

May 2019

Covered Behavioral Health Services Guide – Important Update

Important Notice

In early 2019, information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) will be transitioned into the following areas:

- AHCCCS Medical Policy Manual ([AMPM Policy 310-B, Behavioral Health Services Benefit](#))
 - Title XIX/XXI benefit information.
- [AMPM Policy 320-T, Non-Title XIX/XXI Behavioral Health Services](#)
 - Non-Title XIX/XXI service information.
- Appropriate AMPM Policies as necessary, including:
 - AMPM Policy 310-BB, Transportation; and
 - AMPM Policy 310-V, Behavioral Health Residential Facilities (BHRFs).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals
 - [Chapter 19, Behavioral Health Services, FFS Provider Billing Manual](#)

- Behavioral Health services billing information for FFS Providers

Note: Billing information in the FFS Provider manual is primarily directed to FFS providers; however, the general billing information not identified as specific to FFS providers may also be referred to by ACC (MCO) providers. For FFS Providers, any billing information noted as specific to ACC (MCO) only does not apply to FFS.

- [Chapter 12, Behavioral Health Services, IHS/Tribal Provider Billing Manual](#)
 - Behavioral Health services billing information for IHS/Tribal Providers.

For providers serving AIHP/FFS members, the DFSM Provider Training team can be reached at ProviderTrainingFFS@azahcccs.gov.

Providers serving ACC plan members should refer to the enrolled ACC plan billing manual, and/or contact the ACC plan directly for billing related questions.

Automated Online Provider Enrollment System to Launch in 2019

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In 2019, the AHCCCS provider enrollment process will move from a manual, paper-based system to a new, on-line system process that will allow providers to:

- Enroll as an AHCCCS provider;
- Update information (such as phone and addresses);
- Upload and/or update licenses and certifications;
- And more, all online and in real time!

This change, from a 100% manual process to the new, automated system will streamline the provider enrollment process. Initial applications will be processed more quickly and changes to current enrolled providers will all be completed online.

The new system is anticipated to go live in the fall of 2019. Additional information will be released closer to the implementation date.

If you have questions please contact Provider Enrollment at:

- 1-800-794-6862 (In State - Outside of Maricopa County)
- 1-800-523-0231 (Out of State)

Name Change

Did you know that the Provider Registration Unit of AHCCCS is changing its name? Moving forward Provider Registration will be called Provider Enrollment, and updates to the name will be seen across the AHCCCS website.

To access provider enrollment registration materials please visit us [online](#).

Training Opportunities

Technical Assistance webinar

A Technical Assistance webinar for provider's subject to EVV requirements will be held on Thursday, May 9, 2019 from 4 pm – 5 pm.

The webinar can be accessed by following the below link:

Webex Link: Join Webex meeting

Meeting ID Number: 801013290

Password: UKBJK89n

Call in Number: ((US) +1 240-454-0879 (toll))

Call in Access Code: 801 013 290

For those providers new to using Webex, instructions on how to access and use Webex can be found on the [AHCCCS website](#).

Behavioral Health Residential Facility (BHRF) Prior Authorization Submission Training

- How to submit a PA request for BHRF providers. **Webex Only**
- May 14, 2019; Tuesday 10:30 AM-12:00 PM
- June 11, 2019; Tuesday 10:30 AM-12:00 PM

General Direct Care Agency (DCA) Worker Training: Audit Tool

- The purpose of this training is to ensure the safety of members and the Quality of Care they are receiving. **Webex Only**
- May 15, 2019; Tuesday 10:30am – 11:30am
- June 04, 2019; Tuesday 10:00am – 11:00am

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Electronic Visit Verification Differential Adjusted Payment Notice (DUE 05/20/19)

Beginning in 2020, AHCCCS will require Medicaid providers of personal care and home health services to use Electronic Visit Verification (EVV) pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b). EVV is an electronic based system that verifies when caregiver visits occur and documents the precise time services begin and end. It ensures that members receive their medically necessary services. AHCCCS has selected Sandata Technologies LLC to deliver the statewide EVV system that will be made available to all service providers required to use EVV. Service providers may choose to use an alternate EVV system vendor (at their own cost) and must interface with the statewide system as a data aggregator. More information on AHCCCS' plans for EVV is outlined on the [AHCCCS website](#).

AHCCCS is requesting service providers, subject to EVV, complete the survey to inform readiness activities to support successful implementation of the EVV system. Providers that complete the sur-

vey in its entirety and submit it by 05/20/19 will be eligible for a Differential Adjusted Payment (DAP) of 1.0% for all services subject to EVV for dates of service 10/01/2019 – 09/30/2020. This means service providers will receive a 1% increase to their current rate for services during the period of 10/01/2019 – 09/30/2020.

The survey may be found [here](#).

The DAP is intended to incentivize providers to help AHCCCS and Sandata Technologies LLC prepare for the implementation of EVV. The DAP is separate and apart from the State's plans to fund the EVV system. More information on the State's plans to fund the EVV system may be found on the [AHCCCS website](#).

For assistance in completing the survey, please email EVV@azahcccs.gov prior to the 05/20/19 deadline submission date.

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Electronic Visit Verification Differential Adjusted Payment Notice (DUE 05/20/19) Continued

The EVV DAP is applicable to the following provider types, service codes and Places of Service (POS) only when in combination with each other. A qualifying service must be provided by a qualifying provider type and POS in order to qualify for the DAP.

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT FI
Habilitation Provider	PT 39
Home Health Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified Home Health Agency	PT 95
Private Nurse	PT 46

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

Service	HCPCS Service Codes	DDD FOCUS Codes
Attendant Care	S5125	ATC
Companion Care	S5135	
Habilitation (Hourly)	T2021	HAH, HAI
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD
Skills Training and Development	H2014	

AHCCCS EVV Updates

AHCCCS has selected Sandata Technologies, LLC as the statewide EVV vendor. However, the contract award is contingent upon approval from the Centers for Medicare and Medicaid Services (CMS) and the Arizona Department of Administration, Arizona Strategic Enterprise Technology (ADOA-ASET). Barring approval from CMS and ADOA-ASET, AHCCCS will be in a position to execute the contract with Sandata Technologies, LLC on or before June 1, 2019 and the date is subject to change.

Please make sure to sign up for the Constant Contact email notification to receive updates on recent EVV developments and next steps for the provider community. [Sign up for the email notifications.](#)

Request for Electronic Remittance Advice (ERA) or 835 Transaction Setup (FAQs)

Q: Who is a candidate for ERA/835?

A: Information important to note is that an AHCCCS registered provider would receive a remittance advice from AHCCCS as a result of Fee-For-Service (FFS) claims adjudication. To further explain, AHCCCS reimburses providers for services in only two ways:

1. Our AHCCCS health plans directly reimburse providers who subcontract with them and/or provide services to their enrolled members. Each AHCCCS health plan is considered the payer, and providers submit claims for AHCCCS health plan enrolled members directly to the member's AHCCCS health plan.
2. AHCCCS reimburses providers on a FFS basis for services rendered to members eligible for AHCCCS or ALTCS, when they are not enrolled with an AHCCCS health plan. FFS populations include, but are not limited to, members in the Federal Emergency Services (FES) Program, members enrolled in the American Indian Health Program (AIHP), or American Indian members enrolled in a Tribal ALTCS Program. For these members AHCCCS is considered the payer, and providers submit their FFS claims directly to AHCCCS. Members are not enrolled in 'IHS' but in 'AIHP'

On claims for AHCCCS members enrolled with one of our AHCCCS health plans, you would want to contact the health plan regarding their ERA setup requirements. A list of the AHCCCS health plans can be found on our [website](#).

If an AHCCCS registered provider is not actively submitting FFS claims to AHCCCS, the provider would not be a candidate for AHCCCS ERA/835 setup.

Q: Who can request ERA/835 setup?

A: AHCCCS considers the provider their trading partner and a request for electronic remittance advice (ERA) or 835 transaction setup must come from an authorized individual from within

the provider's organization; **it cannot be initiated by the provider's clearinghouse, software vendor, or billing service.**

For clarification purposes, the authorized individual must be someone from within the provider's own organization that has the authority to accept the electronic Trading Partner Agreement (TPA) executed from the Community Manager (CM) web portal. Only the provider can accept the TPA as it is a contractual agreement between the provider and AHCCCS.

The provider's CM account activation cannot be done by the provider's clearinghouse, software vendor, or billing service.

Q: How do I request ERA setup?

A: AHCCCS Information Services Division EDI Customer Support is the first point of contact for questions related to electronic transactions or to request transaction setup. The preferred method of contact is email. Note: If providing PHI data, please make sure your email is secured.

All inquiries will result in the assignment of a Service Request or Incident for AHCCCS reporting purposes. Contact information:

Email: EDICustomerSupport@azahcccs.gov

Telephone Number: 602) 417-4451

Hours: 7:00 AM – 5:00 PM Arizona Time, Monday through Friday

Q: What information does AHCCCS need from a provider requesting ERA/835 setup?

A: Customer Name
Provider Name
Customer Email Address
AHCCCS 6 digit Provider ID and/or NPI
Provider Tax ID
Provider Group ID (if applicable)

Will the provider be retrieving their own ERA/835 or be using a clearinghouse to retrieve the ERA/835 on the provider's behalf?

If a clearinghouse is to be used, provide the name of that clearinghouse.

Behavioral Health Residential Facility (BHRF) Notification

Effective 4/1/2019, all admissions and continued stays at Behavioral Health Residential Facilities (BHRF) (Provider Type B8) for AIHP and TRBHA members will require authorization.

- **NOTE:** Authorization is NOT required for IHS/638 BHRF Facilities.

All new BHRF admissions will require notification of admission to AHCCCS for initial coverage of up to 5 days of care. During this initial 5 day time frame, the BHRF will be responsible for submitting an Authorization request and ensuring compliance with criteria listed in [AMPM Policy 320-V – Behavioral Health Residential Facilities](#) and 9 A.A.C.10.

- If the Authorization request and the supporting admission documentation are not received within the initial 5 day time frame, claims may be denied.

Admission documentation that is required for the Authorization request includes:

1. Behavioral health assessment in compliance with 9 A.A.C. 10, to determine Behavioral Health Condition and Diagnosis. Assessment should be recent, and not older than 1 year. Done by a BHP, or by BHT cosigned by a BHP, utilizing standardized instrument that is able to determine the appropriate level of care.

2. Treatment Plan – completed in compliance with 9 A.A.C.10 by the Inpatient/Outpatient or TRBHA Treatment Team. Included in the plan should be an intervention specifying the BHRF level of care as necessary for the member as a least restrictive level of care required to treat the Behavioral Health Condition, identified in the Assessment. This plan shall not be older than 3 months from the request submission date.

NOTE: All criteria for admission still must be met from the date of admission.

For members currently in a BHRF, the facility must submit an authorization request to get the continued stay authorized by 5/31/2019. Criteria for admission and continued stay will be detailed in the new [AMPM Policy 320-V – Behavioral Health Residential Facilities](#). Specific authorization submission and documentation procedures will be available on the FFS web page on the AHCCCS web site. Please look for upcoming notifications on training opportunities that will be available on the FFS web page.

Prior Authorization Requests shall be submitted on the AHCCCS Online [Provider Portal](#). Please see:

For guidelines related to requirements for prior authorization and its accompanying documentation, please refer to our [website](#).

3D Mammograms

Beginning June 1, 2019, AHCCCS will be adding 3D Mammogram Tomosynthesis as a covered service subject to Prior Authorization (PA) requirements, as determined by each AHCCCS health plan. Providers rendering this service to AHCCCS Fee for Service (FFS) plan members should refer to the FFS Authorization web page for authorization criteria and submission requirements. FFS Authorization [web page](#). Applicable CPT Codes:

- 77061 Diagnostic digital breast tomosynthesis; unilateral
- 77062 Diagnostic digital breast tomosynthesis; bilateral
- 77063 Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

Beginning June 1, 2019, AHCCCS will be adding 3D Mammogram Tomosynthesis as a covered service with Prior Authorization (PA) requirements.

- Please note that AHCCCS is not creating medical necessity criteria through an AMPM update, and the health plans can utilize prior authorization criteria based on national standards if they chose to apply PA to this service.

Applicable CPT Codes:

- 77061 Diagnostic digital breast tomosynthesis; unilateral
- 77062 Diagnostic digital breast tomosynthesis; bilateral
- 77063 Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

Training Opportunities Continued

One on One Provider Training

- One on One trainings are by appointment only. Walk in's are not taken as the team will be working with the pre-arranged appointments.
- To request a One on One training please email ProviderTrainingFFs@azahcccs.gov. The Provider Training team will send a reply email confirming your appointment date and time.

Please note that your appointment is not confirmed until an email from the provider training team is received specifically discussing training specifics and confirming the date and time.

- Provider Training may cover the following topics:
 - o Online Claim Submission (AHCCCS Online);
 - o Online Prior Authorization Submission;
 - o Transaction Insight Portal; and
 - o Other topics as requested/available.
- Upcoming Dates:
 - o Tuesday, May 07, 2019; 9:15am – 10:15am; 10:30am – 11:30am; 11:45am – 12:45pm
 - o Tuesday, May 21, 2019; 9:15am – 10:15am; 10:30am – 11:30
 - o Tuesday, June 18, 2019; 9:15am – 10:15am; 10:30am – 11:30am

Claims & Disputes Training

- o Time and Date in late May to be scheduled

Crisis Services

There has be no change for crisis services or for crisis service billing for American Indian/ Alaskan Native (AI/AN) members located on tribal lands.

Note: Integration began on 10/1/2018, and there was no change in crisis services for Title XIX and XXI members. RBHAs will continue to serve the same geographic service areas that they served prior to 10/1/2018.