COVERED SERVICES

AHCCCS covers medically necessary home health services provided in the recipient's place of residence in lieu of hospitalization. AHCCCS also covers home health services for elderly and physically disabled and developmentally disabled ALTCS recipients under Home and Community Based Services.

Covered services include:

- ☑ Home health nursing visits
- ☑ Home health aide services
- ☑ Medically necessary supplies
- ☑ Therapy services within certain limits

Home health nursing and home health aide services must be provided on an intermittent basis and ordered by a physician.

Outpatient speech and occupational therapy services are covered for EPSDT and ALTCS recipients only.

BILLING FOR SERVICES

Prior authorization from the AHCCCS Administration is required for home health services rendered by tribal providers to acute fee-for-service IHS members. However, no authorization is required for home health services rendered by Indian Health Service (IHS).

Providers may phone or fax the AHCCCS Prior Authorization Unit to request authorization. To obtain PA by telephone, providers must call between 8:30 a.m. and 4:30 p.m. Monday – Friday:

> (602) 417-4400 (Phoenix area) Providers in area codes 602, 480, and 623 **must** use this number.
>
> 1-800-433-0425 (within Arizona) This number is blocked for callers in area codes 602, 480, and 623.
>
> 1-800-523-0231 (outside Arizona)

The AHCCCS PA Unit's fax number is (602) 256-6591.

Home health services for ALTCS recipients require prior authorization from the recipient's case manager.

BILLING FOR SERVICES (CONT.)

Home health services must be billed on a CMS 1500 claim form.

Under the Health Insurance Portability and Accountability Act (HIPAA), all local codes have been replaced by standard HCPCS codes and modifiers. AHCCCS local codes included the "W" and "Z" codes formerly used to bill nursing services and respiratory therapy services.

For dates of service on and after January 1, 2004, providers must use the new codes. Claims billed with the old AHCCCS-specific codes will be denied. This change in coding requirements applies to providers who submit claims electronically and on paper.

Home health nursing services

☑ Home health nursing services must be billed with the following codes:

S9123 Nursing care, in the home; by registered nurse, per hour

✓ This code replaces:

Z3030 RN & LPN (Cert HHA) Intermittent Visit

Z3031 RN (Non-Cert HHA) Intermittent Visit

Z3033 RN (HH Nurse/Independent) Intermittent Visit

S9124 Nursing care, in the home; by licensed practical nurse, per hour

✓ This code replaces:

Z3030 RN & LPN (Cert HHA) Intermittent Visit

Z3035 LPN (HH nurse/independent) intermittent visit; per hour

BILLING FOR SERVICES (CONT.)

Private duty nursing services (RN or LPN)

Private duty nursing services (RN or LPN) for ventilator dependent individuals at home who require more care than is defined as part-time or intermittent must be billed as follows:

☑ Registered nurse (RN) services must be billed with the following code and modifier:

S9123 billed with TG modifier – Nursing care, in the home; by registered nurse, per hour (complex/high level of care).

✓ This code with modifier replaces:

Z3032 RN (Non-Cert HHA) Continuous Visit

Z3034 RN (HH Nurse/Independent) Continuous Visit

Z3039 RN & LPN (Cert HHA) Continuous Care

☑ Licensed Practical Nurse (LPN) services must be billed with the following code and modifier:

S9124 billed with TG modifier – Nursing care, in the home; by licensed practical nurse, per hour (complex/high level of care).

✓ This code with modifier replaces:

Z3036 LPN (HH Nurse/Independent) Continuous Visit

Z3038 LPN (Non-Cert HHA) Continuous Care

Z3039 RN & LPN (Cert HHA) Continuous Care

Respiratory therapy services

☑ Respiratory therapists must bill with the following code:

S5180 Home health respiratory therapy, initial evaluation

✓ This code replaces:

W2404 Respiratory therapy performed by non-Medicare certified home health agency, limited to one (1) visit per day

W2405 Respiratory therapy performed by Medicare certified home health agency, limited to one (1) visit per day

W2406 Visit by respiratory therapist, limited to one visit per day

Respiratory therapists may not use the 94000 codes. Physicians and hospitals will continue to use the 94000 codes.