State Plan for Title XIX Attachment 4.19 B

State: Arizona Page 7

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 and 2.

As Table 1, 2 and 3 (since we're moving table 3 to the inpatient page) illustrates, 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 The service is 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

The published all-inclusive rate is paid for up to five_(5) 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.

Rates will be in effect based on the calendar year for consistency with the All Inclusive Rate. Providers must notify AHCCCS of their preference for the next calendar year by December 15 of each year if making a reimbursement change. Reimbursement changes apply to all services billed by the provider type. When electing the average encounter cost for outpatient services, the most recent cost report available will be utilized.

Any Services 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 are payable consistent with the following tables, regardless of place of service.

TABLE 1 – IHS & 638 FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

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	Title XIX				<u>02</u>	1	Formatted: Font color: Red
	(Acute and Long Term	Outpatient Hospital	UB04	Outpatient All-Inclusive		Z 100°	Deleted: January
		(including		Rate OR		11	Deleted: March

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Approval Date: By December 31, 2011

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			AHCCCS Outpatient Fee Schedule		
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			Average Encounter		
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			Outpatient All Inclusive	<u>02</u>	
	Emergency_	UB04	<u>Rate</u>		Deleted: Trauma
	<u>Services</u>	<u>030.</u>	OR		Formatted: Strikethrough
	Wayndaana		Specially contracted rate	02.05	
	Wound care technology	<u>1500</u>	AHCCCS Fee for Service rate	<u>02, 05</u>	<u>100%</u>
	teemology		Outpatient All-Inclusive	05, 77	
			Rate	<u> </u>	
	Clinic (including	UB04	<u>OR</u>		100(
	behavioral health)	UB04			Formatted: Font color: Red
			AHCCCS Outpatient Fee		
	OTE C.		Schedule	02	
	<u>CT Scans and</u> MRI's	UB04	AHCCCS Outpatient Fee Schedule	<u>02</u>	Formatted: Font: Bold, Font colo Red, Strikethrough
	Ambulatory			02 or 43	
	Surgery Center	<u>1500</u>	ASC Rate	<u>52 51 +5</u>	Formatted: Font: Bold, Strikethrough
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	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	registered	Red, Strikethrough
		Codes		professional	Deleted: UB04
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	(emergency)	1300	Schedule		Formatted: Font color: Red
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			Outpatient All-Inclusive	02 or 05	Formatted: Font color: Red
	Pharmacy	UB04	Rate		Formatted: Font color: Red
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	provided by a non	<u>codes</u>	<u>Schedule</u>		Formatted: Font color: Red
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	Home Health			registered provider	Formatted: Font color: Red
	Agency services	1500 HCPCS/CPT	- Outpatient All-Inclusive	(refer to AHCCCS	Formatted: Font color: Red
	provided by a	codes	<u>Rate</u>	policy for	Formatted: Font color: Red
	RN, PA or NP		¥	<u>certification</u>	Formatted: Font color: Red
				requirements)	
	Durable Medical	1500 HCPCS/CPT	AHCCCS Capped Fee	<u>30</u>	Deleted: Or¶ Specially Contracted Rate
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	<u>racinty</u>		<u>Schedule</u>		111	Deleted: UB04
Title XIX			Outpatient All Inclusive	<u>02</u>	11/1	Deleted: 100%
(Behavioral Health)	_		Rate OR		1,1	Formatted: Font color: Red
1104111)	Outpatient_ Hospital	UB04	- AHCCCS Outpatient Fee		100	Deleted: Skilled Nursing Facility
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			Outpatient All-Inclusive	05 or 77	,	Formatted: Striketillough
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			Schedule		1	Formatted: Font color: Red
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	Professional Services	Codes	Schedule Schedule	independently	1009	Formatted: Font color: Red
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	LMFT, LISAC	<u>codes</u>	<u>Schedule</u>	independently	100	Formatted: Font color: Red, Strikethrough
	<u>AHCCCS</u>			<u>Covered AHCCCS</u> provider of services		Formatted: Strikethrough
	<u>covered</u>	<u>UB04</u>	Outpatient All Inclusive	When billing under	100	Formatted: Font color: Red,
	behavioral health services		<u>Rate</u>	the facility (02, 05 or 77)		Strikethrough
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	Behavioral	<u>codes</u>	<u>Schedule</u>	payment entity	1009	Deleted: Regular FMAP
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	Paraprofessionals Transportation		AHCCCS Capped Fee	28, 77	11/1	Formatted: Font color: Red
	(non-emergency)	1500	Schedule	20, 77	<u>100°</u>	Formatted: Font color: Red
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			Or AHCCCS Capped Fee		1 / //	Formatted: Font color: Red
	Transportation (emergency)	1500	Schedule		100	Formatted: Font color: Red
	(emergency)		<u>Or</u>			Formatted: Font color: Red
			A specially contracted rate			Deleted: UB04
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	Pharmacy.	UB04	Outpatient All-Inclusive	<u>02 or 05</u>	100	Deleted: 100%
		<u>DDUT</u>	Rate 1 F	72 72 77 07	1-1 1 /1/	Deleted: Pharmacy
	<u>Case</u> Management	<u>1500</u> ,	AHCCCS Capped Fee	<u>72, 73, 77, 85, 86,</u> 87, A4	100	Deleted: Outpatient All-Inclusive Ra
	<u>ivianagement</u>		Schedule,	07, A4	/	Deleted: January
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	Residential Treatment Center	<u>UB04</u>	Behavioral Health Fee	B2, B3, 78, B1, B5,	- 100	Formatted: Font color: Red
	Treatment center,				111	Deleted: 1500
	<u>Level III</u>			<u>A2</u>	11/1	Deleted: Regular FMAP
	Behavioral Linear	1500	AHCCCS Capped Fee		100	Formatted: Font color: Red
	<u>Health</u> Residential	1500	<u>Schedule</u>		_ <u>100</u>	Deleted: Case Management
	Respite Care.				Jan's	Deleted: AHCCCS Capped Fee
	<u>Level III</u>			<u>A2</u>	They'r	Schedule
	Behavioral				1997	Deleted: UB04
	<u>Health</u> Residential	<u>UB04</u>	Outpatient All Inclusive Rate		100	Formatted: Font color: Blue
	Counseling				11/11	Deleted: 100%
	Services				11,1	Formatted: Font color: Blue
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			te with the tables above. ic, outpatient all-inclusive rate r	reported to IHS	1 1	Formatted: Font color: Blue
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Eligibility Type	Service	Billing- Form/Codes	Reimbursement	Provider Type	Formatted Table
Title XIX- (Acute and Long Term Care)	Outpatient Hospital (including- professional services) OR Outpatient Hospital (excluding- professional services)	UB04 OR UB04 specific- revenue codes	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee- Schedule Or Cost based encounter rate	<u>02</u>	Formatted: Font color: Red, Strikethrough
	Clinic (including professional services) OR Clinic (excluding professional services)	UB04 OR 1500/HCPCS/CPT codes	Outpatient All Inclusive- Rate OR AHCCCS Capped Fee- Schedule	<u>05</u>	Formatted: Font color: Red, Strikethrough
	Emergency Services	UB04	Outpatient All Inclusive Rate OR Specially contracted rate	<u>02</u> 	Deleted: Trauma
	Wound care technology	<u>1500</u>	AHCCCS Fee for Service rate	<u>02, 05</u>	100% Deleted: January
	CT Scans and	<u>UB04</u>	AHCCCS Outpatient Fee	<u>02</u>	190% Deleted: March

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	MRI's		Schedule		1//	Formatted [4]
	Ambulatory	1500		02or 43	1/200	Formatted [5]
	Surgery Center	<u>1500</u>	ASC Rate		# < 100	Formatted [6]
	Professional	1500/HCPCS/CPT	AHCCCS Capped Fee	Any AHCCCS		Formatted [7]
	Services	Codes	Schedule	<u>registered</u>	~ 100	Deleted: Regular FMAP
	Tuonomontotion		AHCCCS Capped Fee	professional	1	
	Transportation (non-emergency)	1500	Schedule	<u>28</u>	1/100	([0]
	(non emergency)		Outpatient All-Inclusive	06	/	Formatted [9]
			Rate	_	11	Formatted [10]
	Transportation		Or		1//	Formatted [11]
	(emergency)	1500	AHCCCS Capped Fee		/_ 100	Formatted [12]
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			A specially contracted rate.		1/ 1/	Formatted [14]
	DI.	TID04	Outpatient All Inclusive	02 or 05	1/4/00	Deleted: UB04
	<u>Pharmacy</u>	UB04	Rate		1/2 1/00	
	Skilled Nursing	<u>UB04</u>	AHCCCS Capped Fee	<u>22</u>	- 100 100	([13]
	Facility.	<u>EB</u>	Schedule.		4- 100	Deleted: 100%
	Home Health Agency services	1500 HCDCC/CDT	AHOOOG Committee	AHCCCS	111	Formatted [16]
	provided by a non	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule	<u>registered</u> provider	\ <u>\</u> \ <u>100</u>	Deleted: Pharmacy
	RN, PA or NP	<u>code.</u>	<u>Schedule</u>	provider	1////	Deleted: Outpatient All-Inclusive Rate
				AHCCCS	1/11/11	Formatted [17]
	Home Health		- Outpatient All Inclusive	<u>registered</u>		Formatted [18]
		1500 HCPCS/CPT	Rate	provider (refer to	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	provided by a RN,	<u>eodes,</u>		AHCCCS policy for certification	1, 1, 1, 1, 1	([17]
	<u>PA or NP</u>			requirements)		Pormatted [[20]
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	Outpatient Hospital	revenue codes	Or -		1 1111	Deleted: 1500/HCPCS or CPT codes
	(excluding		A cost based encounter		1 111	
	professional services)		<u>rate</u>		1 11	Deleted: ⊕¶ [25]
	Clinic (including			05 or 77	1 11	Deleted: AHCCCS Capped Fe [26]
	professional	UB04	Outpatient All Inclusive	<u></u>	1,11	Deleted: HCBS Services
	services)	OR	Rate		1,1	Formatted [27]
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	Clinic (excluding professional	HCPCS/CPT- codes	AHCCCS Capped Fee Schedule			Formatted [29]
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	Professional-	1500/HCPCS/CP T Codes	AHCCCS Capped Fee Schedule	<u>registered</u>	100	([0.1]
	Services	1 Coucs	Schedule	professional	/	Boldton. <u>sandary</u>
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	Transportation (non-	1500	AHCCCS Capped Fee Schedule	28, 77	_ 100	Deleted: Regular FMAP
	emergency)		Outpatient All-Inclusive Rate	<u>06</u>		Formatted: Font color: Red, Strikethrough
	Transportation (emergency)	1500	Or AHCCCS Capped Fee- Schedule		100	Formatted: Font color: Red, Strikethrough
			A specially contracted rate			Formatted: Font color: Red, Strikethrough
	Pharmacy	UB04	Outpatient All-Inclusive	<u>02 or 05</u>	1 00	Formatted: Strikethrough Formatted: Strikethrough
	Case Management	1500	AHCCCS Capped Fee	<u>72, 73, 77, 85, 86,</u> 87, A4	100 × 100	Formatted: Strikethrough Formatted: Font color: Red, Strikethrough
	Residential Treatment Center	UB04	Behavioral Health Fee Schedule	<u>B2, B3, 78, B1,</u> <u>B5,</u>	100	Formatted: Font color: Red, Strikethrough
Ī	LCSW, LPC, LMFT, LISAC	<u>1500</u> <u>HCPCS/CPT</u>	AHCCCS Capped Fee- Schedule	A4, 11, 85, 86 or 87 When billing	11 1/100 11 1/00	Formatted: Strikethrough Formatted: Font color: Red,
		<u>eodes</u>		independently A4. 11. 85. 86 or		Strikethrough Deleted: Regular FMAP
]	LCSW, LPC, LMFT, LISAC and BHT	<u>UB04</u>	Outpatient All Inclusive Rate	87 When billing under the facility	100 100	Formatted: Font color: Red, Strikethrough
	LMSW, LAC,			(02, 05 or 77) Services must be	11	Formatted: Font color: Red, Strikethrough
	LAMFT, LSAT, LASAC and	1500 HCPCS/CPT	AHCCCS Capped Fee	billed under the facility as the	\(\)\(\)\(\)	Formatted: Strikethrough Formatted: Font color: Red.
	Behavioral Health Paraprofessionals	codes	<u>Schedule</u>	payment entity	100	Strikethrough
	AHCCCS covered behavioral health services	<u>UB04</u>	Outpatient All Inclusive Rate	Covered AHCCCS provider of services When billing under the facility (02, 05 or 77)	<u>100</u>	%
	Level III Behavioral Health Residental Respite Services	<u>1500</u>	AHCCCS Capped Fee Schedule	<u>A2</u>	100	<u>%</u>
	Level III Behavioral Health Residential Counseling Services	<u>UB04</u>	Outpatient All Inclusive Rate	<u>A2</u>	<u>100</u>	%

Note Telemedicine services are reimbursed in accordance with the tables above

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Table 1-IHS/638 Tribal Facility Inpatient Reimbursement Methodology (will be included on the IHS/638 inpatient payment methodology page of the State Plan)

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		Inpatient All Inclusive	<u>02</u>		
Inpatient Facility Services	UB04	Rate Or		100	Formatted: Font color: Red
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Professional Services	1500	Schedule		-/*roo	Deleted: Specially contracted rate
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