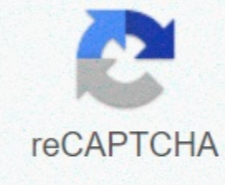




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Arizona complete health provider manual

AHCCCS BEHAVIORAL HEALTH SYSTEM PRACTICE TOOLS AHCCCS DUGLESS PORTAL GUIDE DUGLESS PORTAL GUIDE (Updated Oct. 2020) AHCCCS DENTAL UNIFORM WARRANTY AHCCCS Dental Uniform Warranty If you are under contract arizona Complete Health provider, you can register now. If you are an objected provider, you will be able to register after you submit your first application. After you create an account, you can use the Arizona Complete Health Provider portal: Check a member's eligibility to Manage Claims Manage Permissions View Patient List Login/Register Go to Basic Content Clinical Policy is not medical advice. Clinical policy is one of the sets of guidelines used to help administer health plan benefits, both by prior authorization and by payment rules. They include, but are not limited to, policies related to the development of medical technologies and procedures, as well as pharmaceutical policies. Clinical policy helps to determine whether services are medically necessary on the basis of information set out in generally accepted standards of medical practice; peer-reviewed medical literature; the status of the government agency/programme approval; evidence-based guidelines and positions of leading national health professional organisations; the opinions of doctors practicing in the relevant clinical fields covered by the policy; and other available clinical information. All policies found in the clinical policy guide apply to health plan members. The health plan uses InterQual® criteria for medical technologies, procedures or pharmaceutical treatments for which the clinical policy of the health plan does not exist. InterQual is a nationally recognised evidence-based decision-maker. In addition, the health plan may delegate from time to time the management of the use of specific services. In such circumstances, the delegated supplier's guidelines may also be used to support medical necessity and other coverage settings. Other non-clinical policies (e.g. payment policies) or contractual terms may further determine whether technology, procedure or treatment that is not discussed in clinical policy guides or InterQual® criteria is to be covered by a health plan. The policy does not constitute an authorisation or guarantee that any specific procedure, drug, service or supply will be applied. Members and service providers should apply to a Member State's contract to determine whether exemptions, restrictions and dollar caps apply to a specific procedure, medicinal product, service or supply. To the extent that there are conflicts between the guidelines on medical policy and the language of the applicable contract, the language of the contract prevails. Medical policy is not intended to disregard policies that define the benefits of a Member of Parliament, nor are it intended to dictate to service providers how to practice The Health Plan reserves the right to change the Policy without notice to providers or members. Policy Policy designed to help health plan administer Medicare or Medicaid plan benefits and establish insurance coverage for a particular procedure, drugs, services, or supplies to Medicare or Medicaid members cannot be interpreted to apply to any other health plans and states. The policy cannot be interpreted to limit the benefits that Medicare and Medicaid members provide by laws and regulations. Clinical policy guides can be found through the following links. 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Each payment rule is derived from a generally accepted coding principle. They include, but are not limited to, the claims processing guidelines specified by the Centers for Medicare and Medicaid Services (CMS), Journal 100-04, Claims Processing Guide for Physicians/Non-Physician Professionals, CMS National Fair Coding Initiative Policy Guide (editing of the combination of procedure and procedure coding and medically unlikely editing), the current guidelines for procedural technologies published by the American Medical Association (AMA) to report on medical procedures and services, a clinical policy of the health plan based on health care eligibility and medical necessity, and sometimes state-specific guidelines on reimbursement of claims. All policies found in Arizona's full health payments policy guide apply to Arizona Complete Health members. Arizona's full health payment policy manager may have or Full health or headline Centere. In addition, Arizona Complete Health may from time to time employ a supplier that applies a payment policy to specific services; in such circumstances, the supplier's guidelines may also be used to determine whether the service has been correctly encoded. Other policies (such as clinical policies) or contract terms may further determine whether Arizona Complete Health members have or an untraceable technology, procedure, or treatment that is not tracked in the payment policy manual. If you have any questions about this policy, please contact the member services and ask to be referred to the Medical Management Department. 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