



# IHS/638 Quarterly Billing Forum

## First Quarter 2021

DFSM Provider Education  
February 10, 2021



# IHS/638 Quarterly Billing Forum Agenda

- Public Health Emergency Extension
- Policy Updates & Revision Memo Locations on the AHCCCS Website
- IHS/638 Providers All Inclusive Rate (AIR) Updates for 2021
- The AIR and IHS/638 Nursing Facilities and Skilled Nursing Facilities
- American Indian Medical Home (AIMH)
- Referring, Ordering, Prescribing, Attending (ROPA) Updates
- NEMT Flexibilities & Reminder
- Electronic Visit Verification (EVV) Reminders
- Telephonic Billing Reminders
- Telehealth Information
- Vaccine Memos & Guidance
- Case Management Reminders for ALTCS



# Public Health Emergency Extension

# Public Health Emergency Extension Time Frame

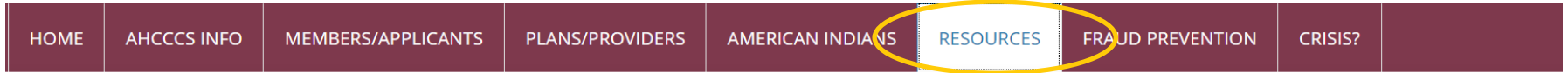
The 1135 Waiver is effective March 1, 2020 through the duration of the Public Health Federal Emergency Declaration.

- The U.S. Secretary of the Department of Health and Human Services may extend the COVID-19 Public Health Emergency (PHE) declaration for 90-day periods for as long as the PHE continues to exist, and may terminate the declaration whenever they determine that the PHE has ceased to exist.
- Currently, the PHE is scheduled to expire on April 21, 2021, unless renewed by the Secretary.
- <https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19SatusofFlexibilities.pdf>



# Policy Updates & Revision Memo Locations on the AHCCCS Website

# Policy Updates & Revision Memo Locations on the AHCCCS Website



## Oversight of Health Plans

- Administrative Actions
- Contracted Health Plan Audited Financial Statements
- Change in Ownership Activities
- Operational Reviews

## Reports

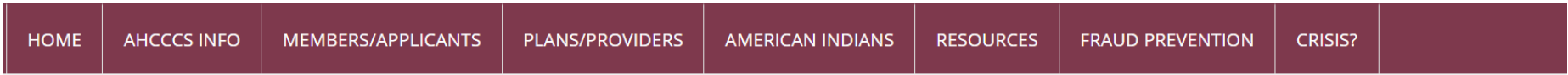
- Dashboards
- Reports to CMS
- Reports to the Legislature
- Population Reports
- Enrollment Reports by Health Plan

## Guides - Manuals - Policies

## Training

- Fee-for-Service Provider Training
- MCO Provider Training

# Policy Updates & Revision Memo Locations on the AHCCCS Website



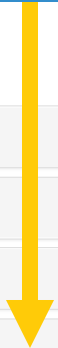
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Scroll Down to the AHCCCS Medical Policy Manual

## GUIDES AND MANUALS FOR HEALTH PLANS AND PROVIDERS

- AHCCCS Online
- Health Plans
- AHCCCS Provider Enrollment Portal (APEP)
- Other Provider Programs and Initiatives
- Data Access
- EHR Incentive Program (now called Promoting Interoperability Program)

- AHCCCS ALTCS MEMBER CHANGE REPORT USER GUIDE
- AHCCCS BEHAVIORAL HEALTH DIAGNOSIS LIST
- AHCCCS BEHAVIORAL HEALTH SYSTEM PRACTICE TOOLS
- AHCCCS CLAIMS DASHBOARD REPORTING
- AHCCCS CONTRACTOR EXPENDITURE REPORT (CER) FORM AND INSTRUCTIONS
- AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM)




# Policy Updates & Revision Memo Locations on the AHCCCS Website

AHCCCS GUIDE TO LANGUAGE IN NOTICES OF ACTION (NOA) AND NOA DICTIONARY

AHCCCS IHS/TRIBAL PROVIDER BILLING MANUAL

AHCCCS MEDICAL POLICY MANUAL (AMPM)

AHCCCS PROGRAM INTEGRITY REPORTING GUIDE

AHCCCS PROVIDER AFFILIATION TRANSMISSION (PAT) MANUAL 



# Policy Updates & Revision Memo Locations on the AHCCCS Website

- MEMBERS/APPLICANTS
- PLANS/PROVIDERS
- AMERICAN INDIANS
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Contractor Guides & Manuals / AMPM / This Page

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## AHCCCS Medical Policy Manual (AMPM)

### Information Regarding COVID-19

In response to Medicaid-related questions from providers and contractors arising from the COVID-19 pandemic, AHCCCS has developed a list of Frequently Asked Questions (FAQs) Regarding Coronavirus Disease 2019 (COVID-19) which is updated regularly. It is important to note that there are instances where the information presented in the CMS-approved flexibilities and COVID-19 FAQs does not align with provisions set forth by the AHCCCS Medical Policy Manual (AMPM). In these instances the CMS-approved flexibilities and FAQs take precedence and are controlling.

[COVID-19 FAQs](#)

The AHCCCS Medical Policy Manual (AMPM) provides information to Contractors and Providers regarding services that are covered within the AHCCCS program. The AMPM is applicable to both Managed Care and Fee-for-Service members.

The AMPM should be referenced in conjunction with State and Federal regulations, other Agency manuals [AHCCCS Contractors' Operations Manual (ACOM) and the AHCCCS Fee-for-Service Manual], and applicable contracts.

[Subscribe for Email Notifications of Policy Updates](#)

### ▲ How to Submit Public Comments

ACOM and AMPM Policies and related materials that have been opened for review/revisions and will serve to provide Tribal

Scroll Down to AMPM Revision Memos



# Policy Updates & Revision Memo Locations on the AHCCCS Website


Appendices


AMPM Revision Memos

Revision Memo Archive ▾

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## 2021

February 01, 2021 

January 09, 2021 

Select the Revision Memo Year You Wish to Review



# AMPM Updates as of 02/01/2021

The updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) are available on the [AHCCCS website](#).

Please reference the February 01, 2021 Revision Memo for a complete list of recent changes at the following links:

## AMPM Revision Memo

- [February 01, 2021](#)
- [Subscribe to AHCCCS Tribal Relations Updates](#)



# 2021 All Inclusive Rate Updates

# 2021 All Inclusive Rates (AIRs)

The Federal Register has published the **2021** All Inclusive Rates (AIRs). The 2021 rates were effective beginning **January 1, 2021**.

- 2021 inpatient AIR is \$3,631.00
- 2021 outpatient AIR is \$519.00

**Note:** For dates of service on or after 1/1/21, any claims billed at the 2020 AIR must be resubmitted with the 2021 AIR in order to receive the 2021 rate.

- <https://www.federalregister.gov/documents/2020/12/31/2020-28950/reimbursement-rates-for-calendar-year-2021>



# The AIR and IHS/638 Nursing Facilities & Skilled Nursing Facilities

# The AIR and IHS/638 Nursing Facilities & Skilled Nursing Facilities

On August 17, 2020, AHCCCS received CMS approval to reimburse Indian Health Service (IHS) & Tribally owned and/or operated (638) Nursing Facilities (NFs) and Skilled Nursing Facilities (SNFs) at the current outpatient All Inclusive Rate (AIR) as published in the Federal Register. This change became effective **October 1, 2020.**

- For the current year's outpatient AIR, please visit the Federal Register at:
  - <https://www.federalregister.gov/>

# The AIR and IHS/638 Nursing Facilities & Skilled Nursing Facilities

Billing for reimbursement at the AIR is only an option for **Title XIX Members.**

## KidsCare Members:

Services provided to Title XXI (KidsCare) members **are not reimbursable at the All Inclusive Rate (AIR).**



# What has Changed?

Previously, the per diem rate (a daily rate paid for services provided to each member) for nursing facility stays was established based on four levels of care.

- Level 1 (Revenue code 0191)
- Level 2 (Revenue code 0192)
- Level 3 (Revenue code 0193)
- Ventilator dependent, sub-acute and other specialty care

# Two Billing Options for Reimbursement

Bill the outpatient  
All-Inclusive Rate (AIR) for  
FFY 2021 \$519.00.

Continue to bill the AHCCCS SNF  
capped FFS rates based on the  
level of care.



# Billing for IHS/638 NFs & SNFs

For IHS/638 NFs and SNFs, who choose to bill the outpatient AIR for services rendered to Title XIX members, services will continue to be billed as follows:

- **Claim Form Type:** UB-04
- **Revenue Codes:** 0183, 0185, 0191, 0192, 0193, Ventilator
- **Diagnosis Code:** Must bill a valid ICD-10 diagnosis code. AHCCCS does not accept DSM-4 or ICD-9 diagnosis codes and claims billed with these diagnosis codes will be denied.
- **Reimbursement Rate:** The current outpatient All Inclusive Rate multiplied by the total number of approved days for the billing period.

# Billing for IHS/638 NFs & SNFs

## Coding

When billing for reimbursement at the outpatient AIR, providers should continue to use the appropriate Revenue Code and follow national coding standards.

Revenue Code	Description
0183	LOA/Therapeutic
0185	LOA/Nursing Home
0191	Subacute Care Level I
0192	Subacute Care Level II
0193	Subacute Care Level III

# Billing for IHS/638 NFs & SNFs

## Claim Form

There is *no change* to how the UB-04 Claim Form is filled out, except for the reimbursement rate requested. This will be reflected in the following fields:

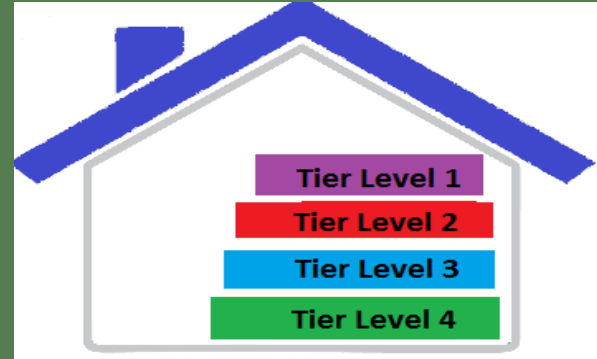
- Field 42: Rev Code
- Field 47: Total Charges

For additional instructions on “how to” fill out a UB-04 Claim Form, please visit Chapter 5, Claim Forms, of the IHS/Tribal Provider Billing Manual at:

- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap05CImFormRequire.pdf>



# American Indian Medical Homes



# What is an American Indian Medical Home

- The American Indian Medical Home (AIMH) is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- AIMHs help address health disparities between American Indians and Alaskan Natives in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 hour access to the care team.

# AIHM Provider Requirements

- Must be an IHS or Tribal 638 facility
- Enter into an AIMH Intergovernmental Agreement (IGA)
- Primary Care Medical Home (PCMH) accreditation
- Provide 24 hour telephonic access to the care team
- Dependent on selected Tier Level
  - Provide diabetes education
  - Participate bi-directionally in the State Health Information Exchange (HIE)



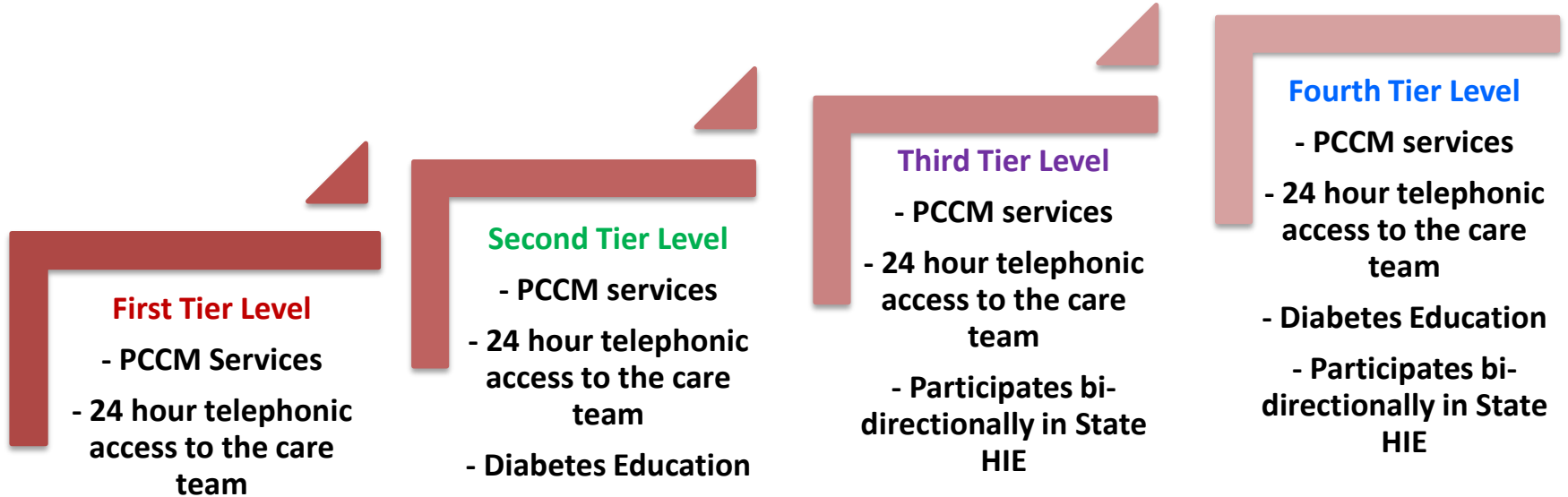
# IHS/638 Provider Types that can choose to become a AIHM Provider

<b>Provider Type</b>	<b>Description</b>
<b>02</b>	<b>Hospital</b>
<b>05</b>	<b>Clinic (excluding Dental Providers)</b>
<b>IC</b>	<b>Integrated Clinic</b>
<b>C2</b>	<b>Federally Qualified Health Clinic (FQHC)</b>
<b>C5</b>	<b>638 Federally Qualified Health Clinic (FQHC)</b>
<b>29</b>	<b>Community / Rural Health Center</b>

# AIMH Reimbursement Rates

- Facilities who choose to become an AIMH will receive a Prospective Per Member Per Month **(PMPM)** rate for services provided by their medical home.
- Payments are dependent upon the AIMH tier level selected.
- Tier levels (4) include annual rate increases.

# AIMH Services Per Tier Level



# AIMH Reimbursement Rates

AIMH 4.6% rate increase calculation – 10 year forecast

Calendar Year	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Level 1	13.26	13.87	14.51	15.18	15.87	16.60	17.37	18.17	19.00	19.88	20.79
Level 2	15.26	15.96	16.70	17.46	18.27	19.11	19.99	20.91	21.87	22.87	23.93
Level 3	20.76	21.71	22.71	23.76	24.85	25.99	27.19	28.44	29.75	31.12	32.55
Level 4	22.76	23.81	24.90	26.05	27.25	28.50	29.81	31.18	32.62	34.12	35.69

# Active American Indian Medical Homes

- Chinle Comprehensive Health Care Facility
  - Tier 4
  - **13,263 members**
- Phoenix Indian Medical Center (PIMC)
  - Tier 2
  - **4,891 members**
- WhiteRiver Indian Hospital
  - Tier 2
  - **5,378 members**
- Winslow Indian Health Care Center
  - Tier 3
  - **3,510 members**
- San Carlos Apache Healthcare
  - Tier 4
  - **2,897 members**
- Fort Yuma Indian Health Center
  - Tier 1
  - **15 members**
- Tuba City Regional Healthcare
  - Tier 4
  - **(Newly enrolled AIMH)**

# AIMH Resources and Information

- IHS/638 Providers can send questions to:
  - [AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)
- Review AIMH information at:  
<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- State Plan Amendment (SPA)  
<https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>



# Referring, Ordering, Prescribing, Attending (ROPA) updates

# ROPA

- Due to the COVID-19 Public Health Emergency, and the efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to June 1, 2021.**
- After June 1, 2021, claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.
- DFSM will provide a temporary method for IHS/638 facilities to list all residents, interns and fellows that can appear on the claim, and cause a denial. Permanent process for updates will follow.



# Pharmacy ROPA

- Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.
- Please contact [Lisa.Dewitt@azahcccs.gov](mailto:Lisa.Dewitt@azahcccs.gov) if you did not receive the requirements and the spreadsheet to add your immunizing pharmacists to our system.



# NEMT Reminders

# NEMT Flexibilities During the Public Health Emergency

- Effective as of April 01, 2020 and during the declared public health emergency, AHCCCS has waived the signature requirement for NEMT drivers to collect a passenger's signature, whether on paper or electronically.

# NEMT Reminder

- **Question:** What are the recommendations for Non-Emergency Medical Transportation (NEMT) providers to protect themselves?
- **Answer:** [This Arizona Department of Health Services flier](#) provides information to help NEMT providers understand the signs and symptoms of Coronavirus, how it spreads, the recommendations for how to protect yourself and others, when to use personal protective equipment (PPE), and where to request it.



# Electronic Visit Verification Reminders

# Electronic Visit Verification (EVV)

Effective January 01, 2021 - All providers are required to begin using Electronic Visit Verification.

- **January 01, 2021 – March 31, 2021 (Grace Period)**
- **Payment for EVV Services** - AHCCCS is allowing for a grace period for claims for dates of service beginning **January 01, 2021 through March 31, 2021**.

This means that providers can still receive reimbursement for services if there is no EVV visit to match to a claim or the EVV visit data is incomplete.

# Electronic Visit Verification Beginning April 1, 2021

**Payment for EVV Services** – The hard claims edits will begin for EVV service claims for the dates of service beginning April 1, 2021.

*Important: Providers will not get paid unless all the required EVV visit data is present.*

**EVV Policy Compliance** – The new EVV compliance standards will begin to be incorporated into the quality monitoring audits performed by the MCOs.

# Electronic Visit Verification FAQs

AHCCCS has placed new FAQs on the [www.azahcccs.gov/evv](http://www.azahcccs.gov/evv) website to help with some of the common questions we receive about EVV. You can now find FAQs on the following:

- Member Focused Device FAQ
- Provider Focused Device FAQ
- Telehealth and EVV FAQ

To receive EVV notifications, sign up for the EVV email list, available on the [EVV web page](#) under the “Stay Informed” tab.





# Telephonic Billing Updates and Reminders

# Telephonic Code Set (Temporary) Telehealth Services

AHCCCS has established two telephonic code sets that are available for use:

- a. **Table I, AHCCCS Telephonic Code Set (Temporary)** provides the lists of codes available on a temporary basis to be provided telephonically starting on dates of service March 17, 2020 until the end of the COVID-19 declared emergency.
- i. Modifier UD must be used when billing the applicable CPT or HCPCS code to designate **Telephonic Service**.
- ii. The Place of Service (POS) is the originating site (ie, where the member is located at the time of the telephonic service delivery).


# Telephonic Code Set (Permanent) Telehealth Services



Table II, **AHCCCS Telephonic Code Set (Permanent)** are codes that have been available for use telephonically prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency.

There is no change to the coding standards for these CPT/HCPCS codes. When providing these services *telephonically*, please continue to utilize ***POS 02 telehealth***.

# Medical Coding Resources Web Page

The medical coding resources page was recently updated on 01/13/2021 to include updates to Table I and Table II telephonic code sets.

COVID-19 Emergency Medical Coding Guidance (1/6/2021) 

- Telehealth Code Set (1/13/2021)  - Replaces & supercedes *Table I AHCCCS Telephonic Temporary*
- Telehealth Code Set (1/13/2021)  - Replaces & supercedes *Table II AHCCCS Telephonic Code Permanent*

[https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet\\_COVID.xlsx](https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet_COVID.xlsx)

[https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet\\_COVID.xlsx](https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet_COVID.xlsx)



# Telehealth Reminders

# AHCCCS Telehealth Coverage: Post-Pandemic Planning

- AHCCCS telehealth policy flexibilities for COVID-19 have been extended through 9/30/21
- AHCCCS intends to finalize post-COVID-19 telehealth coverage decisions by 7/1/21

# Can all AHCCCS Covered Services be Delivered via Telehealth (Including Telephonic) and be Reimbursable?

**Answer:** All services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency.

Ultimately, it is up to the treating provider to follow clinical best practices and use clinical judgement to determine what services can reasonably be provided via telehealth versus what services must be provided in-person.

# What Provider Types May Provide Telehealth and Telephonic Services?

**Answer:** As per Governor Ducey's Executive Order 2020-15 effective March 25, 2020 through the end of the COVID-19 declared emergency, telehealth services may be provided by any Arizona licensed healthcare provider type, including but not limited to, physicians, physicians assistants, advanced practice nurses, optometrists, psychologists, dentists, occupational therapists, physical therapists, pharmacists, behavioral health providers, chiropractors, athletic trainers, hearing aid dispensers, audiologists, and speech-language pathologists.



# How do the “Four Walls” Typically Apply to Telehealth Services?

**Answer:** The “Four Walls” of an IHS/638 Clinic refer to the physical building the clinic operates within.

The CMS interpretation of section 1905(a)(8) of the Social Security Act, in 42 CFR 440.90, specifies that “clinic services” do not include any services delivered outside of the “four walls” of the clinic, except if services are provided to a homeless individual.

# How do the “Four Walls” Typically Apply to Telehealth Services?

**Answer (continued):** Under normal circumstances, the “Four Walls” applies as follows:

- The “Four Walls” provision **does** apply to free-standing IHS/638 clinics.
- The “Four Walls” provision **does not** apply to IHS/638 hospitals or to their hospital-affiliated (provider-based) outpatient clinics.
- The “Four Walls” provision **does not** apply to 638 FQHCs.

# How do the “Four Walls” Apply to Telehealth Services and IHS/638 Free-Standing Clinics?

**Answer:** AHCCCS requested flexibility from CMS to reimburse free-standing clinics at the All Inclusive Rate for telehealth and telephonic services during the COVID-19 emergency, even if neither the member nor the clinician was within the “Four Walls” but a clinic visit/facility defined service had been provided.

Consistent with guidance from CMS issued on January 15, 2021, DFSSM will not review claims pertaining to the "Four Walls" provision until October 31, 2021. More information from CMS can be found here: [CIB Informational Bulletin - Four Walls](#)

# How do the “Four Walls” Apply to Telehealth Services and IHS/638 Free-Standing Clinics?

**Answer:** When a free-standing IHS/638 clinic submits a claim to AHCCCS for telehealth/telephonic services, it is reimbursable at the All Inclusive Rate (AIR), if the following conditions are met:

- If ***either*** the member or the provider is located inside the four walls of the IHS/638 clinic, when the telehealth/telephonic visit is being done; *and*
- The service being provided is an AHCCCS-covered service; *and*
- The service being provided meets the definition of a clinic visit.

# How do the “Four Walls” Apply to Telehealth Services and IHS/638 Free-Standing Clinics?

**Answer:** When a free-standing IHS/638 clinic submits a claim to AHCCCS for telehealth/telephonic services, it is reimbursable at the Capped FFS Rate and **not** at the AIR (even if the service provided met the definition of a clinic visit) , if the following conditions are met:

- If **neither** the member nor the provider is located inside the four walls of the IHS/638 clinic (i.e. if the member is in their home and the provider is in their home office, so neither the member or provider is at the IHS/638 clinic); *and*
- The service being provided is an AHCCCS-covered service.

# Where Can I Find Specific Billing Guidance?

**Answer:** AHCCCS has provided IHS-638 specific telehealth billing guidance in the following locations:

- The **DFSM Provider Training web page** (go to Training Presentations by Subject - Select Telehealth - Select Telehealth Services for IHS and 638 Providers) located at: [https://www.azahcccs.gov/Resources/Training/DFSM\\_Training.html](https://www.azahcccs.gov/Resources/Training/DFSM_Training.html)
- **Chapter 10 of the IHS-Tribal Provider Billing Manual**, located at: <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap08IndivPractitionerSvcs.pdf>

# Upcoming Telehealth Trainings Sessions

<b>Date &amp; Time</b>	<b>Topics Covered</b>
<p><b>Thursday, March 11th, 2021</b> <b>10:00 a.m. — 11:00 a.m.</b> <a href="#">Zoom Registration Link</a></p>	<p><b>General Telehealth Training (In Depth Policy Overview and Billing for FFS Providers)</b></p> <p>Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions. Session will be held via Zoom Only.</p>
<p><b>Thursday, March 25th, 2021 10:00 a.m. — 11:00 a.m.</b> <a href="#">Zoom Registration Link</a></p>	<p><b>Telehealth and Telephonic Training for IHS and 638 Providers</b></p> <p>General telehealth/telephonic policies and definitions, billing, claims, and the "four walls" and their applicability to telehealth/telephonic services. Session will be held via Zoom Only.</p>



# Vaccine Memos



# Vaccine Memos

AHCCCS has published billing guidance for IHS and 638 providers related to flu vaccine administration, and also for the administration of the Covid-19 vaccine.

The Division of Fee For Service Management (DFSM) will continue to post these updates on the DFSM training webpage as applicable. These memos can be found beneath the heading "Vaccination Memos" at:

- [https://www.azahcccs.gov/Resources/Training/DFSM\\_Training.html](https://www.azahcccs.gov/Resources/Training/DFSM_Training.html)

# Vaccine Memos

Memos can also be viewed at the links below:

- Flu Vaccine Memo:  
<https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/FluVaccineMemo.pdf>
- Pharmacy AIR Reimbursement for the Flu Vaccine Memo:  
<https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/PharmacyAIRReimbursementForTheFluVaccineAdministration.pdf>
- IHS/638 COVID-19 Vaccine Billing Guidelines Memo:  
<https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/IHS638COVID19VaccineAdminBillingGuidelines.pdf>



# Covid-19 Vaccine Codes

# American Medical Association (AMA) Codes for COVID-19 Vaccines

Vaccine Codes (Please note that the COVID vaccines are provided at no charge from the Federal government and therefore only the vaccine administration can be billed).

- **91300** (Pfizer Vaccine) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
- **91301** (Moderna Vaccine) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use - Not Yet Approved

# Codes for First Vaccine Administrations

- **0001A (Pfizer Vaccine)** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose.
- **0011A (Moderna Vaccine)** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose. - Not Yet Approved

# Codes for Second Vaccine Administrations

- **0002A (Pfizer Vaccine)** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose.
- **0012A (Moderna Vaccine)** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose.- Not Yet Approved



# COVID-19 FAQ's

# COVID-19 Vaccine Guidance for AHCCCS Providers Published

AHCCCS is regularly updating its [COVID-19 Frequently Asked Questions](#) document as new information about the COVID-19 vaccine becomes available. Per Governor Ducey's Executive Order 2020-58, there will be no cost to Arizonans to receive the COVID-19 vaccine. Our FAQs include guidance on which providers can administer the vaccine and who can be reimbursed.

The Arizona Department of Health Services continues to update its [COVID-19 Vaccine web page](#), providing information on the steps priority populations need to take to complete the pre-screening process and register for vaccination appointments.



# Covid-19 Emergency Related Modifier CR – Catastrophe/Disaster

## Modifier CR:

- AHCCCS has designated the CR modifier to be used on all claims for services provided as a result of, or related to COVID-19.
- Providers should begin utilizing modifier CR immediately in all appropriate instances in order for AHCCCS to identify the costs of services attributable to this emergency.
- All other guidance regarding use of modifiers continues to be applicable.

## 5. (updated 1/6/21) Question: Does AHCCCS cover testing for COVID-19

### Answer:

AHCCCS covers COVID-19 testing. All codes have been entered in the AHCCCS PMMIS system.

- HCPCS U0001 and U0002 have an effective date of February 4, 2020.
- CPT 87635 has an effective date of March 13, 2020.
- HCPCS U0003 and U0004 have effective date of March 18, 2020.
- HCPCS U0005 has an effective date of January 1, 2021.

## 15. (added 1/6/21) Question: Who is eligible to receive the COVID vaccine?

### **Answer:**

Currently, members who are 18 years of age or older are eligible to receive either the Pfizer or Moderna vaccine. Those members who are between 16 and 18 years of age are only eligible for the Pfizer vaccine. Members under the age of 16 are currently not eligible to receive either vaccine.



# COVID-19 Vaccine Distribution Plan for 1A Populations Includes Direct Care Workers

# COVID-19 Vaccine Distribution Plan for 1A Populations Includes Direct Care Workers

As doses of the COVID-19 vaccine continue to arrive in Arizona, the Arizona Department of Health Services is prioritizing the distribution in three phases. Phase 1A includes healthcare personnel, healthcare support occupations, long-term care facility residents (and staff at these facilities).

Phase 1A also includes direct care workers offering services to members in their own homes, such as attendant care and personal care services.

Counties and tribal partners may elect to prioritize populations within each phase of the vaccine roll out, based on considerations specific to their jurisdiction.

# COVID-19 Vaccine Distribution Plan for 1A Populations Includes Direct Care Workers

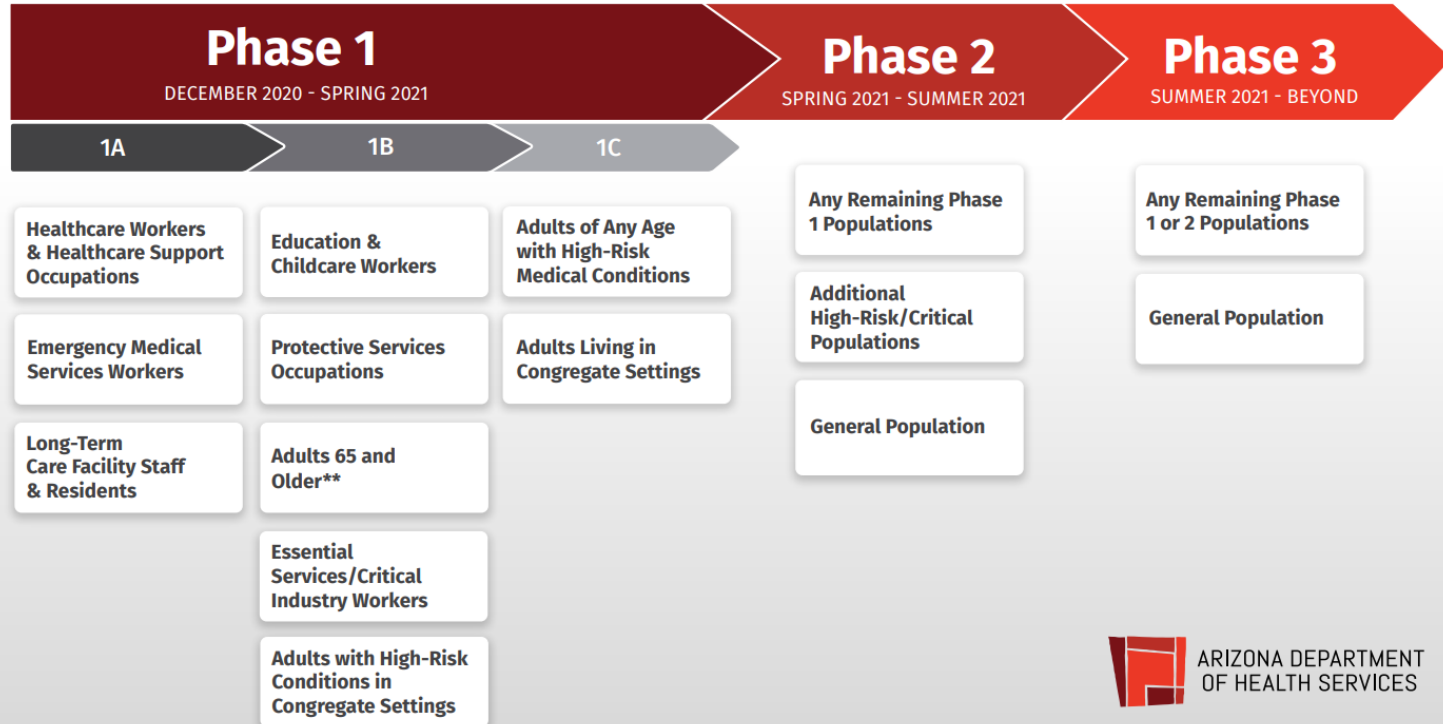
Distribution of the vaccine will be conducted at the county level, so please see your county's public health website for distribution information.

- Some counties, like Maricopa County, have a Phase 1A prescreening tool in order to determine whether an individual meets the criteria for the 1A population.

Points of Dispensing (POD) sites will be established in each county. Please refer to the Arizona Department of Health Services COVID-19 vaccine web page for county contacts and for the most current information during this rapidly changing situation.

- <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf>

# Arizona COVID-19 Vaccine Prioritization\*



\*Distribution groups and timelines of phases shown are tentative. Local allocators may further subprioritize in each phase based on vaccine supply. This information is subject to change due to future [vaccine distribution guidance recommendations](#), FDA approval of vaccines, and vaccine allocation/availability.

\*\*Local jurisdictions may be vaccinating Adults 75 and Older. Visit [azhealth.gov/fndvaccine](https://azhealth.gov/fndvaccine) for more information.



# Case Management Reminders for ALTCS



#### 4. (updated 12/30/20) Question: Should ALTCS Health Plans and Tribal ALTCS programs continue to conduct in-person case management and support coordination visits with members?

- **Answer:** Per AMPM 1620-E, case managers (and support coordinators) must conduct in-person visits for members residing in a skilled nursing facility every 180 days and to a member receiving HCBS or acute-only services every 90 days; these timeframes remain in effect during the PHE.
- AHCCCS will allow MCOs to conduct electronic visits as long as case managers can visually assess the member through electronic means. If there is not a video conference option available, MCOs should conduct an in-person assessment of the member, assuming that the member and/or member representative is comfortable with an in-person visit and appropriate precautions (including PPE, social distancing, and safety protocols) are taken. If a video conference option is not available and a member or member representative declines an in-person visit, that should be documented in the member's case management file.

## Continued 4. (updated 12/30/20) Question: Should ALTCS Health Plans and Tribal ALTCS programs continue to conduct in-person case management and support coordination visits with members?

- MCOs are required to make appropriate accommodations in order to support members' engagement in their visits and assessments (e.g. ASL interpreter, closed captioning on the video monitor), regardless of how the visits and assessments are conducted (remote or in-person).



# DFSM Provider Education and Training Unit

# Email Alerts

## Stay Informed

- You may sign-up for Constant Contact notifications and updates from the AHCCCS Division of Fee for Service Management (DFSM) at this [link](#).
- DFSM routinely sends out notices and FAQs via Constant Contact.

# Video Library

The DFSM Provider Education and Training Unit offers an array of training media types for providers, including a growing video library list on YouTube!

## Training Schedules

[Training Schedules by Year](#)

## Provider Training Video Library

[Provider Training Video Library](#)

## New Provider Video Series

### Resources

[AHCCCS Fee for Service \(FFS\) Health Plans Overview](#)

[Billing Resources for New Providers](#)

[AHCCCS Website Overview](#)

[AHCCCS Website Overview - Part 2](#)

[AHCCCS Providers & Useful Materials on the AHCCCS Website](#)

[Prior Authorization Requirements for Fee-for-Service Members](#)

[Documentation Requirements for Claim Submission and Concurrent Review](#)

[How to Read the Remittance Advice](#)

### Provider Enrollment

[Registering for the AHCCCS Provider Enrollment Portal \(APEP\)](#)

# DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

# Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)
- Coding - Questions on AHCCCS Coding should be directed to the coding team at [CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)
  - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

# Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or [ISDCustomerSupport@azahcccs.gov](mailto:ISDCustomerSupport@azahcccs.gov)



# Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

**NOTE:** Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

# Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
  - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
  - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

# Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

**NOTE:** Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

# Policy Information

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHSTribalbillingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Questions?

Thank You.