. The difference between the cost of your care in the nursing home and the Alternate Share of Cost is called the "Net Institutional Cost". This is the amount we would have to pay for your care in a nursing home. Your Net Institutional Cost would be \$4393.20 per month.
3. The total cost per month of the Home Health Nursing (\$1341.60) and Attendant Care services (\$2924.00) that you have asked for is \$4265.60. This total amount is called the "Net Home and Community Based Services (HCBS) Cost". *** Contractors will have to add similar language to #1 above here to cover the situations where a member has an HCBS SOC that is part of the CES calculation.*
4. If the Net HCBS Cost is more than the Net Institutional Cost, the home care services are not "cost effective" so we can not give you all of those services. Your Net HCBS cost (\$4265.60) is more than your Net Institutional Cost (\$4193.20). We can only give you services that cost \$4193.20 or less per month.

Total Nursing Home Cost	\$4920.10
CES Share of Cost	- \$726.90
Net Institutional Cost	= \$4193.20
Services you asked for	
40 hours of Attendant Care	\$2924.00
3 Nursing visits per week	+ \$1341.60
Net Home Services Cost	= \$4265.60

You told your case manager that you must have the 40 hours per week of Attendant Care. The case manager has determined that the cost of 2 Home Health Nurse visits a week along with the 40 hours per week of Attendant Care would cost \$3818.40 per month. Since this amount is less than your Net Institutional Cost, it is "cost effective" and can be authorized.

Total Nursing Home Cost	\$4920.10
CES Share of Cost	- \$726.90

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Net Institutional Cost	= \$4193.20
Services we can provide	
40 hours of Attendant Care	\$2924.00
2 Nursing visits per week	+ \$ 894.40
Net Home Services Cost	= \$3818.40

Legal Basis for Our Decision: Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 15.

40. Adult Day Health for member in an Assisted Living Facility:

On (*insert date of case management assessment*) you met with your case manager to go over your care needs. You and the Assisted Living Facility where you live asked for you attend an Adult Day Health center twice a week. Adult Day Health is a service that gives members a chance to do activities and spend time with people their own age.

Our Decision: We are denying your request for Adult Day Health services twice a week.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: The type of facility that you live in is required, under their Arizona Department of Health Services license, to offer daily activities that are planned for the people that live there. Your case manager will talk to the Assisted Living Facility manager about the activities your facility has and will ask them to talk with you about what kinds of activities you would be interested in.

Legal Basis for Our Decision: We based our decision on Arizona Administrative Code (AAC) Section R9-10-712 that says Assisted Living Facilities have to have activities for the people who live there.

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B. Examples of UNACCEPTABLE explanations to use when denying services due to lack of medical necessity include:

1. The medication prescribed for you to treat your diabetes is not on our formulary. Our records do not show your health need qualifies you to use this drug.
2. The medical information supplied does not indicate or document as sufficient need for this service.
3. We have reviewed the records from your doctor. Based on those records, the care your doctor ordered does not meet the AHCCCS standard.
4. This item is not medical in nature and therefore not needed in your medical care.
5. Medical services for incarcerated people are paid by the incarcerating facility.
6. The information submitted by your doctor does not show you meet guidelines for approval of this request.
7. The information received from your dentists does not explain the need for your treatment.
8. Dentures are not a paid benefit of (*XYZ health plan*), unless they are shown to be medically needed. The information sent by your dentist and primary care doctor does not support the medical need for dentures at this time.

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III. Out of Network Provider

AHCCCS Contractors may restrict members to services provided by in-network providers for the provision of non emergency services. Requests for services from out-of-network providers may be denied if the services are reasonably available in the Contractor's network.

A. Example of ACCEPTABLE regarding out of network language includes:

1. Request to See Out of Network Physician:

You have asked to see (*insert doctor name here*) to treat your (*fill in the medical condition*).

Our Decision: We are not paying for this because (*insert doctor name here*) does not contract with this health plan.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We have other doctors who treat your problem who do contract (have an agreement to work with) with us. We will help you in getting an appointment to see *him/her*. Please call us at (*insert phone number*) for help making the appointment.

Acute Legal Basis: See Legal Basis Table A, basis number 16.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 16.

2. Request to Use Out of Network Facility:

Your doctor has asked that you get (*insert service*) at (*insert facility name*) for your (*insert problem*).

Our Decision: We are not paying for (*insert service*) because we do not contract with (*insert facility name*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: There are many other places you can get the care you need that do contract with us. Your doctor will know which of our contracted (*hospitals, etc as ordered*) *she/ he* wants to use. We have told your doctor which of these (*hospitals, etc as ordered*) we are contracted with. Please ask your doctor for help picking a contracted facility and we will pay for (*insert service*).

Acute Legal Basis: See Legal Basis Table A, basis number 16.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 16.

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B. Examples of UNACCEPTABLE language regarding out of network services:

1. This doctor is not on our provider list. Please talk to your doctor about getting a referral to a doctor on the list.
2. We have reviewed your request for care at ABC facility. We have decided that this request will not be approved at this time. We have looked at your medical file, and decided based on medical standards that your care can be done at EFG facility.

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IV. Not Enough Information Received within the Legally Required Time Frame to make a Decision

In some cases Contractors do not have sufficient information to make a coverage determination within the required timeframes. The required timeframes are 3 days for expedited requests, 14 days for standard requests, or up to an additional 14 days when an extension is given. The expiration of a timeframe must result in a Notice of Action Letter.

A. Examples of Acceptable Language regarding non-receipt of necessary information:

1. Referral to Specialist:

Dr. X has asked us to pay for a visit to see Dr. Y for the pain in your legs.

Our Decision: We are not going to pay for you to see Dr. Y.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: We need more medical information to help us decide. We asked Dr. X to give us more information. We had to get this information by *(insert date)* or we have to deny the request. We could not make a decision to pay for the visit to Dr. Y without this information. The information we need is: *(The Contractor must insert an explanation of the information that they were seeking. The member must be given the opportunity to provide this information to the Contractor, or at the minimum know what to ask the provider for so the member can assist in the process)* We have asked your doctor for this information and did not hear back. We needed to get an answer by now. If your doctor gets us this information we can look at this request again.

Acute Legal Basis: See Legal Basis Table A, basis numbers 10 and 13.

Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2, 10 and 13.

B. Examples of Unacceptable Language regarding non-receipt of necessary information

1. Your doctor did not submit requested medical information to document the need for these services. We must deny any request on day 28 in accordance with federal law.
2. We did not receive the information we needed to make the decision.

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V. System Issues—Coverage by Another Entity

Members or physicians may submit requests to a Contractor for paid services that are actually provided by other entities, such as the Behavioral Health System (BHS), Children’s Rehabilitative Services (CRS), or private insurance.

A. Examples of ACCEPTABLE language regarding coverage by another entity:

1. Requested Drug Must Be Obtained Through the Behavioral Health System:

Your doctor asked us to pay for a drug called (*insert Drug Name*), a drug used to treat (*insert therapeutic class info*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: This drug has been ordered by your psychiatrist, a doctor who helps with mental problems. This drug must be paid for by (*insert RBHA name here*). We have sent this request over to your mental health clinic for review. You can contact us at (xxx) xxx-xxxx for help getting an appointment with the mental health clinic if you would like.

Acute Basis: See Legal Basis Table A, basis number 18.

2. Drug Must Be Ordered By a Psychiatrist or Mental Health Provider:

Your doctor asked us to pay for a drug called (*insert Drug Name*), a drug used to treat (*insert therapeutic class info here*).

Our Decision: We are not paying for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: State law requires that you get these types of drugs from (*insert RBHA name here*). Please call us at (*insert phone number*) so we can help you get care from (*insert RBHA name*).

Acute Legal Basis: See Legal Basis Table A, basis number 18.

3. Coverage by Another Insurer:

You have asked that we pay for (*insert item/service here*) for your (*insert medical condition here*).

Our Decision: We are not paying for this because this may be paid for by your (*Medicare Part D or primary (first) insurance company*).

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: Our records show this is (*insert name of other insurer including just stating “Medicare Part D” while member is waiting for Medicare to confirm provider*). Please call your other insurance company to help you get these services. (*If this is a Medicare Part D medication problem, please assist the member with WellPoint enrollment at point of sale and then issue this letter outlining what has been done*) **(For**

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non Part D Medicare members) If your other insurance company denies payment for the (insert item/service here), please tell us and we will see if we can pay for it.

Acute Legal Basis: See Legal Basis Table A, basis number 20.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 20.

4. Member receives or orders service and then requests reimbursement:

You have asked *XYZ Health Care* to pay you back for your electric scooter.

Our Decision: We are not going to pay you back for this.

The Reasons For Our Decision. Facts About Your Condition or Situation that Support Our Decision: *XYZ Health Care* needs your doctor to order the scooter and then ask for the scooter to be paid for by *XYZ Health Care* before it is delivered to your house. This is called prior authorization. Your doctor did not order the scooter. You bought the scooter from a local store. *XYZ Health Care* will not pay you back for this. Your member handbook tells you about prior authorization and how to get services. If you do not understand this please call us at XXX-XXX-XXXX so we can explain this to you.

Acute Legal Basis: See Legal Basis Table A, basis number 21.

Elderly/Physically Disabled Long Term Care Legal Basis: See Legal Basis Table A, basis numbers 2 and 21.

B. Examples of UNACCEPTABLE language regarding coverage by another entity

1. Your symptoms and diagnosis as documented by your primary care physician require management and monitoring by a behavioral health specialist. You must enroll with (*insert RBHA name*). Please contact them for assistance in obtaining your medication.

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REFERENCES

42 CFR 438 et seq

AAC R9-22 et seq

AAC R9-28 et seq

Ekloff v Rodgers Settlement Agreement AAC R9-22-212

AHCCCS Medical Policy Manual

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10.01.09

Number	Description	Arizona Revised Statute (ARS); Arizona Administrative Code (AAC), or AHCCCS Policy	TABLE A: Legal Basis or Policy in Layman's terms- ENGLISH
	Legal web address for all Arizona Administrative Codes		Copies of Legal Citations can be found at the local library or at http://www.azahcccs.gov/reporting/LawsRegulations/state/state.aspx
	AHCCCS Medical Policy Manual web link		http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals
1	Not covered: Eye Glasses Member over 21	R9-22-212E.9	We based our decision on Arizona Administrative Code Section R9-22-212E.9. that says AHCCCS only pays for eyeglasses for members until a member has their 21 st birthday, unless they have had eye surgery for cataracts.
2	EPD/ LTC covers same services as Acute	R9-28-202	We based our decision on Arizona Administrative Code (AAC) Section R9-28-202 that says the Long Term Care Program pays the same services as the Acute Program.

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3	Not covered: Experimental/ Clinical Research	R9-22-202B10.a & R-9-22-101B.	We based our decision on Arizona Administrative Code (AAC) Section R9-22-202B.10.a says AHCCCS does not pay for experimental services. The definition of experimental services can be found at Arizona Administrative Code (AAC) R9-22-101B. If you would like help understanding the definition please call us at XXX-XXX-XXXX.
4	Not Covered: Cosmetic Services	R9-22-215C.4	We based our decision on Arizona Administrative Code (AAC) Section R9-22-215C.4. that says AHCCCS does not pay for cosmetic procedures.
5-Acute Only	Not Covered: Dental Services for members 21 and older- Emergent care only	R9-22-207B. & AMPM Chapter 300 - dental coverage	We based our decision on Arizona Administrative Code (AAC) Section R9-22-207 B. that says AHCCCS only pays for dental emergencies for members 21 years of age or older. There is a list of paid for services for emergency dental care in the AHCCCS Medical Policy Manual Chapter 300, Policy 310.
6	Not Covered: Infertility Treatment	R9-22-205.B.4.a	We based our decision on Arizona Administrative Code (AAC) Section R9-22-205.B.4.a. says AHCCCS does not pay for infertility services.
7	Not Covered: Hearing Aids member 21 and older	R9-22-212.E.8 and AMPM Chapter 300, Policy 310	We based our decision on Arizona Administrative Code (AAC) Section R9-22-212.E.8 that says hearing aids are not paid for members who are 21 years of age or older. There is a list of paid for services for hearing aids in the AHCCCS Medical Policy Manual Chapter 300, Policy 310.
8	Not Covered: Personal Care items	R9-22-202B.10.c	We based our decision on Arizona Administrative Code (AAC) Section R9-22-202.B.10.c, which says AHCCCS does not pay for personal care items.

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9-Acute Only	Not Covered: Diapers for member 21 and older or for an amount greater than 240 for members 3 and older unless medical condition	R9-22-212E.6.d	We based this decision on the Arizona Administrative Code (AAC) Section R9-22-212E.6.d which lets us pay for no more than 240 diapers a month for you. More diapers can be paid for only when a member has spastic bowel or chronic diarrhea. <i>(Diapers are covered for members who are at least 3 years old and only until the member's 21st birthday.)</i>
10	Medical Necessary and Cost Effective	R9-22-202B.1	We based this decision Arizona Administrative Code (AAC) Section R9-22-202.B.1 that says AHCCCS only pays for services that are medically necessary, or will help you get better. Also, services must be the least costly service that will give you the same result (cost effective).
11	EPSDT Guideline	R9-22-213 & 42 USC 1396 (d)(r)(5)	We based our decision on Arizona Administrative Code (AAC) section R9-22-213 and federal law 42 USC 1396d(r)(5) that says AHCCCS pays for services listed in federal law 42 USC 1396d (a) that help or make better an injury, illness, condition or defect whether or not the service is in the AHCCCS State Plan.
12	Medical Standard of Care no met	R9-22-202.B7	We also used Arizona Administrative Code (AAC) Section R9-22-202.B7 that says an AHCCCS plan should make sure that care that meets medical standards be given. This means that treatment accepted and agreed to by providers should be used to treat your problem before other care is tried.

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Number	Description	Arizona Revised Statute (ARS); Arizona Administrative Code (AAC), or AHCCCS Policy	TABLE A: Legal Basis or Policy in Layman's terms- ENGLISH
13	Decision not made within timeframes and therefore considered denied	R9-34-206.E.	We based this decision on Arizona Administrative Code (AAC) R9-34-206.E. that states that when authorization decisions are not reached within the timeframe allowed by rules, the health plan must deny the request.
14	Not Covered: Dental services for cosmetic purposes	R9-22-207D & AHCCCS Chapter 300, Policy 310	We also used Arizona Administrative Code (AAC) Section R9-22-207D that says AHCCCS does not pay for dentures if they are just to make you look better, you must have a medical need. There is a list of paid for services for dental care in the AHCCCS Medical Policy Manual Chapter 300, Policy 310.
15	Definition of medically necessary	R9-22-101B	Arizona Administrative Code (AAC) Section R9-22-101B states that to be medically necessary a service must 1.) prevent disease or disability 2.) help avoid bad problems that may occur due to your disease process 3.) stop your disease or condition from getting worse 4.) or will help you live longer or keep you in your home.
16	Out of Network	R9-22-705.A	We based our decision on Arizona Administrative Code (AAC) Section R9-22-705.A that states that AHCCCS health plans may only pay for services to providers they are contracted with.
17	Dentures- not a covered benefit	SB 1145 and HB 2641-491R	We based our decision on Senate Bill SB 1145 and House Bill 2641-491R [<i>Arizona Administrative Code (AAC) Section XXX this will need to be updated once the legislative rule is assigned inserted into the AAC</i>] that says AHCCCS does not pay for dentures. Effective 10/1/09.

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Number	Description	Arizona Revised Statute (ARS); Arizona Administrative Code (AAC), or AHCCCS Policy	TABLE A: Legal Basis or Policy in Layman's terms- ENGLISH
18	Acute Care Only - services covered by the Division of Behavioral Health	R9-22-1202C.4	We based our decision on Arizona Administrative Code (AAC) Section R9-22-1202C.4 that requires that the behavioral health system provide your behavioral drugs and the medical care related to those drugs.
19	Services covered under the Children's Rehabilitation Services benefit	R9-7	We based this decision on the Arizona Administrative Code (AAC) Section R9-7 that requires primary care providers and other practitioners to refer a child with special health care needs to CRS.
20	AHCCCS is the payor of last resort	R9-22-1003(A)	We based this decision on the Arizona Administrative Code (AAC) Section R9-22-1003(A) that says that AHCCCS must not pay for services if other insurance companies will pay for them.
21	AHCCCS is not obligated to pay for services that require prior authorization, when prior authorization is required.	R9-22-212A	We based our decision on Arizona Administrative Code (A.A.C.) Section R9-22-212A that says a health plan does not have to pay or pay equipment that is requires prior authorization when that prior authorization is not received.

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Number	Description	Arizona Revised Statute (ARS); Arizona Administrative Code (AAC), or AHCCCS Policy	TABLE A: Legal Basis or Policy in Layman's terms- ENGLISH
Other commonly used references	Incontinence Briefs	R9-22-212 E.5 and 6	<p><i>We based on decision on Arizona Administrative Code (A.A.C.) Section R9-22-212 E. 5 or 6 etc. Reword and insert the appropriate citation from below:</i></p> <ol style="list-style-type: none"> 5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes. 13. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances: <ol style="list-style-type: none"> a. The member is over 3 years old and under 21 years old; b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both; c. The PCP or attending physician has issued a prescription ordering the incontinence briefs; d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder; e. The member obtains incontinence briefs from providers in the contractor's network; f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that: <ol style="list-style-type: none"> i. The member is over age 3 and under age 21; ii. The member has a disability that causes incontinence of bladder or bowel, or both; iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs
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Number	Description	Arizona Revised Statute (ARS); Arizona Administrative Code (AAC), or AHCCCS Policy	TABLE A: Legal Basis or Policy in Layman's terms- ENGLISH
			<p>different from the standard briefs supplied by the contractor; and</p> <p>iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.</p>
Other commonly used citations	Hearing Aids	R9-22-212 E.8	<p><i>We based on decision on Arizona Administrative Code (A.A.C.) Section R9-22-212 E.8.</i></p> <p><i>Reword and insert the appropriate citation from below:</i></p> <p>8. Hearing aids are not covered for a member who is age 21 or older.</p>

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