

CLAIMS CLUES A Publication of the AHCCCS DFSM Claims Department

February 2018

Fee-For-Service Authorization Reminders

Transportation

Please be sure to join the FFS email list to receive important updates, and notifications. Sign up to receive email updates

NEMT Authorization Requests:

 Must be to the nearest appropriate provider (unless documentation is provided that establishes necessity for travel beyond the nearest provider).



 Must be submitted prior to service deliv-

ery in order to be considered timely. Exception: NEMT services provided by ambulance providers or NEMT air transport providers must be received on or prior to the date of service to be considered timely.

- Must provide a specific reason for the transport. The information submitted with the authorization request must provide enough information for Transportation area staff to determine whether the service the member is being transported for is a covered service. Entities referring members or coordinating transport services for members should provide NEMT providers with the reason for transport.
- Must be verifiable against the matching medical or behavioral health service the member is being transported to and from or with treatment plan information as needed.
- Urgent/Expedited requests should be submitted online with supporting documentation, AND a call must be made to the FFS Transportation line to notify transport staff that an expedited request has been submitted.
- Requests with special circumstances should be clearly documented at the time of submission. These requests require an explanation of:
 - Why a member is receiving services at a location that requires long distance travel or travel beyond what appears to be the nearest appropriate provider.
 - Why a member is being transported to a location that are not readily identifiable as a covered service location.
 - O Why a member is being transported to or from pick up or drop off locations, other than the member's place of residence, that result in additional mileage.

PROVIDER EDUCATION DATES

- Replacement and Voids 2/1/2018
 1:00 – 2:00 PM
- Online Claim Submission: Professional Claims 2/8/2018 1:00 – 2:00 PM
- NEMT Workshop follow-up 2/15/2018
 1:00 – 2:00 PM

UPCOMING HOLIDAY

• 2/19/2018 Presidents' Day

ELECTRONIC PAYMENT

Contact: ISDCustomerSupport@azahcccs.gov -OR-Call 602-417-4451

CONTACTS

- Prior Authorization Questions FFS
 PA Line (602) 417-4400
- Claims Customer Service Billing Questions (602) 417-7670
- Provider Registration Process Questions - (602) 417-7670
 Fax Applications (602) 256-1474
- Technical Assistance with Online Web Portal Please email

ProviderTrainingFFS@azahcccs.gov

Fee-For-Service Authorization Reminders Continued

• Why a member requires NEMT for frequent prescription refills.

Medical Authorization

- Authorization requests and associated documentation should be submitted using the <u>online Web</u> <u>Portal system</u>.
- Faxed requests must be accompanied by a Fee for Service Authorization form. Faxes are limited to one member and one provider per form,
- Authorization requests should not be submitted for Federal Emergency Service Program (FESP) members, as only emergency services are covered for FESP members per Policy 1100. Claims for FESP members should be billed with clinical documentation supporting the emergent nature of the services rendered.
- No authorization is required for services that were rendered during a period of retroactive eligibility for FFS members.
- The status of prior authorizations should be checked using the Web Portal. To manage the

volume of incoming authorization calls the area receives, prior authorization staff will no longer provide authorization status or issue standard authorizations over the phone.

- The ability to view authorization status online is delayed for faxed authorization requests. Providers are encouraged to use the web portal to enter authorization requests to have immediate access to an authorization number and authorization status.
- *Urgent/Expedited medical requests should be submitted online with supporting documentation, AND a call must be made to the FFS Prior Authorization line to notify PA staff that an expedited request has been submitted.

*Note: Failure to submit requests in a timely manner and/or submission of requests on short notice does not constitute an urgent request. An urgent/expedited request can take up to three working days to review. Requests submitted as urgent that are determined not to be urgent in nature will be processed within standard timeframes.

Home Health Services

<u>AMPM 310-I</u>, Home Health Services, has been updated with the Face-to-Face Encounter requirements. Per CFR § 440.70 the FFS Acute care population is now subject to our Face-to-Face encounter requirements in the following areas:

- 1. Home Health Services
- 2. Medical Supplies & Equipment

AMPM 310-I addresses this in regards to home health services. The Face-to-Face encounter must meet the following criteria:

- It must relate to the primary reason the member requires either home health services or the ordered medical supplies and equipment.
- For home health services the Face-to-Face must occur no more than 90 days prior to or 30 days following the start of services.
- The Face-to-Face must be performed by any of the following: the ordering physician, a nurse practi-

tioner, a clinical nurse specialist, a physician assistant under the supervision of the ordering physician, or the attending acute or post-acute physician for members who receive services immediately after an acute or post-acute stay. A certified nurse midwife can also perform the Face-to-Face for home health services, but not for medical equipment and supplies.

- All Face-to-Face encounter findings must be both reported back to the ordering physician, when not performed by the ordering physician, and all clinical findings must be incorporated into a written or electronic medical record. Additional documentation required is the practitioner performing the encounter, the date of the encounter, and evidence that it occurred within the required time frames.
- The Face-to-Face encounter may occur through telehealth.

Family Planning



Family planning is an invaluable service offered to members and their families, and to ensure the continued success of our members in this endeavor AHCCCS has expanded its covered services. AHCCCS now covers contraceptive counseling, medications, and supplies, including (but not limited to) the following:

- Oral contraceptives,
- Injectable contraceptives,
- Intrauterine devices (IUDs),
- Subdermal implantable contraceptives,
- Long-acting reversible contraceptives (LARCs),
- Diaphragms,
- Condoms,
- Foams,
- Suppositories,
- Natural family planning, and
- Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse.

Additionally AHCCCS also covers:

- Pregnancy screenings;
- Pharmaceuticals, when they are associated with medical conditions related to family planning or other medical conditions;
- Screening and treatment of Sexually Transmitted Infections (STIs);
- Pregnancy terminations, in limited circumstances that are outlined in AMPM 410, Maternal and Child Health; and
- Sterilizations, when the requirements in AMPM 420, Family Planning, are met.

Pregnancy termination is only covered if one of the following criteria is present:

- The pregnant member suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death unless the pregnancy is terminated;
- The pregnancy is a result of incest;
- The pregnancy is a result of rape; or
- The pregnancy termination is medically necessary and could pose a serious physical or behavioral health problem for the pregnant member.

Orthotics and Prosthetics

attending physician, or practitioner; and

 Authorized as required by AHCCCS, Contractor, or Contractor's designee.

Additional requirements include:

The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare Guidelines,

- The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition, and
- The orthotic is ordered by a Physician or PCP.

A new policy was created to cover orthotics and prosthetics separately from medical supplies, equipment and appliances. A change to the coverage is that Augmentative Communication Devices (speech generating devices) are now covered when medically necessary, and they are classified as prosthetic devices.

Augmentative Communication Devices are considered medically necessary when the device is:

- Prescribed by a Primary Care Provider (PCP), attending physician, or practitioner; or
- Prescribed by a specialist upon referral from the PCP,

The new policy is <u>AMPM 310-JJ</u>, Orthotics and Prosthetics.

Use of Social Determinants of Health Codes for Member Outcomes

Use of Social Determinants of Health Codes for Member Outcomes

As part of AHCCCS' efforts in developing a streamlined method of collecting and tracking member outcomes, the use of specific ICD-10 diagnosis codes representing Social Determinants of Health has been identified as a valuable source of information that impacts member health.

The Social Determinants of Health codes identify the conditions in which people are born, grow, live, work, and age. They include factors like:

- Education
- Employment
- Physical environment
- Socioeconomic status
- · Social support networks

As appropriate within their scope of practice, providers should be routinely screening for, and documenting, the presence of social determinants. Any identified social determinant diagnosis codes should be provided on all claims for AHCCCS members in order to comply with state and federal coding requirements. Beginning with dates of service on and after April 1, 2018, AHCCCS will begin to monitor claims for the presence of these codes.

As of October 1, 2017, the following ICD-10 diagnosis codes are defined as Social Determinants of Health codes under ICD10. Please note that Social Determinants of Health codes may be added or updated on a quarterly basis. Providers should remain current in their thorough utilization of these codes.

ICD-Code	Description
Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.2	Failed school examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment and discord with teachers and classmates
Z55.8	Other problems related to education and literacy

ICD-Code	Description
	Problems related to education and literacy,
Z55.9	unspecified
Z56.0	Unemployment, unspecified
Z56.1	Change of job
Z56.2	Threat of job loss
Z56.3	Stressful work schedule
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work environment
Z56.6	Other physical and mental strain related to work
Z56.81	Sexual harassment on the job
Z56.82	Military deployment status
Z56.89	Other problems related to employment
Z56.9	Unspecified problems related to employment
Z57.0	Occupational exposure to noise
Z57.1	Occupational exposure to radiation
Z57.2	Occupational exposure to dust
Z57.31	Occupational exposure to environmental to- bacco smoke
Z57.39	Occupational exposure to other air contami- nants
Z57.4	Occupational exposure to toxic agents in agri- culture
Z57.5	Occupational exposure to toxic agents in other industries
Z57.6	Occupational exposure to extreme tempera- ture
Z57.7	Occupational exposure to vibration
Z57.8	Occupational exposure to other risk factors
Z57.9	Occupational exposure to unspecified risk factor
Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institu- tion
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support

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Z63.4Disappearance and death of family memberZ63.5Disruption of family by separation and divorce	Z63.31	
Z63.5 Disruption of family by separation and divorce	Z63.32	Other absence of family member
	Z63.4	Disappearance and death of family member
Z63.6 Dependent relative needing care at home	Z63.5	Disruption of family by separation and divorce
	Z63.6	Dependent relative needing care at home

ICD-Code	Description
	Stress on family due to return of family mem-
Z63.71	ber from military deployment
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household
Z63.8	Other specified problems related to primary support group
Z63.9	Problem related to primary support group, unspecified
Z64.0	Problems related to unwanted pregnancy
Z64.1	Problems related to multiparity
Z64.4	Discord with counselors
Z65.0	Conviction in civil and criminal proceedings without imprisonment
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.3	Problems related to other legal circumstances
Z65.4	Victim of crime and terrorism
Z65.5	Exposure to disaster, war and other hostilities
Z65.8	Other specified problems related to psychoso- cial circumstances
Z65.9	Problem related to unspecified psychosocial circumstances
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member of drug abuser
Z72.810	Child and adolescent antisocial behavior
Z72.811	Adult antisocial behavior
Z72.89	Other problems related to lifestyle
Z72.9	Problem related to lifestyle, unspecified
Z73.0	Burn-out
Z73.1	Type A behavior pattern
Z73.2	Lack of relaxation and leisure
Z73.3	Stress, not elsewhere classified
Z73.4	Inadequate social skills, not elsewhere classi- fied
Z73.89	Other problems related to life management difficulty
Z73.9	Problem related to life management difficulty, unspecified