To facilitate claims-based tracking of Nonmedical Driver of Health (NMDOH)[1] screening, NMDOH referral, and other zero-pay services that satisfy NCQA HEDIS metrics, AHCCCS will support participating providers in submitting non-pay claims to ACC and ACC-RBHA Contractors. The Contractor shall submit a TI 2.0 Supplemental File, which includes the claim lines and encounters that are not already reported to AHCCCS via conventional encounter transactions, and submit as specified in Section F, Attachment F3, Contractor Chart of Deliverables. Additional guidance regarding this submission and the use of the AHCCCS Supplemental Encounter File Template is included below.

ACC and ACC-RBHA Contractors must report the use of G <u>AND</u> Z Codes as outlined in this document.

1. **Deliverable Submission**

   - ACC and ACC-RBHA Health Plans are to submit as specified below:

     o Monthly files to the AHCCCS SFTP/MFT on the 12th of each month.

     o Include ACC and ACC-RBHA members in one Template.

     o Via AHCCCS SFTP by the 12th of the month and email notification of upload to TargetedInvestments@azahcccs.gov.

     o Limit files to TI participating providers.
       https://www.azahcccs.gov/PlansProviders/TargetedInvestments/

     o Include all applicable G9919 and G9920 no-pay codes and their associated Z codes that were adjudicated (claims paid/finalized) in the previous month (from the first day through the last day of the month). Each G code must be reported on a separate line, with only one G code per line.
       - For example, file due 8/12/2025 to include all adjudicated documented G and Z codes between 7/1/2025 – 7/31/2025.
       - If the payable lines are denied, report the G code(s) in the supplemental file for both the initial adjudication and any resubmission.

     o Use the following naming convention for the file name:
       - GCodeFile_[OrgName]_[YYYYMM].xlsx
         - [OrgName]: Name of your organization - Use the values allowable in the "File_Source" field (e.g. AzCH, BUFC, etc.).
         - [YYYYMM]: Month and year of the most recent referrals in the file - If the file includes referrals made through July 31st, 2025, then this value would be 202507.
           - [Example: GCodeFile_AzCH_202507.xlsx]

     o Utilize the AHCCCS Supplemental Encounter File Template, which identifies columns for each of the data elements required.

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[1] NMDOH were previously referred to as HRSN (Health Related Social Needs) in TI 2.0 Years 1-3.

2. **Deliverable Template**

- Use the Template column names as they are shown in the Template file - do not reorder or rename the columns.

- When a patient screens positive but declines a referral, do not include both the V4 modifier and Z13.9 with G9919. Only one of these is sufficient.
  - **Submitting both will result in an error and will not be tracked correctly.**

- Each G code should be reported on a separate line, with only one G code per line.

- Do not include extra notes or data outside of the columns in the Template file.

- Each referral in the Referral List must include the following:
  - *File_Source*: MCO sending the file
  - *Claim_Ref*: AHCCCS claim reference number
  - *AHCCCS_ID*: A# for an individual who has a documented G code
  - *Begin_DOS*: Header beginning date of service (For this column, use the "7/14/2025" date format in Excel)
  - *End_DOS*: Header end date of service (For this column, use the "7/14/2025" date format in Excel)
  - *G_Code*: Individual's documented no-pay G code. Each G code should be reported on a separate line, with only one G code per line.
  - *Billing_Provider_ID*: AHCCCS billing provider ID
  - *Provider_ID*: AHCCCS service or rendering provider number
  - *Modifier*: If the member declines a referral for an identified NMDOH, include the V4 modifier when applicable.
  - *ZCode_1 – ZCode_9:* Diagnosis code(s) that align with the documented G code. Also includes the diagnosis code if the member declines a referral for an identified NMDOH, when applicable.

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3. **Medical Coding Guidance**

- If at least **one NMDOH is identified** during the screening and the **patient desires a referral** to a resource to meet that need:
  o Procedure Code: G9919
  o Diagnosis code(s): All Z codes relevant to the identified NMDOH where a referral was desired.

- If at least **one NMDOH is identified** during the screening and the **patient declines a referral** for any identified need, two options are available. Participants/MCOs must select **only one option**.
  o Option #1:
    - Procedure code: G9919
    - Charge Line Modifier: V4
    - Diagnosis code(s): All Z codes relevant to the identified NMDOH.
  o Option #2:
    - Procedure code: G9919
    - Diagnosis codes: Z13.9 and all Z codes relevant to the identified NMDOH.
  o **Note: Submitting both will result in an error and will not be tracked correctly**

- If **no NMDOH is identified** during the screening:
  o Procedure Code: G9920
  o Diagnosis code(s): None related to NMDOH.

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