



# DFSM – IHS/638 QUARTERLY FORUM MEETING SUMMARY

for August 2, 2016  
12:00 to 2:00 PM Gold Room

## Attendees:

Pascua Yaqui  
Tuba City Regional Health Care Center  
Winslow Indian Health Care Center  
Phoenix Indian Medical Center  
WMAT Rainbow Treatment Center  
TO Nation  
Colorado River  
Tucson IHS  
Parker Indian Health Center  
San Carlos  
Whiteriver  
DD/DES Michelle Pollard  
Navajo Nation Medical Center

Elizabeth Carpio, Assistant Director  
Anne Dye, Deputy Assistant Director  
Albert Escobedo, Claims Operations  
Administrator  
Evie Grunwald, Administrator,  
Claims Policy/Audit/Education  
Karen Grady, Clinical Administrator, CMSU  
John Archunde, Manager, Adjudication,  
Research & Testing  
Markay Adams, Administrator, Behavioral  
Health Care  
Lupe Lerma, Manager, Administrative  
Services  
Arlyn Valencia  
Linda Cram, BH Specialist  
Valerie Jones, Administrator, Tribal ALTCS

**Today's Forum agenda and presentations are available for viewing on the AHCCCS website at:**

<https://www.azahcccs.gov/AmericanIndians/Providers/IHS638meeting.html>

Welcome and Roll Call	Anne Dye
KidsCare	Evie Grunwald KidsCare is being reinstated effective 9/1/2016; reviewed how & who to bill Presentation is posted for viewing on the AHCCCS website
TRBHA Transition Update	Markay Adams Transition updates, PA for BH Level I Facilities DFSM will now perform the PAs for TRBHA services 5 TRBHAs: CRIT (limited services); Navajo; WMAT; Gila River; Pascua Yaqui  Presentation “TRBHA BH Prior Authorization Process” is posted for viewing on the AHCCCS website
NDC Issues / Questions	Albert Escobedo 2 issues on pharmacy claims with NDCs: <ul style="list-style-type: none"> <li>• First line billed correctly but subsequent lines billed with 0519 and no NDCs – whole claim will deny</li> <li>• If an NDC is billed with incorrect format or missed a number – whole claim will deny</li> </ul> Presentation is posted for viewing on the AHCCCS website  Also refer to: <ul style="list-style-type: none"> <li>• the 4 NDC Articles, the NDC Training Presentation and the NDC FAQs on the website at: <a href="https://www.azahcccs.gov/AmericanIndians/Providers/">https://www.azahcccs.gov/AmericanIndians/Providers/</a></li> <li>• the May 2 Forum Meeting Summary and NDC presentations</li> </ul>
Ordering / Referring Providers	Albert Escobedo Effective date of service 1/1/2016 Ordering/Referring provider is required Ordering/Referring provider must be an active AHCCCS registered provider on DOS Reviewed the services that require Ordering/Referring provider to be billed and the different Provider Types that can be an Ordering or Referring provider.  Presentation is posted for viewing on the AHCCCS website
Claim Replacement and Void	Albert Escobedo  Presentation is posted for viewing on the AHCCCS website

Questions & Answers

DFSM staff

Question: can we bill for a podiatrist visit?

Answer: Since October 2010, Podiatrists are not covered providers and their services are not billable.

The AZ Legislature passed HB 2704 to add services by a podiatrist as a covered benefit; however AHCCCS must first have CMS approval of the State Plan Amendment. The proposed effective date is 10/1/2016, but CMS approval is required first. For more details, see:

<https://www.azahcccs.gov/Resources/Legislation/sessions/BenefitChanges.html>

Question: Who is the Finance contact person for wire transfer issues?

Response: For questions or issues with Direct Deposit using Automated Clearing House (ACH) contact:

Young Chung [Young.Chung@azahcccs.gov](mailto:Young.Chung@azahcccs.gov)

Or

Margarita Dursey [Margarita.Dursey@azahcccs.gov](mailto:Margarita.Dursey@azahcccs.gov)

Question: Can we bill for glasses, fitting and adjustments?

Response:

AMPM Chapter 300, Policy 310-G Eye Examinations/Optometry Services advises that "Vision examinations and the provision of prescriptive lenses are covered for members under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), KidsCare Program and for adults when medically necessary following cataract removal."

Also refer to AMPM Chapter 300 Exhibit 300-1

Question: What is the new ALTCS dental benefit?

Response: As the result of the AZ HB 2704, AHCCCS has proposed a dental benefit up to \$1,000.00 limit for ALTCS members. This proposed benefit is included in the 1115 Waiver to CMS for approval. The billing manual and web page will be updated as final details are determined.

For more details on the 1115 Waiver see

<https://www.azahcccs.gov/shared/FiveYear.html>

Question: where can we find the list of diagnosis codes that have to be billed for the pharmacy anti-coagulant visit?

Response: Refer to the 3<sup>rd</sup> of 4 NDC Articles sent on a 6/3/16 ListServe and available on the website at

<https://www.azahcccs.gov/AmericanIndians/Downloads/NDCsRequired07012016.pdf>

Question: If a patient sees a doctor then has an x-ray and then goes to the pharmacy, all on the same day, how do we bill?

Response: The physician's visit and the pharmacy visit are billable at AIR. The radiologist interpreting the x-ray is billable as a professional service on CMS 1500 with the appropriate x-ray code and modifier -26. The radiologist's service is reimbursed at the capped FFS rate, not at AIR.

The IHS/638 Provider Billing Manual, Chapter 9 Hospital and Clinic Services, pages 11 & 12 states:

“The federal OMB **all inclusive rate (AIR)** encompasses all services performed and/or ordered during the clinic visit including labs, x-ray and imaging. The technical component (-TC) cannot be billed separately.”

“AHCCCS registered radiologists may bill for their interpretation services on a CMS 1500 claim form with HCPCS/CPT codes and modifier -26.”

Question: What over the counter medications are billable? What about repackaging?

Response: Refer to the Pharmacy web page for the section “Pharmacy Member Information - American Indian Health Program” for the AIHP Drug Lists for the Over-the-Counter Drugs for Duals at:  
<https://www.azahcccs.gov/PlansProviders/Pharmacy/>

This is the list of covered over-the-counter (OTC) medications.

Per the AHCCCS Pharmacy Director, repackaged meds are not federally reimbursable drugs and are not billable.

Question: What form do we use to bill for ASC Dental Services for AHCCCS recipients under age 21?

Response: ASC unlisted code 41899 is for a surgeon to bill when no other surgical code matches – this is NOT a dental services code.

Dental services performed under anesthesia are not an ASC surgery, but are dental services that should be billed as a clinic visit with rev code 0512 (or, for KidsCare members, billed on the ADA 2012 form).

Question: Are sports physicals covered?

Response: Physical examinations for sports or exercise activities are not covered for adults (age 21 and older).

For recipients under age 21, if the certification for sports activity is performed during an EPSDT well visit, then this service is included in the EPSDT well visit and is not separately billable.

Important items for calling in to the next Forum meeting:

- ***do not place your phone on “hold” – your “hold” music causes ALL callers to hear nothing but your music***
- we will ensure that the Go To Meeting will be set up to accommodate all remote participants

Please submit agenda items for subjects you want presented. When no agenda topics are suggested, we do our best to prepare presentations that are meaningful, but your suggestions are always preferred!