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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: October 20, 2010
TO: Interested Stakeholders
FROM: Marc Leib, MD, Chief Medical Officer
SUBJECT: Well Exams

In response to significant fiscal challenges facing the State and growth in the Medicaid population, AHCCCS implemented several changes to the adult benefit package effective October 1, 2010, including the elimination of well exams for adult members who are 21 years of age and over. For members **under** 21 years of age the benefit has **not** changed, and AHCCCS continues to cover medically necessary services under the EPSDT Program. This memo clarifies reoccurring questions AHCCCS has received regarding the elimination of well exams for adult members age 21 and older.

Services That Are NOT Covered for Members Age 21 Years and Older

Effective October 1, 2010, AHCCCS no longer reimburses for well exams. Well exams are defined as: “Physical examinations in the absence of any known disease or specific medical complaint by the patient precipitating the examination.” Codes that **will no longer be covered** include CPT codes: 99385–99387, 99395–99397 and HCPCS code S5190 **OR** professional claims (regardless of procedure code) with the primary diagnosis of V72.31, V70.0, V70.9. This applies to both male and female members. Office visits for evaluation or treatment of medical conditions, described by CPT codes 99201–99215, continue to be covered.

Services That ARE Covered for Members Age 21 Years and Older

Although AHCCCS no longer reimburses for well exams, AHCCCS will continue to cover pap smears, mammograms and colonoscopies. Mammograms and colonoscopies are distinct procedures described by CPT codes and are separately payable. There are no CPT codes that describe the collection of a pap smear. However, HCPCS code Q0091 may be used to describe this procedure. A pelvic exam may be performed during any office visit, even if the pelvic exam is unrelated to the underlying reason for the visit. For example, a physician seeing a patient for a sore throat, cough or back pain may perform a pelvic exam to obtain a specimen for a pap smear. Office visits for family planning purposes also continue to be covered and may include a pelvic exam and pap smear. The Q0091 code may be reported without an associated office visit code.

Clinicians should consult with their certified professional coders with regard to procedures, diagnosis codes and claims billing. Their contracted health plans are another resource. AHCCCS Registered Providers may bill AHCCCS members for non-covered services if, in advance of provision of the service, the member signs an agreement to accept financial responsibility for the specific service, and the approximate cost of the service is described in the agreement. Please see Arizona Administrative Code R9-22-702 for the requirements to bill AHCCCS members or consult with your practice attorney.