

December 2017

Home Infusion

Per Diem

Home health infusion services are covered when medically necessary and ordered by a physician. Effective 12/1/17, an infusion per diem, which includes the pharmacy professional fee, care coordination fee, and infusion supplies, may be reimbursed in addition to the drug codes and nursing visits.

The home infusion per diem codes that may be billed, as applicable, are **S9490** and **S9494**, and require prior authorization. The per diem rate is **\$58.29**. **S9490** and **S9494** do not require itemization.

S9490: Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.

S9490 Per Diem Rate: \$58.29

S9494: Home infusion therapy, anti-biotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.

S9494 Per Diem Rate: \$58.29

Infusion supply codes, including but not limited to, **A4221, A4222, A4223, A4305, A4306**, may not be billed separately in addition to the home infusion per diem codes, as infusion supplies are included in the per diem.

Infusion supply codes may continue to be billed, if a home infusion per diem code is not billed for the same dates of service. Authorization requests for **A4223** must be accompanied by an itemized statement identifying each item billed under **A4223**, with the quantity and pricing indicated for each item.

PROVIDER EDUCATION DATES

- Prior Authorization
12/6/2017
2:00 -3:00 PM
- NEMT Workshop
12/14/2017
2:00 – 4:00 PM
- All Inclusive Rate Reminders
12/21/2017
1:00 – 1:30 PM

UPCOMING HOLIDAY

- 12/25/17 Christmas Day

ELECTRONIC PAYMENT SIGN UP

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



NON-PHYSICIAN BILLING OF VACCINATIONS & EMERGENCY INJECTIONS

It is not an uncommon occurrence for a nurse, nurse practitioner, or a physician assistant to give an immunization, vaccination or injection to a patient. However, there is often the question of ‘how to bill’ when a physician is not the practitioner actually performing this service. This leaves a provider with two questions:

1. What non-physician providers are actually permitted to administer a vaccination or injection, with it still being reimbursable by AHCCCS?
2. How does a non-physician practitioner bill AHCCCS when this type of service is done?

Any provider billing for the administration of an immunization, vaccination, or injection must be an AHCCCS registered provider.

AHCCCS permits nurse practitioners (provider type 19) and physician assistants (provider type 18) to administer immunizations, vaccinations and injections, and to bill for the service. These two provider types are independently registered and are able to bill under their own provider ID, since immunizations, vaccinations and injections are categories of service available to them.

AHCCCS does not permit an RN or LPN to administer immunizations, vaccinations or injections, and to later bill for the service as the provider. This is because AHCCCS does not register RNs or LPNs so their services cannot be separately billed.

An immunization, vaccination or injection given during an IHS 638 clinic visit or a Fee-For-Service office visit may be included in either the clinic’s billed All Inclusive Rate (AIR), for the IHS 638 facility, or in the office visit’s evaluation management code. The requirements for KidsCare are different and follow Fee-For-Service guidelines.

- This means that it is not a requirement for the physician, physician assistant, or nurse practitioner to physically give the immunization, vaccination, or injection during a clinic or office visit. An RN or LPN can give the immunization, vaccination, or injection. They just cannot bill for it as a separate nursing fee.
- For an IHS 638 facility, if an RN or LPN is giving the immunization, vaccination, or injection then it can be included in the clinic’s AIR. The services of an RN or LPN are not separately billable. The requirements for KidsCare members are different and follow Fee-For-Service guidelines.
- For a Fee-For-Service office visit, if an RN or LPN is giving the immunization, vaccination, or injection then it can be included in the office visit’s evaluation management code billed by the physician.

AHCCCS permits pharmacists to deliver vaccinations and emergency injections only. They may only deliver the influenza and pneumococcal vaccines, when a valid prescription is already on file. They also may only administer emergency epinephrine and diphenhydramine as emergency injections. However, AHCCCS does not permit pharmacists to give immunizations to members under 21 years of age.



Combating the Opioid Use Disorder Crisis with Medication Assisted Treatment (MAT)

What Primary Care Providers and Contractors Need to Know

According to the October 26th news release by the U.S. Department of Health and Human Services, more than 91 Americans die every day from opioid drug overdoses. So far this year, in Arizona alone, there have been 564 suspected opioid deaths and 4,153 suspected opioid overdoses, according to the Arizona Department of Health Services^[1]. The 2.1 million Americans currently addicted to opioids^[2] today did not mean to become addicted, so what can be done to combat this crisis?

MAT is the use of medication, in combination with counseling and behavioral therapies, for the treatment of substance use disorders. Research has shown that a combination of medication and behavioral therapies, such as MAT, is effective in the treatment of substance use disorders.

Coverage

Effective January 1st, 2018 the AHCCCS Administration and its Contractors shall provide coverage for behavioral health medications prescribed by a Primary Care Physician (PCP), when the medications are used to treat Opioid Use Disorder (OUD). Allowing coverage for the PCP to participate in the treatment of OUDs will help combat this crisis. The PCP will also, when using MAT for the treatment of any member struggling with OUD, refer the member to a behavioral health provider to ensure that the psychological and behavioral therapy components of MAT are taken care of. The PCP will also coordinate the care of the member with that behavioral health provider.

Further information regarding this policy can be [found online](#), where AMPM Policy 510, Primary Care Providers has been posted for public comment. It will remain posted for public comment until December 31st of this year and will be effective as of January 1st, 2018.



What does this mean for Contractors?

Contractors will need to ensure that their systems are programmed and updated by January 1st, 2018, so that claims for PCPs treating OUD can begin adjudicating on January 1st, 2018. As of the date of this notice, the ICD-10-CM opioid use disorder codes that will be impacted by this change include all codes in the F11.2, Opioid Dependence range. This includes the following:

Contractors will need to ensure that their systems are programmed and updated by January 1st, 2018, so that claims for PCPs treating OUD can begin adjudicating on January 1st, 2018. As of the date of this notice, the ICD-

^[1] The Arizona Department of Health Services Opioid Epidemic [report](#).

^[2] Combating the National Drug Demand and Opioid Crisis, Memorandum for the Heads of Executive Departments and Agencies

Combatting the Opioid Use Disorder Crisis Continued

10-CM opioid use disorder codes that will be impacted by this change include *all* codes in the F11.2, Opioid Dependence range. This includes the following:

- F11.2 Opioid dependence
 - [F11.21](#) Opioid dependence, in remission
 - [F11.20](#) Opioid dependence, uncomplicated
 - [F11.22](#) Opioid dependence with intoxication
 - [F11.229](#) Opioid dependence with intoxication, unspecified
 - [F11.221](#) Opioid dependence with intoxication delirium
 - [F11.222](#) Opioid dependence with intoxication with perceptual disturbance
 - [F11.220](#) Opioid dependence with intoxication, uncomplicated
 - [F11.28](#) Opioid dependence with other opioid-induced disorder
 - [F11.282](#) Opioid dependence with opioid-induced sleep disorder
 - [F11.288](#) Opioid dependence with other opioid-induced disorder
 - [F11.281](#) Opioid dependence with opioid-induced sexual dysfunction
 - [F11.23](#) Opioid dependence with withdrawal
 - [F11.29](#) Opioid dependence with unspecified opioid-induced disorder
 - [F11.24](#) Opioid dependence with opioid-induced mood disorder
 - [F11.25](#) Opioid dependence with opioid-induced psychotic disorder

These codes are classified as “BHS” in PMMIS.

What does this mean for Primary Care Providers and other Qualified Prescribers?

PCPs and other providers who choose to participate in MAT for the treatment of OUD must ensure they have met the guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA has developed guidelines for qualified prescribers, including PCPs, Physician Assistants (PAs), and Nurse Practitioners (NPs), to ensure the safe and effective treatment of withdrawal symptoms for members with OUD, who are undergoing Office Based Opioid Treatment (OBOT) and Opioid Treatment Programs (OTPs). SAMSHA requires additional training requirements for prescribing providers providing treatment of OUD.

It is the responsibility of the provider to ensure they have met all applicable requirements from all agencies.

ATTENTION MEDICAL PROVIDERS:

Online Prior Authorization Submission–New Document Attachment Feature

Use of the AHCCCS Online Provider Web Portal is the preferred method of authorization submission for Medical authorization requests. Online submission allows PA staff to process authorization requests for medical and/or surgical services more efficiently.

With AHCCCS Online authorization submissions, it is not necessary to fax an Authorization Request Form to AHCCCS. Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pended authorization number, and use the attachment feature to upload the supporting documents directly with their requests.

Providers who require training on submission of authorization requests using the AHCCCS Web Portal can request training through ProviderTrainingFFS@azahcccs.gov

****Exception*:***

Level 1 behavioral health facilities must fax authorization requests to the FFS TRBHA PA Line using the FFS Prior Authorization Request form. The online PA submission process is not available for Tribal Regional Behavioral Health Authority (TRBHA) member inpatient admissions to Level 1 facilities at this time. A completed FFS Form must accompany all Level 1 facility supporting documents as the cover sheet. FFS forms can be found [on our website](#).

All other requests, including NEMT requests, should be entered using the online Web Portal. For additional information regarding Prior Authorization Submission, please refer to:

[PA: How to Request, Obtain and Verify Status](#)

[Web Portal](#)

