

**DATE:** November 23, 2016  
**TO:** Holders of the AHCCCS Medical Policy Manual  
**FROM:** Contracts and Policy Unit  
Division of Health Care Management, AHCCCS  
**SUBJECT:** AHCCCS Medical Policy Manual (AMPM) - November

This memo describes revisions and/or additions to the AMPM.

*Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at [DHCMContractsandPolicy@azahcccs.gov](mailto:DHCMContractsandPolicy@azahcccs.gov).*

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

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**UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)**

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

**[AHCCCS MEDICAL POLICY MANUAL \(AMPM\)](#)**

**CHAPTER 300, POLICY 310-D1, DENTAL SERVICES FOR MEMBERS 21 YEARS OF AGE AND OLDER**

Policy 310-D1 has been updated with a new policy number for clear identification. Minor formatting has also been done within the Policy.

**CHAPTER 300, POLICY 310-D2, ARIZONA LONG TERM CARE SYSTEM ADULT DENTAL SERVICES**

Policy 310-D2 was created to provide guidelines for the new coverage surrounding the ALTCS Adult Dental Benefit pursuant to A.R.S. §36-2939. Legislature enacted a maximum amount per person of \$1,000 per year.

**CHAPTER 300, POLICY 310-U, FOOT AND ANKLE SERVICES**

Policy 310-U, Foot and Ankle Services has been retired to comport with A.R.S. §36-2907 that states: Podiatry services that are performed by a Podiatrist who are licensed pursuant to Title 32, Chapter 7 and are ordered by a primary care provider are covered services for all members.

**CHAPTER 300, 320-J, HIGH FREQUENCY CHEST WALL OSCILLATION (HFCWO) THERAPY**

Please be aware that AHCCCS is retiring Chapter 320-J regarding High Frequency Chest Wall Oscillation Therapy. Effective January 1, 2017, percussive vests are an AHCCCS covered benefit for all members subject to prior authorization criteria of the Contractor or AHCCCS, depending on Member enrollment.

In accordance with 42 CFR 440.70(b)(1) a list of preapproved medical equipment supplies and appliances for administrative ease are permitted but absolute exclusions of coverage on medical equipment, supplies, or appliances are prohibited. Processes and criteria for requesting medical equipment must be made available to individuals to request items not on the list of preapproved items. The procedure must use reasonable and specific criteria to assess items for coverage. When denying a request, the beneficiary must be informed of the right to a fair hearing.

Therefore, Percussive Vests are covered if medically necessary and cost effective for all members regardless of age. Although the State Rule and Statute exclude coverage of percussive vests for persons age 21 years and older, these provisions are in conflict with federal regulation and will be amended.