

November 2017

Podiatric Services

Is podiatry a covered benefit?

Podiatry is a covered service. Back on October 1st in 2016 the podiatry benefit for AHCCCS Fee-For-Service members, 21 years of age and older, was restored. Members are now eligible to receive medically necessary foot and ankle care from a licensed podiatrist or podiatric surgeon, so long as it is ordered by their primary care provider or attending physician or practitioner. This service includes medically necessary foot and ankle care, such as the trimming of mycotic nails, the removal of corns or calluses, wound care, the treatment of pressure ulcers and/or fractures, reconstructive surgeries, and limited bunionectomy services, to name a few.



As of October 1st, 2017 podiatry services were expanded even more. Now podiatric physicians and surgeons can also perform limited amputations of the partial foot and toe. This means that an amputation of the partial foot and toe can be performed, but a podiatrist would not be permitted

to perform an amputation of the leg or the entire foot.

Limitations do apply to the covered podiatry services, and several, but not all, are listed below:

- Medically necessary routine foot care cannot exceed two visits per quarter, or eight visits per contract year (October 1st to September 30th). This limitation is not applicable to EPSDT recipients.
- Conditions necessitating medically necessary foot care do not include general diagnoses such as arteriosclerotic heart disease, circulatory problems, vascular disease, venous insufficiency or incapacitation injuries or illnesses such as rheumatoid arthritis, CVA (stroke) or fractured hip.
- Mycotic nail treatments cannot exceed one bilateral mycotic nail treatment, up to ten nails, per 60 day time frame. This limitation is not applicable to EPSDT recipients.
- Bunionectomies are only covered when the bunion is present with overlying skin ulceration, or a neuroma secondary to bunion, in which the neuroma is removed at the same surgery as the bunion and documented on the pathology report. Bunions are not covered if the sole indications are pain and difficulty finding appropriate footwear.

PROVIDER EDUCATION DATES

- Replacement & Voids
11/2/2017
1:30 – 2:30 PM
- Transaction Insight (TI) Portal 275 Claim Attachments
11/9/2017
1:30 – 2:30 PM
- Telehealth
11/16/2017
1:30 – 2:00 PM
- Care Coordination
11/30/2017
1:00 - 2:00 PM

UPCOMING HOLIDAY

- 11/10/17 Veteran's Day
- 11/23/17 Thanksgiving 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

DFSM BILLING TIPS

Common Occurrences Seen With Claim Submittals

When submitting a bill for a podiatry service it is important to ensure that field 17 on the CMS 1500 form has the Qualifier DK and the ordering provider's name filled in. Field 17b must have the ordering provider's NPI. If these fields are not filled in completely the claim will be denied, so it is important to make sure that the claim form is filled out in entirety.

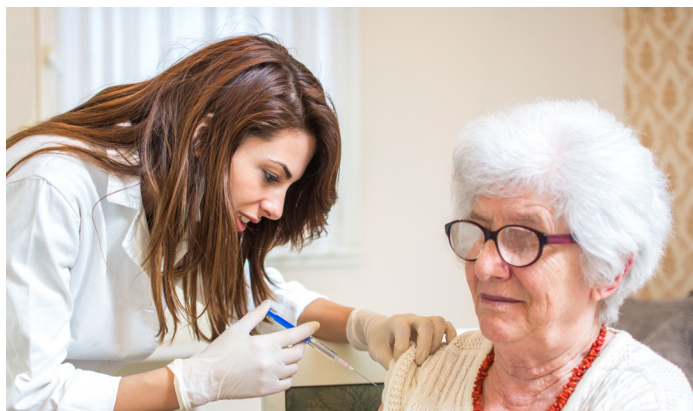
For further information pertaining to podiatry services please see Chapter 10 of the Fee-For-Service Provider Manual or Chapter 8 of the IHS/Tribal Provider Billing Manual, available on the AHCCCS website under the Guides, Manuals and Policies section.



HOME HEALTH SERVICES

Face to face requirements for home health services, medical equipment, and supplies.

Effective 10/1/17, face-to-face encounter requirements pursuant to CFR §440.70 will apply to Home Health Services and Medical Equipment and Supplies ordered for FFS members.



A face-to-face encounter between the member and practitioner will be required within 90 days prior or 30 days following the start of home health services, and within the 60 days prior to an initial order for medical equipment or supplies.

The face-to-face encounter must be conducted by one of the following:

- The ordering physician,
- A nurse practitioner, clinical nurse specialist, or certified nurse midwife working in collaboration with the physician in accordance with state law ,
- A physician assistant under the supervision of the ordering physician, or
- For members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.

Additional information will be forthcoming in Constant Contact.

More information, please see [Face to Face Training](#).

DID YOU KNOW?

The American Indian Medical Home (AIMH) Program supports Primary Care Case Management (PCCM), diabetes education, and care coordination for its AIHP enrolled members. AIMHs help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination.

For more information, see [AIMH Website](#)

Update: Notification to Applicants of the Targeted Investments Program

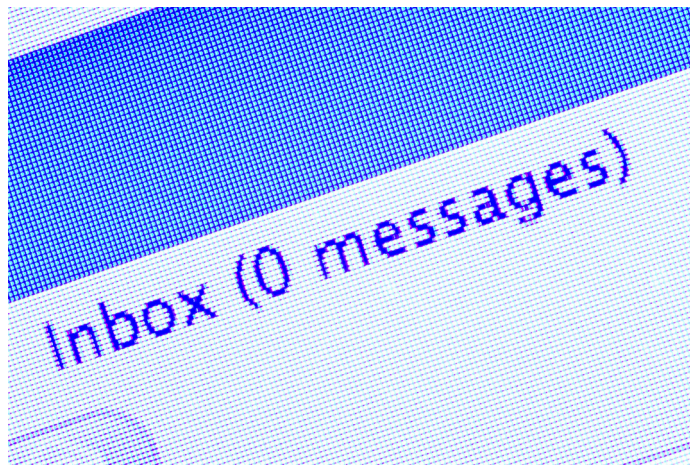
If you have applied for the TI Program, you were sent an important program update from the Targeted Investment e-news list on one of the following dates: October 12, 17, or 19.

If you did not receive that message then we ask that TI applicants check their spam folder for messages that come from the Targeted Investments Inbox. AHCCCS uses a program called Constant Contact to send out these notifications and it is possible your email account sends messages to the spam folder from marketing sites like Constant Contact. Another suggestion would be to add the Targeted Investments email address: TargetedInvestments@azahcccs.gov,

to your email address contact list so the email account does not place Targeted Investments messages into the spam folder.

To ensure that you will receive future messages from the Targeted Investments e-news, please contact us at: TargetedInvestments@azahcccs.gov to have your contact information added to the list.

The Targeted Investments email address will continue to be available if you have questions or concerns.



NAME THAT POLICY!

AHCCCS covers medically necessary consultative and/or treatment telemedicine services for all eligible members within the limitations described in this Policy when provided by an appropriate AHCCCS registered provider.

Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote member monitoring devices, which are used to collect and transmit member data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered “telemedicine,” they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service or physician services (under section 1905(a) of the Social Security Act).



AMPM Policy: 320-I TELEHEALTH AND TELEMEDICINE

For more information on the policy, see the [Medical Policy Manual](#)