**Targeted Investments 2.0 Program**

**Supplemental MCO No Pay Code File Guidance**

**Updated Medical Coding Guidance: G and Z Codes**

* If at least **one HRSN is identified** during the SDoH screening and the **patient desires a referral** to a resource to meet that need:
	+ Procedure Code: G9919
	+ Diagnosis code(s): All Z codes relevant to the identified HRSN where a referral was desired.
* If at least **one HRSN is identified** during the SDoH screening and the **patient declines a referral** for any identified need, two options are available. Participants/MCOs must select **only one option**.
	+ Option #1:
		- Procedure code: G9919
		- Charge Line Modifier: V4
		- Diagnosis code(s): All Z codes relevant to the identified HRSNs.
	+ Option #2:
		- Procedure code: G9919
		- Diagnosis codes: Z13.9 and all Z codes relevant to the identified HRSNs.
	+ **Note: Submitting both will result in an error and will not be tracked correctly**
* If **no HRSNs are identified** during SDoH screening:
	+ Procedure Code: G9920
	+ Diagnosis code(s): None related to HRSN.

**Screening for Depression and Follow-Up Plan (CDF)**

* If a patient screens positive for depression and a follow-up plan is documented:
	+ HCPCS code: G8431
* If a patient screens negative for depression:
	+ HCPCS code: G8510
* If a patient did not complete depression screening, and a patient or medical reason is documented:
	+ HCPCS code: G8433

**Developmental Screening in the First Three Years of Life (DEV)**

* If a patient undergoes a developmental and behavioral screening test, two options are available. Participants/MCOs must select **only one option**.
	+ Option #1:
		- Procedure code: 96110
	+ Option #2:
		- Diagnosis code: Z13.42
		- If this option is selected, submitting a no-pay code is not necessary.

**Glycemic Status Assessment for Patients With Diabetes (GSD)**

* If a patient with diabetes undergoes an HbA1C test and their result is less than 7 percent:
	+ Procedure code: 3044F
* If a patient with diabetes undergoes an HbA1C test and their result is between 7.0 percent and 8.0 percent:
	+ Procedure code: 3051F
* If a patient with diabetes undergoes an HbA1C test and their result is greater than 8.0 percent and equal to or less than 9.0 percent:
	+ Procedure code: 3052F
* If a patient with diabetes undergoes an HbA1C test and their result is greater than 9 percent:
	+ Procedure code: 3046F

**File Guidance**

* Monthly files due on the 12th of each month
* Include all ACC members
* Include all applicable no-pay procedure codes and their associated Z codes that were adjudicated in the previous month (from the first day through the last day of the month). Each no-pay code should be reported on a separate line, with only one no-pay code per line.
	+ For example, file due 8/12/2025 to include all adjudicated documented no-pay and Z codes between 7/1/2025 – 7/31/2025
	+ If the payable lines are denied, report the no-pay code(s) in the supplemental file for both the initial adjudication and any resubmission.
* Each referral in the Referral List should include:
	+ *File\_Source*: MCO sending the file
	+ *Claim\_Ref*: AHCCCS claim reference number
	+ *AHCCCS\_ID*: A# for an individual who has a documented no-pay 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)
	+ *No\_Pay\_Code*: Individual’s documented no-pay code. Each no-pay code should be reported on a separate line, with only one no-pay 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 HRSN, include the V4 modifier when applicable.
	+ *ZCode\_1* *– ZCode\_9:* Diagnosis code(s) that align with the documented no-pay code. Also includes the diagnosis code if the member declines a referral for an identified HRSN, when applicable.
* Use this template file with columns for each of the data elements required
* If reporting SDoH G/Z code results, do not include both V4 modifier and Z13.9 with G9919 if a patient declines a referral. Only one of these is sufficient. Submitting both will result in an error and will not be tracked correctly.
* If Z13.42 is submitted for developmental screenings, submitting a no-pay code is not necessary.
* Each no-pay code should be reported on a separate line, with only one no-pay code per line.

**File Naming Conventions**

* Use the following conventions for the file name: NoPayCodeFile\_[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: NoPayCodeFile\_AzCH\_202507.xlsx

**Additional Preparation Notes**

* Title the sheet containing the referrals as "NoPayCodeList"
* Use the column names as they are shown in the template file - do not reorder or rename the columns
* Do not include extra notes or data outside of the columns in the template file
* If reporting SDoH G/Z code results, do not include both V4 modifier and Z13.9 with G9919 if a patient declines a referral. Only one of these is sufficient. Submitting both will result in an error and will not be tracked correctly.
* If Z13.42 is submitted for developmental screenings, submitting a no-pay code is not necessary.
* Please submit via SFTP by the 12th of the month