



# Tribal ALTCS Updates and How to Bill During COVID-19

\*Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS

April 2020



# Medical Coding Guidance Updated

AHCCCS has established temporary and permanent telephonic code sets in response to the COVID-19 emergency declaration.



For a complete set of services, place of service and modifiers that can be billed as telehealth please visit:

<https://azahcccs.gov/PlansProviders/MedicalCodingResources.htm>

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# Temporary Telephonic Code Set

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[Table I, AHCCCS Telephonic Code Set \(Temporary\)](#) provides the lists of codes available on a temporary basis to be provided telephonically **starting on dates of service March 17, 2020** until the end of the COVID-19 declared emergency.

- I. The UD modifier must be used when billing the applicable CPT or HCPCS code to designate telephonic service.
- II. The Place of Service (POS) is the originating site (e.g. Where the member is located at the time of the telephonic service delivery).

# Permanent Telephonic Code Set

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[Table II, AHCCCS Telephonic Code Set \(Permanent\)](#) are codes that have been available for use telephonically prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency.

There is no change to the coding standards for these codes. Telehealth services should otherwise continue to be billed in compliance with [AMPM 320-I Telehealth](#) and the AHCCCS [Telehealth Code List with POS criteria](#).

# Maintaining Permanent Telephonic Code Set

Code Set Includes Telephonic Evaluation and Management Codes, Skilled Training and Development, Self-help/Peer Support Services and Case Management.

Coding standard unchanged:

- ❖ Utilize POS 12 Telehealth

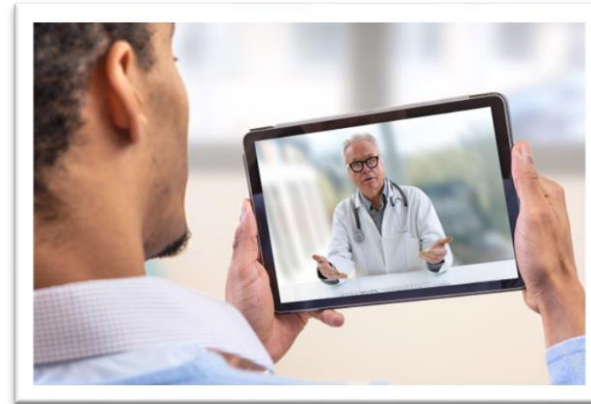
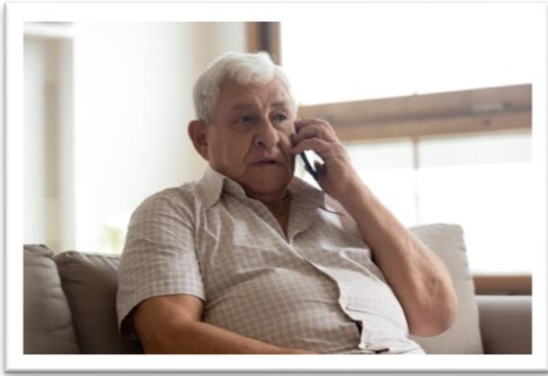


# Place of Service – (POS)



# Place of Service – POS

- ❖ Place of Service (POS) is originating site (where member is located at the time of the telephonic service delivery)



- ❖ When providing these services telephonically, please continue to utilize POS 02 telehealth.

# Geographic Restrictions

- ❖ There are no geographic restrictions for telehealth services
- ❖ Telehealth services may be rendered to members both in rural and urban/metropolitan areas
- ❖ Medical necessity Standards will Still Apply
- ❖ Documentation Standards will also Still Apply



# T1015- Temporary Code

# Clinic visit/Encounter All-Inclusive

In order for **T1015** to be utilized, one or more other services from this telephonic code list must be provided.

The UD modifier must be used when billing the applicable CPT or HCPCS code to designate telephonic service.

Medical Coding Guidance Link:

<https://azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/COVID-19EmergencyMedicalCodingGuidance.pdf>

# Case Management Appendix K Updates

# Personal Care Services

# Personal Care Services

Personal care services that only require verbal cueing can be delivered telephonic and/or by video conferencing, (which services are permitted).

- ❖ Ensure detailed information is included in the case note, EMR system and/or other similar area regarding the ‘verbal cueing’ service and what was provided, and included in the service plan.

# AMPM SECTION 1240(A) –HOME AND COMMUNITY BASED SERVICES

## General Requirements To All Direct Care Services – A.4



# 1240 (Section A.4) GENERAL REQUIREMENTS APPLICABLE TO ALL DIRECT CARE SERVICES

**A.4** Parents may provide attendant care services if the member is 18 years or older, or under limited circumstances, for members under the age of 18, when approved by the AHCCCS Administration. [For both FFS and managed care members under the age of 18, the decision for payment of a parent shall be made in coordination with the AHCCCS Administration.](#)

The following Family Members are excluded from providing Direct Care Services for payment to members under the age of 18:

<b>a. Natural Parent</b>	<b>b. Adoptive Parent</b>
<b>c. Step-Parent</b>	

# APPENDIX-K EXCEPTION: 35

## Emergency Preparedness and Response and COVID-19 Addendum

## APPENDIX-K EXCEPTION: 35

Permit payment for home and community based services (HCBS) rendered by family caregivers or legal responsible individuals.

- ❖ Temporarily allowed during Corona Virus Pandemic
- ❖ Service(s) to be delivered must meet Medical necessity
- ❖ The legal responsible family care giver must be employed by an AHCCCS Registered Direct Care Service Agency.
- ❖ ADLs performed as outlined on the HNT

# APPENDIX-K EXCEPTION: 35

**(Continued...)** Permit payment for home and community based services (HCBS) rendered by family caregivers or legal responsible individuals.

- ❖ CES would still apply
- ❖ General supervision as assessed on the HNT; examples are wandering risk, confusion, disorientation and inability to call for help
- ❖ Service hours are individually assessed and based on reasonable timeframes

# AMPM SECTION 1240(A) – HOME AND COMMUNITY BASED SERVICES

## Attendant Care – G.2.A.IV

# 1240 (G.2.A.IV) Attendant Care Provider Spouse as paid Caregiver Standards and Requirements

**G.2.a.iv.** For a member who elects to have his/her spouse provide personal care or similar services as a paid caregiver, personal care or similar services in excess of 40 hours in a seven-day period will not be authorized.

TIME SHEET			
Date	Start Time	End Time	Regular Hrs.
4/8	8.00	17.00	8
4/9	8.00	18.00	8



40 HOUR  
WORK WEEK

# APPENDIX-K EXCEPTION: 36

## Emergency Preparedness and Response and COVID-19 Addendum

# APPENDIX-K EXCEPTION: 36

Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration of the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).

- ❖ Temporarily allowed during the Corona Virus Pandemic
- ❖ Service(s) to be delivered must meet Medical necessity
- ❖ The spouse must be employed by an AHCCCS Registered Direct Care Service Agency
- ❖ Document all necessary service details in the member's case management file
- ❖ CES would still apply



# APPENDIX-K EXCEPTION: 36

**(Continued...)** Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration of the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).

- ❖ Case Manager shall have the (caregiver)/spouse complete a new Spousal Attendant Care Acknowledgement of Understanding (AM/PM 1620-12) notating that hours can temporarily exceeds 40 hours in a 7-day period, during the Corona Virus Pandemic.
- ❖ ADLs performed as outlined on the HNT
- ❖ General supervision as assessed on the HNT; examples are wandering risk, confusion, disorientation and inability to call for help
- ❖ Services hours assessed are individualized and based on reasonable timeframes

# AMPM SECTION 1620(B) – ALTCS Case Manager Standards

## Needs Assessment/Care Planning Standards – B.1 – B.4

# Needs Assessment/Care Planning

**(B.1)** Case managers are expected to use a person-centered approach regarding the member assessment and needs identification, taking into account not only Arizona Long Term Care System (ALTCS) covered services, but also other needed community resources as applicable. Case managers are expected to follow the standards identified in AMPM 1620-B.

**(B.4)** Care planning is based on face-to-face discussion with the member and/or member's family/designated representative

# Person – Centered Planning

# Person – Centered Planning

The following requirements must be documented in the person-centered plan:

- I. Identify a specific and individualized assessed need
- II. Document that positive interventions and supports used prior to any modifications to the person-centered plan
- III. Document less intrusive methods of meeting the need that have been tried but did not work
- IV. Include an assurance that interventions and supports will cause no harm to the individual

# APPENDIX-K EXCEPTION: 38

## Emergency Preparedness and Response and COVID-19 Addendum

# APPENDIX-K EXCEPTION: 38

For Person-Centered Service Plans that are due to expire within the next 60 days, case managers will be required to make contact with members/Health Care Decision Makers by remote contact methods.

- ❖ Temporarily allowed during the Corona Virus Pandemic
- ❖ For Person-Centered Service Plans that are due to expire within the next 60 days, case managers will be required to make contact with members/Health Care Decision Makers.

# APPENDIX-K EXCEPTION: 38

**(Continued...)** For Person-Centered Service Plans that are due to expire within the next 60 days, case managers will be required to make contact with members/Health Care Decision Makers by remote contact methods.

- ❖ Using allowable remote contact methods in order to verify with the members/Health Care Decision Makers that the current assessed needs, services and supports, including service providers, are still appropriate and should continue to be authorized through the next review period.
- ❖ Tribal ALTCS Program will ensure that member service plans are modified to allow for additional supports and/or services to respond to the COVID-19 pandemic.



# APPENDIX-K EXCEPTION: 38

**(Continued...)** For Person-Centered Service Plans that are due to expire within the next 60 days, case managers will be required to make contact with members/Health Care Decision Makers by remote contact methods.

- ❖ The Tribal ALTCS Program will verify acceptance of the service plan by obtaining electronic signatures and/or other electronic verification methods, (i.e; secure email, by phone, etc.) from the member/Health Care Decision Maker and service providers, in accordance with HIPAA requirements.
- ❖ Specificity of LTC services including amount, duration and scope will be appended in the member's service plan to ensure specific services are delineated according to the date services were received/rendered, and no later than 30 days from the date the service(s) began.

# APPENDIX-K EXCEPTION: 38

**(Continued...)** For Person-Centered Service Plans that are due to expire within the next 60 days, case managers will be required to make contact with members/Health Care Decision Makers by remote contact methods.

- ❖ Case manager must document in the member's case management file if he/she is not able to make contact with a member/Health Care Decision Maker, via telephone or other electronic means.
- ❖ Document all necessary service details in the member's case management file
- ❖ Case managers are expected to follow the standards identified in AMPM 1620-B.

# AMPM SECTION 1240(A) – HOME AND COMMUNITY BASED SERVICES

## Attendant Care – G.1.B

# 1240 (G.1.B) Attendant Care Services

In accordance with the member's Service Plan and include, but are not limited to:

**G.1.b.** Personal care including bathing, skin care, oral hygiene, toileting, ambulation, grooming, dressing, nail care, feeding as necessary, use of assistive devices and caring for other physical needs. Care specifically excludes skilled tasks such as wound care and bowel care that can only be performed by a licensed registered nurse or delegated by a licensed registered nurse to a licensed practical nurse.



# AMPM SECTION 1240(E) – HOME AND COMMUNITY BASED SERVICES

## Habilitation Services

# Habilitation

A service encompassing the provision of training in independent living skills or special developmental skills, sensory-motor developmental, orientation and mobility and behavior intervention. Physical, occupational or speech therapies may be provided as a part of or in conjunction with other habilitation services.

Habilitation provider agencies must be certified by Arizona Department of Economic Security/Division of Developmental Disabilities and registered as an AHCCCS provider prior to rendering services to ALTCS members

# APPENDIX-K EXCEPTION: 40

## Emergency Preparedness and Response and COVID-19 Addendum

# APPENDIX-K EXCEPTION: 40

Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting.

- ❖ Temporarily allowed during Corona Virus Pandemic
- ❖ Case Manager Assessment Review
- ❖ Personal care services that only require verbal cueing
- ❖ In-home habilitation services that only require verbal cueing
- ❖ Individually Assessed
- ❖ Document all necessary service details in the member's case management file
- ❖ Follow all required case management timeframes per AMPM 1600



# AMPM SECTION 1620(L) – ALTCS Case Manager Standards

## Case File Documentation Standard – (L). H

## 1620 – (L) Section H

**H.** Copies of the member's Cost Effectiveness Studies (CES), placement history and service plans/authorizations. The service plan must be signed by the member or member representative at each service review visit (every 90 or 180 days) (as delineate in AMPM Policy 1620-E) and a copy kept in the file.

# APPENDIX-K EXCEPTION: 50

Emergency Preparedness and Response and  
COVID-19 Addendum

# APPENDIX-K EXCEPTION: 50

Add an electronic and/or other signature capturing method for member/signing off on required documents, such as the person-centered service plan.

- ❖ Temporarily allowed during Corona Virus Pandemic
- ❖ Document method of electronic and/or similar method signature in case management file
- ❖ Continue to follow all required case management timeframes per AMPM 1600

# AMPM SECTION 1240(A) – HOME AND COMMUNITY BASED SERVICES

## General Requirements To All Direct Care Services – A.1

## Direct Care Services

**DIRECT CARE SERVICES:** The services provided by Direct Care Workers are collectively known as Direct Care Services. There are three types of services within ALTCS that are provided by Direct Care Workers; these include Attendant Care, Personal Care, and Homemaker Services.

# 1240 (Section A.1) GENERAL REQUIREMENTS APPLICABLE TO ALL DIRECT CARE SERVICES

**A.1** Direct Care Services are only available to ALTCS members who reside in their own home. Services are assessed by the Member's Case Manager with the member and or a family member, guardian or representative with the completion of the cost-effectiveness study.

Direct Care Services are not reimbursable in any inpatient, institutional (as specified in AMPM Policy 1210) or Alternative HCBS settings (as specified in AMPM Policy 1230)

# AMPM Section 310(K) – Covered Services

## 310(K) – Hospital Inpatient Services



# HOSPITAL INPATIENT SERVICES

AHCCCS covers medically necessary inpatient hospital services provided by a licensed participating hospital for all eligible members, as specified in A.A.C. R9-22, Article 2. Inpatient hospital services for members include, but are not limited to:

- I. Hospital accommodation, and appropriate staffing, supplies, equipment and services
- II. AHCCCS does not separately cover home-based services, such as Attendant/Personal Care, while the member is in inpatient settings.

# APPENDIX-K EXCEPTION: 52

Emergency Preparedness and Response and  
COVID-19 Addendum

# APPENDIX-K EXCEPTION: 52

Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay.

- ❖ Temporarily allowed during the Corona Virus Pandemic
- ❖ Allowing DCW to provide attendant care in an inpatient or institutional setting
- ❖ When necessary supports (including communication and intensive personal care) are not available in that setting
- ❖ When an individual requires services for communication and behavioral stabilization, and not covered in such settings



# DFSM Provider Education and Training Unit

# Education and Training Questions?

The DFSM Provider Education and Training Unit can assist providers with the following:

- ❖ How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS)
- ❖ How to status a claims and prior authorization request through the AHCCC Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS)
- ❖ Submission of documentation using the Transaction Insight Portal (e.g. The AHCCCS Daily Trip report, requested medical records, etc.)

Additionally the DFSM education and training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

# Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- ❖ **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)
- ❖ **Coding** - Questions on AHCCCS Coding should be directed to the coding team at [CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)

**NOTE:** The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

- ❖ **ACC Plan Claims** - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

Questions?

Thank You.