May 28, 2015

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 15-003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on April 28, 2015. This SPA updates the State Plan section on limitations for orthotic devices.

Based on the information provided, we are approving SPA 15-003 with an effective date of August 1, 2015 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

- Attachment 3.1-A Limitations, Page 9

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

cc: Jessica Woodard
    HeeYoung Ansell
## TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR:** Centers for Medicare and Medicaid Services  

**TO:** REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  

**1. TRANSMITTAL NUMBER:** 15-003  
**2. STATE** Arizona  

**3. PROGRAM IDENTIFICATION:** TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  

**4. PROPOSED EFFECTIVE DATE** August 1, 2015  

**5. TYPE OF PLAN MATERIAL** (Check One):  
- [ ] NEW STATE PLAN  
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  
- [X] AMENDMENT  

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  

**6. FEDERAL STATUTE/REGULATION CITATION:**  
Section 1905(a) of the Social Security Act  

**7. FEDERAL BUDGET IMPACT:**  
FFY 2015: None  
FFY 2016: None  

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**  
Attachment 3.1-A Limitations, Page 9  

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**  
Attachment 3.1-A Limitations, Page 9  

**10. SUBJECT OF AMENDMENT:**  
Revises the State Plan to reflect updates to the orthotic benefit.  

**11. GOVERNOR’S REVIEW (Check One):**  
- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT  
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED  
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  

- [X] OTHER, AS SPECIFIED:  
Coments of Governor’s Office Enclosed  

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**  

**13. TYPED NAME:** Monica Coury  
**14. TITLE:** Assistant Director  
**15. DATE SUBMITTED:** May 18, 2015  

**16. RETURN TO:**  
Monica Coury  
801 E. Jefferson, MD#4200  
Phoenix, Arizona 85034  

**FOR REGIONAL OFFICE USE ONLY**  

**17. DATE RECEIVED:** April 28, 2015  
**18. DATE APPROVED:** May 28, 2015  

PLAN APPROVED – ONE COPY ATTACHED  

**19. EFFECTIVE DATE OF APPROVED MATERIAL:** August 1, 2015  
**20. SIGNATURE OF REGIONAL OFFICIAL:**  
/s/  

**21. TYPED NAME:** Hye Sun Lee  
**22. TITLE:** Acting Associate Regional Administrator  
Division of Medicaid & Children’s Health Operations  

**23. REMARKS:**  
Box 8: Pen & ink change to correct date submitted made by State via email dated 5/19/15.
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.
Medicare Part D drugs are not covered for full benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs.

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies. AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

12c. Prosthetic devices.
Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older do not include hearing aids, cochlear implants, bone anchored hearing aids, percussive vests, microprocessors for controlled joints for the lower limbs in addition to microprocessor-controlled joints for the lower limbs, penile implants, and vacuum devices.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are covered when the use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines and the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.

12d. Eyeglasses.
Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

Adult services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13a. Diagnostic Services.
Genetic testing is not covered unless the results of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member.

TN No. 15-003
Supersedes Approval Date: May 28, 2015 Effective Date: August 1, 2015
TN No. 14-010