AHCCCS
Arizona Health Care Cost Containment System
DIVISION OF FEE FOR SERVICE MANAGEMENT

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

May/June 2021

ROPA

Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who refer AHCCCS members for an item or service, who order non-physician services for members, who prescribe medications to members, and who attend/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA".

Until these acts passed, referring, ordering, prescribing, and attending providers were required to obtain a National Provider Identifier (NPIs), but were not required to be registered as an AHCCCS provider.

As of May 27, 2021, due to the continuing public health emergency and in an effort to ensure that no members experience disruptions in care, the ROPA registration deadline has been extended to the latter of January 1, 2022 or the end of the public health emergency. The extension will help impacted providers: 1) Work through the analysis of who still needs to be registered and who does not, and 2) Ensure denials and access to care impacts are limited and/or negated.

Learn more at azahcccs.gov/PlansProviders/NewProviders/ROPA.html.

Recoupment (Applies to All Providers)

A.R.S. §36-2903.01 L. requires AHCCCS to conduct post-payment review of all claims and recoup any monies erroneously paid.

Under certain circumstances, AHCCCS may find it necessary to recoup or require the repayment of money previously paid to a provider as an overpayment. Overpayments are identified through reports, medical review, grievance and appeal decisions, internal audit review, and provider-initiated recoupments.

If recoupment is used to recover an overpayment, the Remittance Advice will detail the action taken. If payment is recouped for a reason other than third party recovery (e.g., no medical documentation to substantiate services rendered), you will be afforded additional time to provide justification for re-payment as outlined below.

In the case of recoupments, the time frame for submission of a clean claim differs from the time frames described earlier in this chapter.

In the case of recoupments, the time span allowed for resubmission of a clean claim will be the greatest of:

- Twelve months from the date of service, or
- Twelve months from the date of eligibility posting for a retro-eligibility claim, or
- Sixty days from the date of the adverse action.

If recoupment is initiated by the AHCCCS Office of Inspector General (OIG), you will not be afforded additional time to resubmit a clean claim.

For additional information please refer to Chapter 28, Claim Disputes, of the Fee-For-Service Provider Billing Manual.

CONTACTS

- For provider training questions and technical assistance with the online web portal please outreach the Provider Training Division of DFSM through email at ProviderTrainingFFS@azahcccs.gov.
- Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page on the AHCCCS website.
- The Third Quarter FFS Provider Training Schedule will be posted on the provider training web page in June.
- Prior Authorization Questions FFS PA Line (602) 417-4400
- Claims Customer Service Billing Questions (602) 417-7670 - Option 4
- Provider Registration Process Questions (602) 417-7670 - Option 5

ELECTRONIC PAYMENT SIGN UP

Electronic Payment Sign Up (Remittance Advice Sign Up/835)

Contact: ISDCustomerSupport@azahcccs.gov

OR

call 602-417-4451

COVID FAQ

Fact Sheet

Please note that these materials are designed for Fee-for-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

Fee For Service Prior Authorization

Prior Authorization (PA) is a process that AHCCCS Division of Fee-For-Service Management (DFSM) uses to determine in advance whether services (that require prior approval) will be covered based on the initial information received. PA may be granted provisionally (as a temporary authorization) pending the receipt of required documentation to substantiate compliance with AHCCCS coverage criteria.

Fee For Service (FFS) authorization requirements vary by provider type. The provider rendering the service is responsible for verifying member eligibility, verifying health plan enrollment, verifying authorization requirements, and obtaining authorization from the correct health plan when authorization is required. See the Resources section below for information on how to verify member eligibility, member plan enrollment, and FFS authorization requirements.

PA does not guarantee payment. FFS reimbursement is based on factors including, but not limited to: the accuracy of the information received, whether the service is substantiated through concurrent and/or medical review, and whether or not the claim meets claim submission requirements.

Commonly Billed Services That Do Not Require FFS PA

(This list is not all-inclusive- Please see FFS PA Guideline Tool):

- Services rendered during a period of retroactive eligibility,
- Services covered by a primary payer, e.g.: Medicare or commercial insurance,
- Inpatient admissions for labor and delivery that do not exceed 72 hours for a vaginal delivery or 96 hours for a cesarean delivery (c-section),
- Emergency physical health inpatient hospitalizations less than< 72 hours. (This does not include behavioral health admissions),
- Routine diagnostic procedures, including EKG, MRI. CT Scans, X-rays, colonoscopy, esophagogastroduodenoscopy (EGD), sleep studies, routine lab tests etc.,
- Non-emergency transportation less than<100 miles,
- Outpatient chemotherapy and radiation (excludes IMRT),
- Emergency room treat and release,
- Family Planning Services, including hysteroscopic sterilization and hysteroscopies billed with a family planning diagnosis.
- Evaluation and management (E/M) services, including prenatal visits,
- Observation stays,
- Services rendered to Federal Emergency Services Program (FESP) members (see AMPM Chapter 1100 for Extended Service criteria),
- Outpatient physical and occupational therapy (see Chapter 820 of the AMPM for limitations),
- Outpatient hemodialysis
- Dialysis shunt or arteriovenous (A/V) graft placement,
- Angioplasties or thrombectomies of dialysis shunts of A/V grafts
- Eye surgery for the treatment of diabetic retinopathy, glaucoma, or macular degeneration
- Home health visits following an acute hospitalization (First ive visits),
- Facility services related to wound debridement,
- Apnea management and training for premature babies up to one year of life,
- Services billed by IHS/638 facilities.

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Fee For Service Prior Authorization Continued

Commonly Billed Services That Require FFS PA

(This list is not all-inclusive-Please see FFS PA Guideline Tool):

- Inpatient Behavioral Health admissions (Notification required within 72hrs for emergent admissions),
- Behavioral Health Residential Facilities (BHRF) Admissions,
- Elective/non-emergent physical health inpatient hospitalizations*,
- Durable Medical Equipment (DME) purchase greater than> $300.00 and rentals/repairs,
- Consumable Medical Supplies greater than>$100.00,
- Services billed by an Ambulatory Surgery Center (ASC),
- Home health (Note: The first five visits following an acute hospitalization do not require authorization),
- Hospice,
- Nursing Facility (NF) admissions,
- Elective/Non-emergent outpatient surgeries,
- Genetic Testing,
- Acute Inpatient Rehabilitation/Long Term Acute Facility admissions*,
- Non - Emergency Transportation greater than> 100 miles*,
- Intensity-modulated radiation therapy (IMRT),

*Some prior authorization requirements have been temporarily waived during the COVID Public Health Emergency (PHE). A current list of these services can be found in the FFS Memo.

Authorizations DFSM Does Not Handle

- Tribal Arizona Long Term Care System (ALTCS) Program Long Term Care Supports and Services (LTSS), Home Health, Home Infusion, or non-emergency transportation services - contact the member's Tribal Case Manager.
- Transplant Authorizations - contact Medical Management in the Division of Health Care Management (DHCM) via fax at 602-252-2180,
- Prescription Medication - contact OptumRx at (855) 577-6310,
- PA requests for members that are assigned to a different plan of AHCCCS for the requested service. You must contact the member's assigned health plan.

Resources

FFS PA Guidelines Online Tool shows PA requirements for your procedure code.

FFS Training Page provides instructions on how to enter an authorization request online.

AHCCCS Medical Policy Manual (AMPM) Chapter 820 provides detailed FFS authorization information.

AHCCCS Medical Policy Manual (AMPM) Chapter 1100 FESP Extended Services criteria.

Health Plan Contact Information provides health plan ID numbers and health plan contact information.

FFS Programs and Populations Page provides FFS health plan information and FFS plan ID numbers.

FFS COVID Memo provides information temporary PA lift during the COVID PHE.

FFS PA Line: 602-417-4400 (Phoenix area) or 800-443-0425 (in AZ-outside the Phoenix area) helps with FFS authorization questions.

Non-Emergency Medical Transportation (NEMT) Daily Trip Report Instructions

AHCCCS requires the use of the AHCCCS standard Daily Trip Report, which is Exhibit 14-1 in the Fee-For-Service Provider Billing Manual.

- Please note that different versions of the Daily Trip Report may ***not*** be used or submitted. The attachment in Exhibit 14-1 is the ***only version*** that may be submitted.
- Providers are ***not*** permitted to create their own versions of the AHCCCS Daily Trip Report for submission. ***Only the AHCCCS approved Daily Trip Report can be used.***
- It is available as a PDF and Excel file (to allow providers to expand the additional information area if needed).

IMPORTANT NOTE: Claim payments for transportation services, rendered on dates of service where no record of an AHCCCS covered service is found will be deemed an overpayment and recouped or recovered.

The upper left area of the form is where the provider will write the NEMT provider's name, provider ID, address, and phone number.

The driver must print clearly. Illegible Daily Trip Reports can result in audit error and recoupment.

The AHCCCS Daily Trip Report must be completed in pen. It may be filled out in either blue or black pen. If an error is made, draw a single line through the error and print the correct information.

The AHCCCS Daily Trip Report may be filled out on a tablet or another electronic device, as long as all federal and state requirements are taken to protect member information. If this is done it may be submitted in one of two ways:

1. Printing it out and mailing it in, or
2. Electronic submission through the provider portal as a PDF file.
    - AHCCCS **will not** accept HTML files of the AHCCCS Daily Trip Report.
    - AHCCCS **will not** accept Excel files of the AHCCCS Daily Trip Report. If a provider uses the Excel file, they **must** convert to a PDF before submission. The Excel file was included at provider request.
    - AHCCCS **will accept** PDF files of the AHCCCS Daily Trip Report.
        - Note: If the AHCCCS Daily Trip Report is submitted as a PDF file through the 275 Provider Portal, it is necessary that the PDF file allow AHCCCS to extract the document, otherwise AHCCCS will not be able to view the submitted PDF file.

If a member's transport has more than one "stop" or destination, then each trip must be fully documented on the Daily Trip Report. For example:

- A member is picked up at home and transported to the doctor's office. (1st trip)
- The doctor gives the member a prescription for medication.
- The member is transported from the doctor's office to a pharmacy that is at a different location than the doctor's office. (2nd trip)
- The member picks up their prescription.
- The member is then returned home. (3rd trip)

In the above example, the Daily Trip Report would have 3 trips documented as indicated.

Only one trip report should be filled out per member, per day. If there are more than three stops for one member, in one day, please use

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NEMT Daily Trip Report Instructions Continued

multiple pages. If more than one vehicle is used and/or if more than one driver transports the member on the same day, please use multiple pages (one for each vehicle) and document that more than one vehicle and/or driver was used in the additional information section. If multiple pages are used, the page number must be indicated at the bottom right of the Daily Trip Report. All pages become the complete Daily Trip Report for the transport services for that member, on that service date.

How to Fill Out the Trip Report

Upper Left Hand Corner

Provider Information:

- Provider Name
- Provider ID
- Provider Address
- Provider Phone Number
- NOTE: Using a stamp is acceptable.

Upper Right Hand Corner

Driver's Name: Printed first and last name and signature of the driver who provided the service.

Date: Indicate the date of service (mm/dd/yy) or (mm/dd/ccyy).

Vehicle Identification:

- List the state the vehicle is licensed in.
- License Plate Number/Fleet Number
- Make and Color of Vehicle
- NOTE: If the driver uses more than one vehicle for the same date of service, they must use a new Daily Trip Report for each separate vehicle and they must indicate (at the bottom right) the page number. All pages become the complete Daily Trip Report for the transport services for that member, on that service date.

Vehicle Type: Check the box next to the type of vehicle used (car, van, wheelchair van, stretcher van, etc.)

- NOTE: Check 'Other' and write in the vehicle type if the description does not match the available options.

Upper Middle Section

Member Information:

- Member's AHCCCS ID
- Member's Name
- Member's Date of Birth (mm/dd/ccyy)
- Member's Mailing Address.

Main Section for Transportation Information

There will be 3 trip sections per Daily Trip Report page. The 1st Pick-Up and Drop-Off area, the 2nd Pick-Up and Drop-Off area, and the 3rd Pick-Up and Drop-Off area. This is to accommodate multiple trips on the same day. If more than 3 stops occur on the same day please use additional Daily Trip Reports as pages and indicate that they are the 4th, 5th, etc. stops.

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NEMT Daily Trip Report Instructions Continued

Pick-Up Address: Complete address (including street address, city, state and zip code) of pick-up destination.

- If no formal street address is available coordinates can be used. An address must be included in some format, so the lack of a formal street address is not a cause for no address to be listed. In the event that no coordinates can be found, the address or coordinates of a nearby landmark, with the mileage from that landmark to the pick-up location can be used.

Pick-Up time: Clock time including the a.m./p.m. indicator (example: 7:12 AM). Please circle the appropriate time of day (a.m./p.m.) provided.

Pick-Up Odometer: Document the actual odometer reading at the pick-up location.

Drop-Off address: Complete address (including street address, city, state and zip code) of drop-off address.

- If no formal street address is available coordinates can be used. An address must be included in some format, so the lack of a formal street address is not a cause for no address to be listed. In the event that no coordinates can be found, the address or coordinates of a nearby landmark, with the mileage from that landmark to the drop-off location can be used.

Drop-Off time: Clock time including the a.m./p.m. indicator (example: 7:12 PM). Please circle the appropriate time of day (a.m./p.m.) provided.

Drop-Off Odometer: Document the actual odometer reading at the drop-off location.

Trip miles: Subtract the pick-up odometer reading from the drop-off odometer reading, and that will equal the total number of trip miles. (Drop-Off Odometer Reading – Pick-Up Odometer Reading = Total Trip Miles)

Type of Trip: Round Trip, One Way, or Multiple Stops (Check the appropriate one.)

Reason for Visit: Only include as much information as the member is willing to share.

- NOTE: When transportation services are initially arranged, the transportation provider must obtain sufficient information to determine whether the transportation is occurring to an AHCCCS covered service. This should be done prior to the transportation taking place.

Diagnosis (if known): Only include as much information as the member is willing to share.

Name of Escort: If member is traveling with an escort, include their first and last name.

Relationship: Indicate the escort's relationship to the member.

Lower Section

Member Signature: Member must sign, if able. If member is unable to sign, please check the appropriate box and identify the person* signing for the member or include the member's fingerprint.

- If a tablet or other electronic device is being used, a method for the member or authorized representative of the member to sign their signature must be available (typically by an electronic pen or using their fingertip to sign their name). A fingerprint may also be used if they are unable to sign.
- Typing the member's name in cannot serve as a substitute for an actual signature or fingerprint.

Driver's Signature: The driver must sign each page.

- If a tablet or other electronic device is being used, a method for the driver to sign their signature must be available (typically by an electronic pen or using their fingertip to sign their name).
- Typing the driver's name in cannot serve as a substitute for an actual signature or fingerprint.

Date: The driver must date each page.

Page_____ of _____: Indicate each page number and the total number of pages used to document all transports for the member, for the same date of service.

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NEMT Daily Trip Report Instructions Continued

Did multiple members get transported in the same vehicle on this trip? Choose yes if multiple AHCCCS members are being transported in the same vehicle.

- Were the pick-up and drop-off locations different for the members? Choose yes if even one member in the vehicle had a different pick-up or drop-off location, as this can affect the odometer readings.

Additional Information: Any additional information that the provider thinks is needed for the processing of the claim can be entered here.

Clarification of member's "signature" requirement

- If a member is physically unable to sign (or fingerprint) the non-emergency medical transport Daily Trip Report then a parent or guardian, caretaker, escort, or family member can sign for the member and indicate their relationship to the member. If the member is transporting alone, then the trip report may be signed by the provider at the medical service appointment.

  When someone else signs the trip report for the member, the trip report should show the member's name and a notation such as "by J Smith, daughter" to identify the person signing for the member.

Under no circumstances is the transport driver to sign for a member.

- Even if the transport driver is a physical or behavioral health care provider for the member, they still cannot sign for the member. If the member cannot sign for themselves then a parent, guardian, caretaker, escort, or other family member would have to sign for them. The driver cannot sign, even if the driver overlaps one of the categories that normally could.

NEMT Resources

The following resources for NEMT providers are available on the AHCCCS Website.

- DFSM Provider Training Team:
  - www.azahcccs.gov/Resources/Training/DFSM_Training.html
- Non-Emergency Medical Transportation (NEMT) Web Page:
  - www.azahcccs.gov/PlansProviders/CurrentProviders/NEMTproviders.html
- Chapter 14, Transportation, of the Fee-for-Service Provider Billing Manual:
  - www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap14Transportation.pdf
- NEMT Trip Report Instructions - Exhibit 2, Chapter 14:
  - www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChap_14TransportationExhibit2.pdf
- AHCCCS NEMT Daily Trip Report (PDF)
  - www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/AHCCCSDailyTripReportFinal.pdf
- AHCCCS Medical Policy Manual (AMPM) 310-BB, Transportation Policy:
  - /www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf

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NEMT - Transportation of Family Members is Not Permitted

A family member, who either works for an NEMT provider as a driver or in any other capacity, or who owns an NEMT company, cannot bill for the transportation of an immediate family member (child, spouse, parent, etc.), for whom they would reasonably be expected to provide transportation services to or for a family member living in the same household.

For example, a mother, who works as a driver for an NEMT provider, may not bill for providing transportation to their child.

General Reminders for All Providers

All AHCCCS providers are required to sign and abide by the Provider Participation Agreement (PPA). Part of this agreement requires the following:

"2) All AHCCCS guidelines, policies and manuals, including but not limited to the AHCCCS Medical Policy Manual, AHCCCS Fee-for-Service Manual, AHCCCS Claims Clues, and Reporting Guides are hereby incorporated by reference into this Agreement. Guidelines, policies and manuals are available on the AHCCCS website.

22) In addition to any other remedies available under this Agreement, AHCCCS is entitled to offset again any amounts due to the Provider any overpayments, expenses or costs incurred by AHCCCS concerning the Provider's non-compliance with this Agreement or due to investigations of fraud, waste or abuse. AHCCCS also retains the right to offset for Medicare sanctions. The Provider may be held financially liable for acts committed by its independent subcontractors that would constitute non-compliance of this Agreement. The rights and remedies of AHCCCS under this Agreement are not exclusive nor waived if unasserted in whole or in part."

This means that providers must abide by the following manuals and policies (this is not an all-inclusive list and is provided for convenience):

The AHCCCS Medical Policy Manual:

- www.azahcccs.gov/shared/MedicalPolicyManual/

The Fee-for-Service Provider Billing Manual (also known as the Fee-for-Service Manual):

- www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

The IHS/Tribal Provider Billing Manual:

- www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html

Claims Clues:

- www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html

Training Guidelines:

- www.azahcccs.gov/Resources/Training/DFSM_Training.html

Attendant Care Non-Emergency Medical Transportation & Special Considerations for NEMT

NEMT services may be provided, with limitations, by providers registered as provider type 40 (Attendant Care). If the provider has been an AHCCCS registered provider for 12 months, then the provider may bill for NEMT services if that category of service has been approved by provider registration. However, the NEMT services cannot exceed 30% of their overall services billed.

Use of the AHCCCS Online Provider Portal – Why NOT Sharing your User ID and Login Information is VERY Important

As an AHCCCS provider, ***you are responsible for any and all activity that occurs under your AHCCCS Online Provider Portal account***. Sharing of account information is prohibited.

You are responsible for any activity conducted under your AHCCCS Online Provider Portal account that constitutes non-compliance with the Provider Participation Agreement, or that constitutes fraud, waste, or abuse. You are responsible for all activity, when your login ID and password are used.

Each time an individual logs onto the AHCCCS Online Provider Portal, the following message is displayed:

** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! **
Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the website can be terminated if the Terms of Use are violated.

This means that even if two individuals work for the same facility, that they cannot share user names and passwords. Doing so would violate the AHCCCS User Acceptance Agreement.

Upcoming APEP Training Sessions

Beginning in April and over the following several months, the Division of Member and Provider Services will conduct virtual APEP training sessions for providers that want additional training. The training is voluntary and will directly respond to questions AHCCCS has received since the launch of APEP.

The APEP training courses will be scheduled by "Enrollment Type." Training instruction will include:

- Single -Sign-On process
- Domain Administrator functions
- Specific scenarios within the online application
- Submission of a modification once the re-registration process is complete

More information regarding the APEP training schedule and registration for a virtual class is posted to the APEP website. Please visit the APEP Training Online Registration link to enroll:

APEP Training - Training Online Registration

To receive APEP updates, visit Provider Enrollment E-News.

Subscribe to Provider Email List for the latest news.

Questions can be emailed to PRNotice@azahcccs.gov.

What is the AHCCCS Provider Enrollment Portal (APEP)?

Providers are reminded to use the AHCCCS Provider Enrollment Portal (APEP) for all new applications to become an AHCCCS-registered provider, and for updates to current registrations.

What is the AHCCCS Provider Enrollment Portal (APEP)?

On August 31, 2020, AHCCCS launched the AHCCCS Provider Enrollment Portal (APEP), which offers a secure web-based enrollment process and a streamlined provider enrollment process that allows a provider to electronically submit an application for new enrollment or to modify an existing provider ID online.

APEP is designed to ease the provider enrollment process by decreasing processing time and allowing the provider to submit a new enrollment or modification to an existing provider ID effectively, at any time of the day.

This online system allows providers to:

- Enroll as an AHCCCS provider.
- Update information (such phone and addresses).
- Upload and/or update licenses and certifications.
- And much more!

For training inquiries, the Provider Enrollment Unit has established a web page with training materials for providers, regarding how to use the AHCCCS Provider Enrollment Portal. Please visit here to view the videos and training materials available online.

www.azahcccs.gov/PlansProviders/APEP/APEPTraining/Videos.html

If you have additional questions about APEP that are not addressed in those materials, please contact the APEP team at: APEPTrainingQuestions@azahcccs.gov

A list of FAQs regarding APEP can be found on the AHCCCS website here:

www.azahcccs.gov/PlansProviders/NewProviders/registration/APEP/faq.html

If you have any additional questions, please contact AHCCCS Provider Enrollment at:

1-800-794-6862 (In State - Outside of Maricopa County)

1-800-523-0231 (Out of State)

APEP and Adding Service Locations

If you encounter an issue trying to add a service location for your provider via the AHCCCS Provider Enrollment Portal (APEP), the Division of Member and Provider Services (DMPS) team has two other options available to assist providers with this process.

Providers can contact the DMPS team at (602-417-7670, select option #5) and request to open a service ticket. A second option is to send an email to apeptraining@azahcccs.gov which will automatically generate a service ticket request as well.

Payment Error Measurement (PERM) Audit Information for Providers

A new, informational page has been added to the AHCCCS website about the Payment Error Rate Measurement (PERM) federal audit. The Centers for Medicare and Medicaid Services (CMS) conducts a periodic audit of State Medicaid and CHIP (KidsCare) programs. This is an audit of randomly selected payments made by the state to providers submitting claims to AHCCCS for Medicaid and CHIP members. The audit of these payments contains a medical record review component.

Providers should know that they may be contacted by the Centers for Medicare & Medicaid Services' (CMS) contractor, NCI, Inc. with a request for the medical records to support the payment being reviewed.

The new web page explains what PERM is, how the audit is performed, an AHCCCS provider's responsibilities and where additional information can be obtained.

Click on the link below to go directly to the new page.

www.azahcccs.gov/PlansProviders/OtherProviderProgramsAndInitiatives/PERM.html

Telehealth Resources

Information on Telehealth can be found in the following locations:

- The Telehealth Services web page provides a Telehealth and Teledentistry Code Set:
- AHCCCS Medical Policy Manual (AMPM) 320-I, Telehealth Services.
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals
  - Chapter 10, Individual Practitioner Services, of the Fee-for-Service Provider Billing Manual
  - Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manual
- The DFSM Provider Training Web Page, at: azahcccs.gov/Resources/Training/DFSM_Training.html
  - Under "Training Presentations by Subject" providers should select "Telehealth" and a variety of telehealth trainings will be available for providers to choose from, including IHS-638 specific telehealth trainings and trainings for FFS providers.

Telehealth Services and IHS/638 Providers

IHS/638 Facilities and Providers can provide telehealth services to members, for reimbursement at the AIR, so long as certain conditions are met. The AHCCCS Provider Training Team offers group and individual trainings on this topic for providers, and the group training presentation is available 24/7, 365 days a year on the DFSM Provider Training Team's web page at Telehealth Services Training for IHS and 638 Providers.

The "Four Walls" of an IHS/638 Clinic refer to the physical building the clinic operates within.

The CMS interpretation of section 1905(a)(8) of the Social Security Act, in 42 CFR 440.90, specifies that "clinic services" do not include any services delivered outside of the "four walls" of the clinic, except if services are provided to a homeless individual. Under normal circumstances, the "Four Walls" applies as follows:

- The "Four Walls" provision does apply to free-standing IHS/638 clinics.
- The "Four Walls" provision does not apply to IHS/638 hospitals or to their hospital-affiliated (provider-based) outpatient clinics.
- The "Four Walls" provision does not apply to 638 FQHCs.

In March 2020, AHCCCS requested flexibility from CMS to reimburse free-standing clinics at the All Inclusive Rate (AIR) for telehealth and telephonic services during the COVID-19 emergency, even if neither the member nor the clinician was within the "Four Walls", but a clinic visit/facility defined service had been provided.

Consistent with guidance from CMS issued on January 15, 2021, DFSM will not review claims pertaining to the "Four Walls" provision until October 31, 2021. More information from CMS can be found on the federal medicaid website.

Second Quarter Training Schedule Posted

The Division of Fee-for-Service Management's (DFSM) Provider Training Unit conducts periodic trainings on a variety of subjects for providers.

Training topics covered include:

- Instructing providers on how to use the AHCCCS Online Provider Portal and the Transaction Insight Portal to submit claims, prior authorization requests, and additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), as well as how to check a member's eligibility and how to check on a PA or claim's status;
- Trainings on specific topics, such as telehealth;
- Trainings designed for specific provider types, such as for Non-Emergency Medical Transportation (NEMT) providers, Behavioral Health Residential Facilities (BHRFs), Direct Care Worker Agencies (DCWAs), and more; and
- One-on-One training requests, designed for a specific provider based on request.

A schedule of our group training sessions for the second quarter can be found on the DFSM Provider Training web page, on the AHCCCS website, at: www.azahcccs.gov/Resources/Training/DFSM_Training.html

Scroll down to 'Training Schedules by Year' and click on the drop down to choose 2021. Select 'Training Schedule 2nd QTR 2021'.

The Second Quarter Training Schedule for 2021 can be found at: www.azahcccs.gov/Resources/Downloads/DFMSTraining/2021/ProviderTrainingScheduleSecondQuarter2021.pdf

COVID-19 Information on the AHCCCS Website & Billing for Services

COVID-19 Information

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a Declaration of Emergency and an Executive Order regarding the COVID-19 outbreak in Arizona, and subsequent Executive Orders with further administrative actions.

On March 17, 2020, AHCCCS submitted a request to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

COVID-19 FAQs

Learn how to protect yourself and stop the spread of COVID-19. Visit azdhs.gov/COVID19 and cdc.gov/COVID19.

If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

Fee for Service Members, including those enrolled in the American Indian Health Program (AIHP), Tribal ALTCS, or a TRBHA, should contact their doctor, the nearest American Indian Medical Home (AIMH), or the nearest IHS/638 facility.

AHCCCS is tracking the latest information we've received from tribes regarding COVID-19 responses and resources. See the Tribal COVID-19 tracking document for hotline numbers, travel restrictions, and general guidance.

If you have other concerns about COVID-19, please call your health plan's Member Services phone number. Find this number on the back of your AHCCCS card or on the AHCCCS website under "Health Plans Available for AHCCCS Medical Assistance."

Billing for Services

AHCCCS covers COVID-19 testing. U0001 and U0002 are currently being entered into the AHCCCS PMMIS system with an effective date of February 4, 2020. The rate, as of March 15, 2020, is $35.91 for code U0001 and $51.31 for U0002. The following codes can be used when services are provided telephonically: 98966, 98967, 98968, 99441, 99442, 99443, H0025, H0038, H2014, H2025, S5110 and T1016. When providing services telephonically, providers are required to list the Place of Service (POS) as 02. To request the addition of POS 02 for additional codes, contact CodingPolicyQuestions@azahcccs.gov.

COVID-19 testing is now available through Quest Diagnostics and Labcorp. Additionally, Sonora Quest is anticipated to have the testing available on March 11, 2020.

The World Health Organization has developed an emergency ICD-10 code for the coronavirus: U07.1, 2019-nCoV acute respiratory disease. CDC's National Center for Health Statistics will implement a new diagnosis code into the ICD 10th Revision, Clinical Modification, effective with the next update on October 1, 2020. In the meantime, CDC issued interim coding guidance and guidelines for health care encounters and deaths related to COVID-19.