

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

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The published all-inclusive rate is paid for up to three (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.

TABLE 1 – IHS FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Table with 6 columns: Eligibility Type, Service, Billing Form/Codes, Reimbursement, Provider Type, Federal Share. Rows include Outpatient Hospital, Clinic, and CT Scans and MRIs.

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	Ambulatory Surgery Center	1500	ASC Rate	02 or 43	100%	Formatted Table Deleted: UB04
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	Any AHCCCS registered professional	100%	Formatted: Font color: Red Formatted: Font color: Red
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	28	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 Formatted: Font color: Red Formatted: Font color: Black Formatted: Font color: Red Formatted: Font color: Red
	Pharmacy	UB04	Outpatient All-Inclusive Rate	02 or 05	100%	Formatted: Font color: Red
	Home Health Medicare-certified services provided by a non-licensed provider (such as a medical assistant or technician)	1500 HCPCS/CPT codes	AHCCCS Capped Fee Schedule	AHCCCS registered provider	100%	Formatted: Font color: Red Formatted: Font color: Red Formatted: Font color: Red Deleted: Agency Formatted: Font color: Red Formatted: Font color: Red
	Home Health Medicare-certified services provided by a licensed provider (such as an RN or LPN)	1500 HCPCS/CPT codes	Outpatient All-Inclusive Rate Or Specially Contracted Rate	AHCCCS registered provider (refer to AHCCCS policy for certification requirements)	100%	Formatted: Font color: Red Formatted: Font color: Red Deleted: RN, PA or NP Formatted: Font color: Red Deleted: Agency Formatted: Font color: Red
	Skilled Nursing Facility	UB04	AHCCCS Capped Fee Schedule	22	100%	Deleted: RN, PA or NP Formatted: Font color: Red
Title XIX (Behavioral Health)	Outpatient Hospital	UB04	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	02	100%	Formatted: Font color: Red Deleted: UB04 Formatted: Font color: Red Deleted: 100%
	Clinic	UB04	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	05 or 77	100%	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	100%	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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<u>LMFT, LISAC and BHT</u>		<u>Rate</u>	<u>When billing under the facility (02, 05 or 77)</u>	Formatted Table
<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>	100%
Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	<u>28</u>	100% Deleted: Regular FMAP
Transportation (emergency)	1500	Outpatient All-Inclusive Rate	<u>06</u>	Formatted: Font color: Red
		Or AHCCCS Capped Fee Schedule		Deleted: Title XIX (Behavioral Health)
		Or <u>A specially contracted rate</u>		Formatted: Font color: Red
<u>Pharmacy</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>02 or 05</u>	100% Deleted: Regular FMAP
<u>Case Management</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>72, 73, 77, 85, 86, 87, A4</u>	100% Deleted: UB04
<u>Residential Treatment Center</u>	<u>UB04</u>	<u>Behavioral Health Fee Schedule</u>	<u>B2, B3, 78, B1, B5</u>	100% Deleted: 100%
<u>Level III Behavioral Health Residential</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>A2</u>	100% Deleted: Pharmacy
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				Deleted: Behavioral Health Fee Schedule
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*Note-Telemedicine services are reimbursed in accordance with the tables above.

TABLE 2 – TRIBAL 638 HEALTH FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Eligibility Type	Service	Billing Form/Codes	Reimbursement	Provider Type	Federally Qualified Health Center
Title XIX (Acute and Long Term Care)	Outpatient Hospital (including professional services)	UB04 OR UB04 specific revenue codes	Outpatient All-Inclusive Rate OR AHCCCS Outpatient Fee Schedule	<u>02</u>	Formatted: Font color: Blue
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					Deleted: Behavioral Health Fee Schedule
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					Deleted: Residential Treatment Center
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Outpatient Hospital (excluding professional services)
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	services)				
	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	100 Formatted: Font color: Red
	<u>CT Scans and MRI's</u>	<u>UB04</u>	<u>AHCCCS Outpatient Fee Schedule</u>	<u>02</u>	<u>100%</u>
	Ambulatory Surgery Center	<u>1500</u>	ASC Rate	<u>02 or 43</u>	100 Formatted: Font color: Red
	Professional Services	1500/HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	<u>Any AHCCCS registered professional</u>	100 Deleted: UB04 Formatted: Font color: Red
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	<u>28</u>	100 Deleted: Regular FMAP Formatted: Font color: Red
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	<u>06</u>	100 Formatted: Font color: Red Deleted: UB04 Deleted: 100%
	<u>Pharmacy</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>02 or 05</u>	100 Formatted: Font color: Red
	<u>Skilled Nursing Facility</u>	<u>UB04</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>22</u>	100 Deleted: Pharmacy Formatted: Font color: Red
	<u>Home Health Agency services provided by a non RN, PA or NP</u>	<u>1500 HCPCS/CPT codes</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>AHCCCS registered provider</u>	100 Deleted: Outpatient All-Inclusive Rate Formatted: Font color: Red
	<u>Home Health Agency services provided by a RN, PA or NP</u>	<u>1500 HCPCS/CPT codes</u>	<u>Outpatient All-Inclusive Rate Or Specially Contracted Rate</u>	<u>AHCCCS registered provider (refer to AHCCCS policy for certification requirements)</u>	100 Deleted: 100% Deleted: UB04 Deleted: AHCCCS Capped Fee Schedule Deleted: Skilled Nursing Facility Formatted: Font color: Red
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	02	100 Deleted: 100% Deleted: 1500/HCPCS or CPT codes Deleted: HCBS Services Deleted: AHCCCS Capped Fee Schedule Formatted Table
	Clinic (including	UB04	Outpatient All-Inclusive	<u>05 or 77</u>	100 Formatted: Font color: Red

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	professional services) OR Clinic (excluding professional Services)	OR 1500/ HCPCS/CPT codes	Rate OR AHCCCS Capped Fee Schedule		
	Professional Services	1500/HCPCS/CP T Codes	AHCCCS Capped Fee Schedule	<u>Any AHCCCS registered professional</u>	100 Formatted: Font color: Red
	Transportation (non-emergency)	1500	AHCCCS Capped Fee Schedule	<u>28</u>	100 Deleted: Regular FMAP Formatted: Font color: Red
	Transportation (emergency)	1500	Outpatient All-Inclusive Rate Or AHCCCS Capped Fee Schedule Or A specially contracted rate	<u>06</u>	100 Formatted: Font color: Red Formatted: Font color: Red
	<u>Pharmacy</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>02 or 05</u>	100 Formatted: Font color: Red
	<u>Case Management</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>72, 73, 77, 85, 86, 87, A4</u>	100 Formatted: Font color: Red Formatted: Font color: Red
	<u>Residential Treatment Center</u>	<u>UB04</u>	<u>Behavioral Health Fee Schedule</u>	<u>B2, B3, 78, B1, B5</u>	100 Deleted: Regular FMAP Formatted: Font color: Red 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 When billing independently</u>	100 Formatted: Font color: Red Formatted: Font color: Red
	<u>LCSW, LPC, LMFT, LISAC and BHT</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>A4, 11, 85, 86 or 87 When billing under the facility (02, 05 or 77)</u>	100%
	<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>	100%
	<u>Level III Behavioral Health Residential</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>A2</u>	100%

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