

June 2019

## IMPORTANT INFORMATION FOR PROVIDERS PLEASE READ

The AHCCCS Division of Fee-for-Service Management (DFSM) has published a Provider Welcome Letter and a Check List for providers to use in their office. The Check List helps providers prepare for doing business with AHCCCS, in submitting prior authorizations, claims, and understanding AHCCCS policies and billing guidelines.

The welcome letter and check lists can be found on the [AHCCCS Provider Enrollment Webpage](#).

**Note of Importance:** All AHCCCS registered providers can provide services to Fee-For-Service members, including those enrolled in the American Indian Health Program (AIHP) or Tribal ALTCS.

In addition to the Provider Billing Manuals found on the AHCCCS website, AHCCCS also provides the “Claims Clues” (newsletter) & “The DFSM Email Notification

List” (email notifications, previously called Constant Contacts) to assist Providers in locating important information.

We **strongly** encourage providers and their employees to dedicate time to sign up for and review these resources.

These publications are incorporated, by reference, into the Provider Participation Agreement. **It is the provider’s responsibility to remain apprised of information contained within these publications.**

[A COMPLETE list of policies and procedures](#)

[The Provider Fee-For-Service Billing Manual](#)

[The IHS/Tribal Provider Billing Manual](#)

[The AHCCCS Fee-for-Service Health Plans web page](#)

## Provider Office Check List

Here is a checklist to prepare your office for working with AHCCCS.

- Do you know that all AHCCCS registered providers can provide services for and bill for AIHP, Tribal ALTCS, TRBHA-enrolled, and all other FFS populations? No separate contract with AHCCCS is needed. A provider must simply be an AHCCCS registered provider.
- Do you know how to request a Prior Authorization (PA) online?
- Do you know who to contact if you have questions regarding Prior Authorization?
- Did you set up your account to submit claims online?
- a. If no, email [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov) or visit the Fee-For-Service [Provider Training webpage](#), which contains online tutorials and presentations guiding you through the process.

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### CONTACTS

Prior Authorization Questions FFS PA Line (602) 417-4400

Claims Customer Service Billing Questions (602) 417-7670

Provider Registration Process Questions (602) 417-7670

Fax Applications (602) 256-1474

Technical Assistance with Online Web Portal Please email

[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

### ELECTRONIC PAYMENT SIGN UP

Contact: [ISDCustomerSupport@azahcccs.gov](mailto:ISDCustomerSupport@azahcccs.gov) -OR- call 602-417-4451

## Provider Office Check List Continued

- a. Be sure to keep your Login information where you can find it.
- b. When new staff are added to your account, the Master Account Holder (typically the first person to register an account within your office) must grant the user permissions within the AHCCCS Online Provider Portal.
- Do you or your staff need a walk through on how to submit claims online?
  - a. If so, email [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov) or visit the Fee-For-Service [Provider Training webpage](#), which contains online tutorials and presentations guiding you through the process.
  - b. You can also get information at the [AHCCCS Online Provider Portal](#)
- Do you know how to check the status of a claim online?
  - a. If you are going to mail in claims do you have the address? (We highly recommend using online claim submission for the fastest service.)
  - Did you set up your Transaction Insight Portal account with EDI to submit supporting Medical Documentation (including Trip Tickets) online?
  - Does your billing team know how to check [Claims Clues](#)?
    - a. If not go to [Claims Clue page on our website](#)
  - Did you sign up for the [DFSM Email Notification List](#)?
    - a. If not go use out [opt-in form](#).
  - Do you know how to contact the DFSM Provider Training division with questions?
    - a. You can by emailing [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov).

## Retroactive Coverage (also called Prior Quarter Coverage)

Beginning July 1, 2019 coverage for most newly eligible members will be retroactive to the first day of the month in which the Medicaid application is received.

Pregnant women and children up to age 19 exempt from this requirement.

- If an exempt individual is determined to qualify for AHCCCS during any one or more of the three months prior to the month of application, then the individual will be determined to have “Prior Quarter Coverage” eligibility during those months.

Providers are encouraged to utilize the Health-e-Arizona Plus (HEAplus) application process to assist in enrolling uninsured patients into AHCCCS coverage. HEAplus offers the most accurate, credible, real-time eligibility determinations for public assistance

programs such as AHCCCS to help providers better manage their patients’ payment source. HEAplus will shorten the eligibility determination timeframe and simplify the process for members and providers. Anyone can access [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov) from any internet connection. Today, hundreds of locations throughout the State use HEAplus to help Arizonans. More information about HEAplus, including how to become a Contracted Community Partner can be found on the link below:

[HEAplus](#)

For additional information about Retroactive Coverage and a Frequently Asked Questions (FAQs) PDF, please visit the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorqtrcoverage.html>.

## Behavioral Health Residential Facility (BHRF) Notification

Effective 4/1/2019, all admissions and continued stays at Behavioral Health Residential Facilities (BHRF) (Provider Type B8) for AIHP and TRBHA members require authorization.

- **NOTE:** Authorization is NOT required for IHS/638 BHRF Facilities.

If a member is admitted directly from a BHIF, the Crisis System, or the pre-admission evaluation determines that the member needs an urgent admission, Prior Authorization is not required. For FFS members, the BHRF shall submit the Behavioral Health Residential Facility Admission Notification Form via the AHCCCS Online Provider Portal & DFSSM will authorize up to an initial 5 days for this type of admission. During this initial 5 day time frame, the BHRF will be responsible for submitting an Authorization request and ensuring compliance with criteria listed in [AMPM Policy 320-V – Behavioral Health Residential Facilities](#) and 9 A.A.C.10.

- If the Authorization request and the supporting admission documentation are not received within the initial 5 day time frame, claims may be denied.

Admission documentation that is required for the Authorization request includes:

1. Behavioral health assessment in compliance with 9 A.A.C. 10, to determine Behavioral Health Condition and Diagnosis. Assessment should be recent, and not older than 1 year. Done by a BHP, or by BHT

cosigned by a BHP, utilizing standardized instrument that is able to determine the appropriate level of care.

2. Treatment Plan – completed in compliance with 9 A.A.C.10 by the Inpatient/Outpatient or TRBHA Treatment Team. Included in the plan should be an intervention specifying the BHRF level of care as necessary for the member as a least restrictive level of care required to treat the Behavioral Health Condition, identified in the Assessment. This plan shall not be older than 3 months from the request submission date.

**NOTE:** All criteria for admission still must be met from the date of admission.

For members currently in a BHRF, facilities had to submit an authorization request to get the continued stay authorized by 5/31/2019. Criteria for admission and continued stay are detailed in the new [AMPM Policy 320-V – Behavioral Health Residential Facilities](#). Specific authorization submission and documentation procedures will be available on the FFS web page on the AHCCCS web site. Please look for upcoming notifications on training opportunities that will be available on the FFS web page.

Prior Authorization Requests shall be submitted on the [AHCCCS Online Provider Portal](#).

For guidelines related to requirements for prior authorization and its accompanying documentation, please refer to our [Provider Authorization Requirements](#).

## Behavioral Health Residential Facility (BHRF) Per Diem Rate Information

AHCCCS has received questions regarding what is and what is not included in the per diem rate for Behavioral Health Residential Facilities (BHRFs). The following information can be found in the AHCCCS Medical Policy Manual (AMPM), [Policy 320-V, Behavioral Health Residential Facilities](#).

Care and services provided in a BHRF are based on a **per diem rate (24-hour day)**, require prior and

continued authorization and **do not include room and board**.

**NOTE:** Prior Authorization is *not* required for IHS/638 providers.

The following services shall be made available and provided by the BHRF and cannot be billed separately, unless otherwise noted below:

## Behavioral Health Residential Facility (BHRF) Per Diem Rate Continued

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| <p>a. Counseling and Therapy (group or individual):<br/>Note: Group Behavioral Health Counseling and Therapy may not be billed on the same day as BHRF services unless specialized group behavioral health counseling and therapy have been identified in the Service Plan as a specific member need that cannot otherwise be met as required within the BHRF setting;</p> <p>b. Skills Training and Development:</p> <ul style="list-style-type: none"> <li>i. Independent Living Skills (e.g. self-care, household management, budgeting, avoidance of exploitation/safety education and awareness);</li> <li>ii. Community Reintegration Skill building (e.g. use of public transportation system, understanding community resources and how to use them); and</li> <li>iii. Social Communication Skills (e.g. conflict and anger management, same/opposite-sex friendships, development of social support networks, recreation).</li> </ul> <p>c. Behavioral Health Prevention/Promotion</p> | <p>Education and Medication Training and Support Services including but not limited to:</p> <ul style="list-style-type: none"> <li>i. Symptom management (e.g. including identification of early warning signs and crisis planning/use of crisis plan);</li> <li>ii. Health and wellness education (e.g. benefits of routine medical check-ups, preventive care, communication with the PCP and other health practitioners);</li> <li>iii. Medication education and self-administration skills;</li> <li>iv. Relapse prevention;</li> <li>v. Psychoeducation Services and Ongoing Support to Maintain Employment Work/Vocational skills, educational needs assessment and skill building;</li> <li>vi. Treatment for Substance Use Disorder (e.g. substance use counseling, groups); and</li> <li>vii. Personal Care Services (see additional licensing requirements in A.A.C. R9- 10-702, R9-10-715, R9-10-814).</li> </ul> |
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## Covered Behavioral Health Services Guide – Important Notice

In early 2019, information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) will be transitioned into the following areas:

- AHCCCS Medical Policy Manual ([AMPM](#)) [Policy 310-B, Behavioral Health Services Benefit](#)
  - Title XIX/XXI benefit information.
- [AMPM Policy 320-T, Non-Title XIX/XXI Behavioral Health Services](#)
  - Non-Title XIX/XXI service information.
- Appropriate AMPM Policies as necessary, including:
  - AMPM Policy 310-BB, Transportation; and
  - AMPM Policy 310-V, Behavioral Health Residential Facilities (BHRFs).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals
  - [Chapter 19, Behavioral Health Services, FFS Provider Billing Manual](#)
    - Behavioral Health services billing information for FFS Providers
      - **Note:** Billing information in the FFS Provider manual is primarily directed to FFS providers; however, the general billing information not identified as specific to FFS providers may also be referred to by ACC (MCO) providers. For FFS Providers, any billing information noted as specific to ACC (MCO) only does not apply to FFS.

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- [Chapter 12, Behavioral Health Services, IHS/Tribal Provider Billing Manual](#)
  - Behavioral Health services billing information for IHS/Tribal Providers.

DFSM Provider Training team can be reached at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov).

Providers serving ACC plan members should refer to the enrolled ACC plan billing manual, and/or contact the ACC plan directly for billing related questions.

For providers serving AIHP/FFS members, the

## 3D Mammograms

Beginning June 1, 2019, AHCCCS will be adding 3D Mammogram Tomosynthesis as a covered service subject to Prior Authorization (PA) requirements, as determined by each AHCCCS health plan. Providers rendering this service to AHCCCS Fee for Service (FFS) plan members should refer to the FFS Authorization web page for authorization criteria and submission requirements. FFS Authorization web page.

Applicable CPT Codes:

- 77061 Diagnostic digital breast tomosynthesis; unilateral
- 77062 Diagnostic digital breast tomosynthesis; bilateral
- 77063 Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

Beginning June 1, 2019, AHCCCS will be

adding 3D Mammogram Tomosynthesis as a covered service with Prior Authorization (PA) requirements.

- Please note that AHCCCS is not creating medical necessity criteria through an AMPM update, and the health plans can utilize prior authorization criteria based on national standards if they chose to apply PA to this service.

Applicable CPT Codes:

- 77061 Diagnostic digital breast tomosynthesis; unilateral
- 77062 Diagnostic digital breast tomosynthesis; bilateral
- 77063 Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

## Upcoming Trainings

### Behavioral Health Residential Facility (BHRF) Prior Authorization Submission Training

- How to submit a PA request for BHRF providers. **Webex Only**
- June 11, 2019; Tuesday 10:30 AM-12:00 PM

### One on One Provider Training

- One on One trainings are **by appointment only**. Walk in's are not taken as the team will be working with the pre-arranged appointments.
- To request a One on One training please email [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov). The Provider Training team will send a reply email confirming your appointment date and time. Please note that your appointment is not confirmed until an email from the provider training team is received specifically

discussing training specifics and confirming the date and time.

- Provider Training may cover the following topics:
  - Online Claim Submission (AHCCCS Online);
  - Online Prior Authorization Submission;
  - Transaction Insight Portal; and
  - Other topics as requested/available.
- Upcoming Dates:
  - Tuesday, June 18, 2019; 9:15am – 10:15am; 10:30am – 11:30am

### Claims & Disputes Training

- Wednesday, July 31<sup>st</sup>, 2019; 11:00 am to 1:00 pm