

**Janice K. Brewer, Governor**  
**Thomas J. Betlach, Director**

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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January 31, 2014

Cheryl Young  
Centers for Medicare & Medicaid Services  
Division of Medicaid & Children's Health Operations  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

Dear Ms. Young:

Enclosed is Arizona State Plan Amendment (SPA) #14-003, which revises the State Plan to reflect updates to benefits for Medically Preferred Treatment Options.

If you have any questions about the enclosed SPA, please contact Theresa Gonzales at (602) 417-4732.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monica Coury', is written over a faint, light-colored signature line.

Monica Coury  
Assistant Director  
Office of Intergovernmental Relations

Cc: Wakina Scott



**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, including benzodiazepines for any condition and barbiturates used for the treatment of epilepsy, cancer or chronic mental health conditions, are not covered for full-benefit dual eligible members, as Part D will cover them.

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

Over-the-counter or non-prescription medications are not covered unless an appropriate, alternative over-the-counter medication is available and less costly than a 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, insulin pumps, 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 not covered under the following circumstances: Halos- to treat cervical fracture instead of surgery; Walking boots- instead of surgery or serial casting; Knee orthotics for crutch dependent ambulation instead of a wheelchair.

**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. ~~14-00313-004~~

Supercedes

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2013

TN No. ~~13-00411-009C~~