



FAQ's :
Questions &
Answers
IHS/638 Forum
Oct 20, 2016
DFSM team.



Questions & Answers :Kids Care Program

Question : How is “Indian” defined for eligibility purposes under the Kids Care Program?

Answer: As defined in the IHCI (25 U.S.C. 1603(c)), an “Indian” means “any person who is a member of an Indian tribe.” It does not include the descendants of members of an Indian tribe. For Kids Care, we cannot impose any cost-sharing charges on children who are American Indians or Alaska Natives. We require proof of enrollment in a tribe before we exempt an individual from the KC premium.

Questions & Answers : Coverage while incarcerated

Question: Definition of Incarceration.

Answer:

- CMS considers an inmate to be an individual of any age an inmate if the individual is in custody and held involuntarily through operations of law enforcement authorities in a public institution.
- Medicaid regulations at 42 Code of Federal Regulations (CFR) 435.1010 define an inmate of a public institution as "a person living in a public institution" and define a public institution as "an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control." A public institution includes a correctional institution.

Questions & Answers : Coverage while incarcerated

Question : Are Doctor's visits at the local Tribal Jail billable?

Answer: Medicaid does not cover the cost of care for individuals that are incarcerated.

Questions & Answers: Coverage while incarcerated

Question : Are visits billable when the patient is incarcerated but comes to our facility for treatment?

Answer:

There are certain circumstances when an inmate may be covered by AHCCCS. The following criteria must be met:

- The inmate has been admitted for **inpatient services** in a non-locked ward.
- The member is AHCCCS eligible.
- The State or County Correctional facility has an agreement with AHCCCS to process claims for inpatient services.

Questions & Answers: Global OB billing

Question : How should we bill prenatal & surgical services?

Answer:

- “The AHCCCS global obstetrical (OB) package rate includes *all* OB visits prior to the delivery, the delivery, postpartum visits, all services associated with admission to and discharge from a hospital and corresponding 0510 clinic visits for OB care.”
- Evaluation and management (E/M) codes for office and/or hospital/clinic visits **may not** be unbundled from the global OB code and billed separately.
- The IHS/Tribal Provider Billing Manual, Chapter 8 “Individual Practitioner Services”, pages 26-27 is the section with billing instructions for the Obstetrics claims, link here (pages 26-27 OB Care):
- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap08IndivPractitionerSvcs.pdf>

Questions & Answers: Behavioral Health

Question : How does coverage and billing work if Behavioral Health (BH) services are provided in a hospital not co-located with the Clinician's office?

Answer:

- The facility should refer to the behavioral health B2 matrix in order to understand what services can be billed by each provider type and each category of service. (<https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/AppendixB2.pdf>)
- TIP: If BH services are provided by an IHS/638 facility at a non-IHS/638 hospital while the member is inpatient, the IHS/638 professional would bill on the 1500 for professional services. If BH services were provided in a IHS/638 facility by a IHS/638 provider, the claim would be submitted on a UB- 04. See Chapter 12 of the IHS/638 billing manual, p. 6 and 7: <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap12BehavioralHealth.pdf>

Questions & Answers: Behavioral Health

Question: How should billing for services “off-facilities” be handled? e.g. a member attends a kids camp program as part of his/her treatment program?

Answer:

- For billing for services off or out of the facility, the service needs to appear on the member’s treatment/service plan and in addition, a clear clinical rationale for the service has to be documented in the member’s clinical record and provided by the provider type identified in Chapter 12, page 7 of the IHS/638 billing manual: <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap12BehavioralHealth.pdf>
- Refer to Behavioral Health Services Guide B2 Matrix: (<https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/AppendixB2.pdf>) and reference the appropriate place of service

Questions & Answers: Behavioral Health

Question: How is the decision made to allocate number of cases to a case manager under the TRBHA program?

Answer: The number of cases allocated to a case manager falls under the discretion of the TRBHA. It is expected that the TRBHA would not exceed the limit that is clinically prudent for the case manager to manage.

Questions & Answers: Behavioral Health

Question: Are Psychology services billable? If yes, how should that claim be submitted?

Answer:

- A psychologist can bill for behavioral health services as outlined in the BH services guide and accurate Place of Service codes must be submitted on claims to specify where service was rendered:
<https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/covered-bhs-guide.pdf>
- If a psychologist from an IHS/638 facility renders services outside of the IHS/638 facility, then the 1500 form must be used and place of service must be identified, as described in Chapter 12, page 7 of the IHS/638 billing manual:
<https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap12BehavioralHealth.pdf>

Questions & Answers: Podiatry

Question: Do we have to report the ordering physician's information on our AHCCCS podiatry claims?

Answer:

- Yes. Please refer to the AHCCCS: FEE-FOR-SERVICE PROVIDER MANUAL CHAPTER 10 PROFESSIONAL & TECHNICAL SERVICES, "**Foot and Ankle Care**" on pages **10-15, 10-16, and 10-17. Please see information on this link:**

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf

- Recipient's medical record must document the ordering Physician's information and the ordering Physician's NPI number must be on the claim.

Thank You.

