

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

Eligibility Type	Service	Billing Form/Codes	Reimbursement	Provider Type	Feder
Title XIX (Acute and Long Term)	Outpatient Hospital (including	UB04	Outpatient All-Inclusive Rate OR	02	100%

TN No. ~~XX-XXX~~
Supercedes
TN No. 00-003

Effective Date: October 1, 2011
Approval Date: By December 31, 2011

Formatted: Strikethrough
 Deleted: January 1, 2011
 Deleted:
 Deleted: and 3
 Formatted: Strikethrough
 Formatted: Strikethrough
 Formatted: Strikethrough
 Formatted: Strikethrough
 Deleted: reflect
 Deleted: <#>Reimbursements are based on specific CMS guidance (transportation and case management)
 Formatted: Font color: Pink, Strikethrough
 Formatted: Bullets and Numbering
 Formatted: Font color: Red, Strikethrough
 Formatted: Font color: Red, Strikethrough
 Formatted: Font color: Red, Strikethrough
 Formatted: Font color: Orange, Strikethrough
 Formatted ... [1]
 Deleted: three
 Formatted: Font color: Red
 Formatted: Font color: Violet
 Formatted ... [2]
 Formatted: Bullets and Numbering
 Formatted: Font color: Red
 Formatted ... [3]
 Formatted: Font color: Red
 Deleted:
 Formatted: Font color: Red
 Deleted:
 Deleted: These services
 Formatted: Font color: Red
 Deleted: ¶
 Formatted: Font color: Violet
 Formatted Table
 Formatted: Font color: Red
 Deleted: January
 Deleted: March

Care)	<u>behavioral health)</u>		<u>AHCCCS Outpatient Fee Schedule Or Average Encounter Cost**</u>		
	Emergency Services	UB04	Outpatient All-Inclusive Rate OR Specially contracted rate	02	100% Deleted: Trauma Formatted: Strikethrough
	<u>Wound care technology</u>	1500	<u>AHCCCS Fee for Service rate</u>	02.05	100%
	Clinic (including behavioral health)	UB04	Outpatient All-Inclusive Rate OR <u>AHCCCS Outpatient Fee Schedule</u>	05.77	100% Formatted: Font color: Red
	CT Scans and MRI's	UB04	AHCCCS Outpatient Fee Schedule	02	100% Formatted: Font: Bold, Font color: Red, Strikethrough
	Ambulatory Surgery Center	1500	ASC Rate	02 or 43	100% Formatted: Font: Bold, Strikethrough
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	Any AHCCCS registered professional	100% Formatted: Font: Bold, Font color: Red, Strikethrough Deleted: UB04
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	28.77.05.40	100% Formatted: Font color: Red
	Transportation (emergency)	1500	<u>Outpatient All-Inclusive Rate Or</u>	06	100% Formatted: Font color: Red Formatted: Font color: Red
			<u>AHCCCS Capped Fee Schedule Or A specially contracted rate</u>		100% Deleted: Regular FMAP Formatted: Font color: Red Formatted: Font color: Black Formatted: Font color: Red
	<u>Pharmacy</u>	UB04	Outpatient All-Inclusive Rate	02 or 05	100% Formatted: Font color: Red Formatted: Font color: Red
	<u>Home Health Agency services provided by a non RN, PA or NP</u>	1500 HCPCS/CPT codes	<u>AHCCCS Capped Fee Schedule</u>	<u>AHCCCS registered provider</u>	100% Formatted: Font color: Red Formatted: Font color: Red
	<u>Home Health Agency services provided by a RN, PA or NP</u>	1500 HCPCS/CPT codes	<u>Outpatient All-Inclusive Rate</u>	<u>AHCCCS registered provider (refer to AHCCCS policy for certification requirements)</u>	100% Formatted: Font color: Red Formatted: Font color: Red Formatted: Font color: Red
	<u>Durable Medical Equipment</u>	1500 HCPCS/CPT codes	<u>AHCCCS Capped Fee Schedule</u>	30	100% Deleted: Or Specially Contracted Rate

Deleted: January
Deleted: March

TN No. XX-XXX
Supercedes
TN No. 00-003

Effective Date: October 1, 2011
Approval Date: By December 31, 2011

	<u>Dialysis</u>	<u>UB04</u>	<u>AHCCCS Component Rate</u>	<u>41</u>	<u>100%</u>	Formatted Table
	<u>Skilled Nursing Facility</u>	<u>UB04</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>22</u>	<u>100%</u>	Formatted: Font color: Red Deleted: UB04
Title XIX (Behavioral Health)	<u>Outpatient Hospital</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u> <u>OR</u> <u>AHCCCS Outpatient Fee Schedule</u> <u>Or</u> <u>inter rate</u>	<u>02</u>	<u>100%</u>	Deleted: 100% Formatted: Font color: Red Deleted: Skilled Nursing Facility Deleted: AHCCCS Capped Fee Schedule
	<u>Clinic</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u> <u>OR</u> <u>AHCCCS Outpatient Fee Schedule</u>	<u>05 or 77</u>	<u>100%</u>	Formatted: Strikethrough Formatted: Font color: Red Formatted: Strikethrough Formatted: Font color: Red
	<u>Licensed Professional Services</u>	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	<u>When billing independently</u>	<u>100%</u>	Formatted: Font color: Red
	<u>LCSW, LPC, LMFT, LISAC</u>	<u>1500 HCPCS/CPT codes</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>A4, 11, 85, 86 or 87</u> <u>When billing independently</u>	<u>100%</u>	Formatted: Strikethrough Formatted: Font color: Red, Strikethrough
	<u>AHCCCS covered behavioral health services</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>Covered AHCCCS provider of services</u> <u>When billing under the facility (02, 05 or 77)</u>	<u>100%</u>	Formatted: Strikethrough Formatted: Font color: Red, Strikethrough
	<u>LMSW, LAC, LAMFT, LSAT, LASAC and Behavioral Health Paraprofessionals</u>	<u>1500 HCPCS/CPT codes</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>Services must be billed under the facility as the payment entity</u>	<u>100%</u>	Formatted: Strikethrough Formatted: Font color: Red Deleted: Regular FMAP Deleted: Title XIX (Behavioral Health)
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	<u>28, 77</u>	<u>100%</u>	Formatted: Font color: Red Formatted: Font color: Red
	Transportation (emergency)	1500	<u>Outpatient All-Inclusive Rate</u> <u>Or</u> <u>AHCCCS Capped Fee Schedule</u> <u>Or</u> <u>A specially contracted rate</u>	<u>06</u>	<u>100%</u>	Formatted: Font: Bold, Font color: Red Formatted: Font color: Red Formatted: Font color: Red Formatted: Font color: Red Deleted: UB04 Formatted: Font color: Red
	<u>Pharmacy</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>02 or 05</u>	<u>100%</u>	Deleted: 100% Deleted: Pharmacy
	<u>Case Management</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>72, 73, 77, 85, 86, 87, A4</u>	<u>100%</u>	Deleted: Outpatient All-Inclusive Rate Deleted: January Deleted: March

TN No. XX-XXX
 Supercedes
 TN No. 00-003

Effective Date: October 1, 2011
 Approval Date: By December 31, 2011

<u>Residential Treatment Center</u>	<u>UB04</u>	<u>Behavioral Health Fee Schedule</u>	<u>B2, B3, 78, B1, B5</u>	100%
<u>Level III Behavioral Health Residential Respite Care</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>A2</u>	100%
<u>Level III Behavioral Health Residential Counseling Services</u>	<u>UB04</u>	<u>Outpatient All Inclusive Rate</u>	<u>A2</u>	100%

- Formatted: Font color: Red
- Deleted: 1500
- Deleted: Regular FMAP
- Formatted: Font color: Red
- Deleted: Case Management
- Deleted: AHCCCS Capped Fee Schedule
- Deleted: UB04
- Formatted: Font color: Blue
- Deleted: 100%
- Formatted: Font color: Blue
- Deleted: Behavioral Health Fee Schedule
- Formatted: Font color: Blue
- Deleted: Residential Treatment Center
- Formatted: Font color: Blue
- Formatted: Font color: Red
- Formatted: Strikethrough

*Note-Telemedicine services are reimbursed in accordance with the tables above.
 **Average Encounter Cost is defined as the facility-specific, outpatient all-inclusive rate reported to IHS headquarters in order to calculate the national all-inclusive rate on an annual basis.

TABLE 2 – TRIBAL 638 HEALTH FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Eligibility Type	Service	Billing Form/Codes	Reimbursement	Provider Type	Federal Share
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>	100%
	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>	100%
	Emergency Services	<u>UB04</u>	Outpatient All Inclusive Rate OR Specially contracted rate	<u>02</u>	100%
	Wound care technology	<u>1500</u>	AHCCCS Fee for Service rate	<u>02, 05</u>	100%
	CT Scans and	<u>UB04</u>	AHCCCS Outpatient Fee	<u>02</u>	100%

- Formatted Table
- Formatted: Font color: Red, Strikethrough
- Formatted: Font color: Red, Strikethrough
- Deleted: Trauma
- Deleted: January
- Deleted: March

TN No. XX-XXX
 Supercedes
 TN No. 00-003

Effective Date: October 1, 2011
 Approval Date: By December 31, 2011

	MRF's		Schedule			Deleted: UB04
	Ambulatory-Surgery Center	1500	ASC Rate	02 or 43	100	Formatted ... [4]
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	Any AHCCCS-registered-professional	100	Formatted ... [5] Formatted ... [6] Formatted ... [7]
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	28	100	Deleted: Regular FMAP Formatted ... [8]
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	06	100	Formatted ... [9] Formatted ... [10] Formatted ... [11] Formatted ... [12] Formatted ... [13] Formatted ... [14]
	Pharmacy	UB04	Outpatient All-Inclusive Rate	02 or 05	100	Deleted: UB04 Formatted ... [15]
	Skilled Nursing Facility	UB04	AHCCCS Capped Fee Schedule	22	100	Deleted: 100% Formatted ... [16]
	Home Health Agency services provided by a non-RN, PA or NP	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule	AHCCCS-registered-provider	100	Deleted: Pharmacy Deleted: Outpatient All-Inclusive Rate Formatted ... [17]
	Home Health Agency services provided by a RN, PA or NP	1500 HCPCS/CPT codes	Outpatient All-Inclusive Rate	AHCCCS-registered-provider (refer to AHCCCS policy for certification requirements)	100	Formatted ... [18] Formatted ... [19] Formatted ... [20] Deleted: 100% Deleted: UB04 Deleted: AHCCCS Capped Fee ... [21] Formatted ... [22]

Title XIX (Behavioral Health)	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 A cost-based encounter rate	02	100	Deleted: Skilled Nursing Facility Formatted ... [23] Formatted ... [24] Deleted: 100% Deleted: 1500/HCPCS or CPT codes Deleted: Or ... [25] Deleted: AHCCCS Capped Fee ... [26]
	Clinic (including professional services) OR Clinic (excluding professional services)	UB04 OR 1500/HCPCS/CPT codes	Outpatient All-Inclusive Rate OR AHCCCS Capped Fee Schedule	05 or 77	100	Deleted: HCBS Services Formatted ... [27] Formatted Table ... [28] Formatted ... [29] Formatted ... [30]
	Licensed Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	Any AHCCCS-registered-professional	100	Formatted ... [31] Deleted: January Deleted: March

TN No. XX-XXX
 Supercedes
 TN No. 00-003

Effective Date: October 1, 2011
 Approval Date: By December 31, 2011

Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	28, 77	100	Deleted: Regular FMAP
Transportation (emergency)	1500	Outpatient All Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	06	100	Formatted: Font color: Red, Strikethrough
Pharmacy	UB04	Outpatient All Inclusive Rate	02 or 05	100	Formatted: Strikethrough
Case Management	1500	AHCCCS Capped Fee Schedule	72, 73, 77, 85, 86, 87, A4	100	Formatted: Font color: Red, Strikethrough
Residential Treatment Center	UB04	Behavioral Health Fee Schedule	B2, B3, 78, B1, B5,	100	Formatted: Font color: Red, Strikethrough
LCSW, LPC, LMFT, LISAC	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule	A4, 11, 85, 86 or 87 When billing independently	100	Formatted: Strikethrough
LCSW, LPC, LMFT, LISAC and BHT	UB04	Outpatient All Inclusive Rate	A4, 11, 85, 86 or 87 When billing under the facility (02, 05 or 77)	100	Deleted: Regular FMAP
LMSW, LAC, LAMFT, LSAT, LASAC and Behavioral Health Paraprofessionals	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule	Services must be billed under the facility as the payment entity	100	Formatted: Font color: Red, Strikethrough
AHCCCS covered behavioral health services	UB04	Outpatient All Inclusive Rate	Covered AHCCCS provider of services When billing under the facility (02, 05 or 77)	100%	
Level III Behavioral Health Residential Respite Services	1500	AHCCCS Capped Fee Schedule	A2	100%	
Level III Behavioral Health Residential Counseling Services	UB04	Outpatient All Inclusive Rate	A2	100%	

*Note Telemedicine services are reimbursed in accordance with the tables above.

~~Deleted: ¶~~

~~Formatted: Font color: Blue~~

~~Formatted: Font color: Blue~~

~~Deleted: January~~

~~Deleted: March~~

TN No. ~~XX-XXX~~

Supersedes

TN No. ~~00-003~~

Effective Date: ~~October 1, 2011~~

Approval Date: By ~~December 31, 2011~~

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

Deleted: 3

Inpatient Facility Services	UB04	Inpatient All Inclusive Rate Or Inpatient cost from Cost Report as a per diem	02	100
Professional Services	1500	AHCCCS Capped Fee Schedule	08.31	100

Formatted: Font color: Red

Formatted: Font color: Red

Formatted Table

Deleted: Specially contracted rate

Deleted: Rate from cost report

Formatted: Font color: Red

Formatted: Font color: Red

TN No. XX-XXX
 Supersedes
 TN No. 00-003

Effective Date: October 1, 2011
 Approval Date: By December 31, 2011

Deleted: January

Deleted: March

Page 1: [1] Formatted Font color: Red, Strikethrough	rxfields	9/15/2011 6:27:00 PM
Page 1: [2] Formatted Font color: Pink, Strikethrough	rxfields	9/15/2011 6:27:00 PM
Page 1: [3] Formatted Font color: Red, Strikethrough	rxfields	9/15/2011 6:27:00 PM
Page 5: [4] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [5] Formatted Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [6] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [7] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [8] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [9] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [10] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [11] Formatted Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [12] Formatted Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [13] Formatted Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [14] Formatted Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [15] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [16] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [17] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [18] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [19] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [20] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [21] Deleted	rxfields	8/19/2011 8:23:00 PM
AHCCCS Capped Fee Schedule		
Page 5: [22] Formatted Strikethrough	rxfields	9/26/2011 5:34:00 PM
Page 5: [23] Formatted Font color: Red, Strikethrough	rxfields	9/26/2011 5:34:00 PM

Page 5: [24] Formatted rxfields 9/26/2011 5:34:00 PM
Font color: Red, Strikethrough

Page 5: [25] Deleted JHAmen 9/16/2011 8:41:00 AM

~~Or~~
Specially Contracted Rate

Page 5: [26] Deleted rxfields 8/19/2011 8:23:00 PM

~~AHCCCS Capped Fee Schedule~~

Page 5: [27] Formatted rxfields 9/26/2011 5:34:00 PM
Strikethrough

Page 5: [28] Change rxfields 7/26/2011 6:56:00 PM
Formatted Table

Page 5: [29] Formatted rxfields 9/26/2011 5:34:00 PM
Font color: Red, Strikethrough

Page 5: [30] Formatted rxfields 9/26/2011 5:34:00 PM
Font color: Red, Strikethrough

Page 5: [31] Formatted rxfields 9/26/2011 5:34:00 PM
Font color: Red, Strikethrough