State Plan for Title XIX Attachment 4.19 B

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REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

Effective XXXX, AHCCCS will reimburse the Indian Health Service (IHS) and tribal 638 health facilities based on the following reimbursement methodologies reflected in Tables 1, 2 and 3.

As Table 1, 2 and 3 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
- The service is paid at 100% Federal Medical Assistance Percentage (FMAP) or at the regular FMAP
 - Any service provided outside of the boundaries of the IHS/638 facility when provided by employees of the facility or when provided by the facility through a contractual arrangement, as long as the facility offers, is responsible for, and bills Medicaid for the services. The services provided or billed by IHS or tribal 638 health facility are claimable at 100% FFP regardless of the place of service, including services by contracted providers

Deleted: <#>Reimbursements are
based on specific CMS guidance
(transportation and case management)¶

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The published all-inclusive rate is paid for up to three <u>(5)</u> 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. Encounters/visits include covered telemedicine services.

TABLE 1 – IHS FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Eligibility Type	Service	Billing Form/Codes	Reimbursement	<u>Provider Type</u>	Federal Share	
Title XIX (Acute and Long Term Care)	Outpatient Hospital	UB04	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	<u>02</u>	100 Fo	rmatted: Font color: Red
	Clinic	UB04	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	<u>05</u>	100 Re	rmatted: Font: Bold, Font color: d rmatted: Font: Bold
	CT Scans and MRIs	<u>UB04</u>	AHCCCS Outpatient Fee Schedule	<u>02</u>	100 Re	

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	Ambulatory Surgery Center	1500,	ASC Rate	<u>02 or 43</u>	Formatted Table
	Professional	1500/HCPCS/CPT	AHCCCS Capped Fee	Any AHCCCS registered	Deleted: UB04 Formatted: Font color: Red
	Services Transportation	Codes	Schedule AHCCCS Capped Fee	professional 28	Formatted: Font color: Red
	(non-emergency)	1500	Schedule	_	Deleted: Regular FMAP Formatted: Font color: Red
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted	<u>06</u>	Formatted: Font color: Red Formatted: Font color: Black Formatted: Font color: Red Formatted: Font color: Red
	Pharmacy	UB04	rate Outpatient All-InclusiveRate	<u>02 or 05</u>	1000 Formatted: Font color: Red
	Home Health Medicare-		Rate	AHCCCS registered provider	Formatted: Font color: Red Formatted: Font color: Red
	certified services provided by a non licensed provider	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule		Formatted: Font color: Red 1009 Deleted: Agency
	(such as a medical assistant or technician)				Formatted: Font color: Red Formatted: Font color: Red
	Home Health Medicare- certified services provided by a Jicensed provider	- <u>1500 HCPCS/CPT</u> - <u>codes</u>	Outpatient All-Inclusive Rate Or Specially Contracted	AHCCCS registered provider (refer to AHCCCS policy for certification	Formatted: Font color: Red Formatted: Font color: Red Deleted: RN, PA or NP Formatted: Font color: Red
	(such as an RN or LPN)		Rate	<u>requirements)</u>	Deleted: Agency Formatted: Font color: Red
	Skilled Nursing Facility	<u>UB04</u>	AHCCCS Capped Fee	<u>22</u>	Deleted: RN, PA or NP Formatted: Font color: Red
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	Clinic	UB04	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	05 or 77	Deleted: Skilled Nursing Facility Deleted: AHCCCS Capped Fee Schedule Formatted: Font color: Red
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	Any AHCCCS registered professional	Formatted: Font color: Red Formatted: Font color: Red
	LCSW, LPC, LMFT, LISAC	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule	A4, 11, 85, 86 or 87 When billing independently	100%
	LCSW, LPC,	UB04	Outpatient All Inclusive	A4, 11, 85, 86 or 87	100%

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LMSW_LAC, LAMFT_LSAT, LSAT, LASAC and Behavioral Health Paraprofessionals Transportation (non-emergency) 1500 AHCCCS Capped Fee Schedule 1500 Coupation All-Inclusive 1500 Coupation All		LMFT, LISAC and BHT		Rate	When billing under the facility (02, 05		Formatted Table
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Outpatient
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	services)				
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	Skilled Nursing Facility	<u>UB04</u>	AHCCCS Capped Fee	<u>22</u>	Deleted: Pharmacy
	Home Health Agency services provided by a non RN, PA or NP	1500 HCPCS/CPT codes,	AHCCCS Capped Fee Schedule	AHCCCS registered provider	Formatted: Font color: Red Deleted: Outpatient All-Inclusive Rate Formatted: Font color: Red
	Home Health Agency services provided by a RN. PA or NP.	1500 HCPCS/CPT codes,	Outpatient All-Inclusive Rate Or Specially Contracted Rate,	AHCCCS registered provider (refer to AHCCCS policy for certification	Formatted: Font color: Red Formatted: Font color: Red 100 Deleted: 100% Deleted: UB04
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*Note-Telemedicine services are reimbursed in accordance with the tables above.

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