

**REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES**

AHCCCS reimburses the Indian Health Service (IHS) and tribal 638 health facilities for outpatient services and other types of services based on the following reimbursement methodologies reflected in Tables 1 and 2.

As Table 1 and 2 reflect, the methodologies may differ depending on a specific situation. The various situations reflect whether:

- The service is provided by the IHS or tribal 638 health facility
- The services include or exclude professional services
- The tribal facility may bill outpatient services with specific coding and requests this format
- Reimbursements are based on specific CMS guidance (transportation and case management)
- The service is paid at 100% Federal Medical Assistance Percentage (FMAP) or at the regular FMAP

The published all-inclusive rate is paid for up to three encounters/visits per recipient per day. Encounters/visits are limited to the AHCCCS-registered facilities that provide covered services to Medicaid members in an IHS or tribal 638 health facility. The encounters/visits will be differentiated based on the patient account numbers that are assigned for each encounter/visit. Non-emergency transportation and behavioral health case management are not reimbursed at the all-inclusive rate, but rather at the AHCCCS capped fee-for-service schedule.

TABLE 1 – IHS FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Eligibility Type	Service	Billing Form/Codes	Reimbursement	Federal Share
Title XIX (Acute and Long Term Care)	Outpatient Hospital	UB04	Outpatient All-Inclusive Rate	100%
	Clinic	UB04	Outpatient All-Inclusive Rate	100%
	Ambulatory Surgery Center	UB04	ASC Rate	100%
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	100%
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	Regular FMAP
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	100%
	Pharmacy	UB04	Outpatient All-Inclusive Rate	100%
Title XIX	Outpatient Hospital	UB04	Outpatient All-Inclusive Rate	100%

(Behavioral Health)	Clinic	UB04	Outpatient All-Inclusive Rate	100%
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	100%
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	Regular FMAP
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule	100%
	Pharmacy	UB04	Outpatient All-Inclusive Rate	100%
	Case Management	1500	AHCCCS Capped Fee Schedule	Regular FMAP
	Residential Treatment Center	UB04	Behavioral Health Fee Schedule	100%

*Note-Telemedicine services are reimbursed in accordance with the tables above.

TABLE 2 – TRIBAL 638 HEALTH FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Eligibility Type	Service	Billing Form/Codes	Reimbursement	Federal Share
Title XIX (Acute and Long Term Care)	Outpatient Hospital (including professional services) OR Outpatient Hospital (excluding professional services)	UB04 OR UB04 specific revenue codes	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	100%
	Clinic (including professional services) OR Clinic (excluding professional services)	UB04 OR 1500/HCPCS/CPT codes	Outpatient All-Inclusive Rate OR AHCCCS Capped Fee Schedule	100%
	Ambulatory Surgery Center	UB04	ASC Rate	100%
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	100%
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	Regular FMAP
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	100%
	Pharmacy	UB04	Outpatient All-Inclusive Rate	100%

Title XIX (Behavioral Health)	Outpatient Hospital (including professional services) OR Outpatient Hospital (excluding professional services)	UB04 OR UB04 Specific revenue codes	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	100%
	Clinic (including professional services) OR Clinic (excluding professional Services)	UB04 OR 1500/ HCPCS/CPT codes	Outpatient All-Inclusive Rate OR AHCCCS Capped Fee Schedule	100%
	Professional Services	1500/HCPCS/CP T Codes	AHCCCS Capped Fee Schedule	100%
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	Regular FMAP
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	100%
	Pharmacy	UB04	Outpatient All-Inclusive Rate	100%
	Case Management	1500	AHCCCS Capped Fee Schedule	Regular FMAP
	Residential Treatment Center	UB04	Behavioral Health Fee Schedule	100%

*Note-Telemedicine services are reimbursed in accordance with the tables above.