Arizona Medicaid Program: Arizona Health Care Cost Containment System (AHCCCS)

Program Administrator: Arizona Health Care Cost Containment System Administration

Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Covers the States of: Arizona, Colorado, Nevada, New Mexico, & Utah

www.southwesttrc.org

Arizona Health Care Cost Containment System (AHCCCS) reimburses for live video for certain services delivered at specific originating sites by specific providers. They reimburse for store-and-forward for specific specialties and for remote patient monitoring for patients with chronic heart failure. Restrictions apply for all the above.

All services provided via telemedicine must be reasonable, cost effective and medically appropriate. Services are billed by the consulting provider. Tele-presenter services are not billable.


Service delivery via telemedicine can be in one of two models: Real time means the interactive, two-way transfer of information and medical data, which occurs at two sites simultaneously: the hub site and spoke site … Diagnostic, consultation and treatment services are delivered through interactive, audio, video and/or communication.


Telemedicine is “the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the member, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.”

Telehealth (or telemonitoring) is “the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. 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.”

Teledentistry “the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a distant dentist for triage, dental treatment planning, and referral.”

a. Teledentistry includes the provision of preventive and other approved therapeutic services by the AHCCCS registered Affiliated Practice Dental Hygienist, who provides dental hygiene services under an affiliated practice relationship with a dentist.

b. Teledentistry does not replace the dental examination by the dentist; limited, periodic, and comprehensive examinations cannot be billed through the use of Teledentistry alone.


Telemedicine means the practice of health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video, and data communications that occur in the physical presence of the patient.

Telecommunication technology means “the transfer of medical data from one site to another through the use of a camera, or other similar device, that records (stores) an image which is then sent (forwarded) via telecommunication to another site for teleconsultation. Services delivered using telecommunications technology, but not requiring the member to be present during the consultant’s evaluation, are not considered telemedicine.”


Fee for Service Provider Manual
AHCCCS will reimburse for medically necessary services provided via live video in their fee for service program.

Eligible services:

- Cardiology;
- Dermatology;
- Endocrinology;
- Hematology/oncology;
- Home Health
- Infectious diseases;
- Neurology;
- Obstetrics/gynecology;
- Oncology/radiation;
- Ophthalmology;
- Orthopedics;
- Pain clinic;
- Pathology;
- Pediatrics and pediatric sub-specialties;
- Radiology;
- Rheumatology;
- Surgery follow-up and consults;
- Behavioral health services
  1. Diagnostic consultation and evaluation;
  2. Psychotropic medication adjustment and monitoring;
  3. Individual and family counseling;
  4. Case management

Behavioral health services are covered for AHCCS and KidsCare patients


Additional Covered Services (listed in Telehealth Policy)

- Behavioral Health
- Inpatient consultation
- Medical Nutrition Therapy (MTN)
- Office, outpatient, and surgery follow-up-consultations
- Pain management
- Pharmacy management

Telehealth policy lists covered codes.


AHCCCS Policy Manual

AHCCCS covers real-time teledentistry for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members when provided by a registered dental providers.


Teledentistry services will be reimbursed for enrollees under the age of 21.

### Eligible Providers

- Physician
- Registered nurse practitioner
- Physician assistant
- Certified nurse midwife
- Clinical psychologist
- Licensed clinical social worker
- Licensed marriage and family therapist
- Licensed professional counselor

Out-of-state providers may provide and bill for spoke and/or hub telehealth services.


The patient’s primary care provider (PCP), attending physician, other medical professional employed by the PCP, or an attending physician who is familiar with the patient’s condition may be present.

Other medical professionals:

- Registered nurses;
- Licensed practical nurses;
- Clinical nurse specialists;
- Registered nurse midwives;
- Registered nurse practitioners;
- Physician assistants;
- Physical, occupational, speech, and respiratory therapists;
- Trained telepresenter familiar with the recipient’s medical condition.


### Eligible Sites

Eligible hub or spoke sites for Indian Health Services or tribal providers:

- Indian Health Service clinic;
- Tribally-governed facility;
- Urban clinic for Native Americans;
- Physician or other provider office;
- Hospital;
- Federally Qualified Health Center (FQHC).


Fee for service manual definitions:

**Hub site** – “the location of the telemedicine consulting provider, which is considered the place of service.”

**Spoke site** – “the location where the recipient is receiving the telemedicine service.”

| facility fee | A facility fee is not an AHCCCS covered service.  
| store-and-forward | AHCCCS will reimburse for store-and-forward in their fee-for-service program.  
| services | The same services are covered for store-and-forward, as for real-time, except for the field of Behavioral Health Services.  
Real time telemedicine is the only type of reimbursement available in the field of Behavioral Health Services.  
AHCCCS only covers store-and-forward for (and is subject for review) the following:  
- Dermatology  
- Radiology  
- Ophthalmology  
- Pathology  
AHCCCS does not consider asynchronous or “store-and-forward” applications to be telemedicine, but it may be utilized to deliver services.  
Medicaid Telehealth Reimbursement

The following exceptions may be eligible for reimbursement, but are not considered a “telemedicine service”:

- A provider in the role of tele-presenter may be providing a separately billable service, such as an electrocardiogram or an X-ray. The service is covered, but not the tele-presenting.
- A consulting distant-site provider may offer a service that does not require real-time patient interaction. Reimbursement only for dermatology, radiology, ophthalmology, and pathology. It is subject to review by AHCCCS Medical Management.
- When a patient in a rural area presents within three hours of onset of stroke symptoms, AHCCCS will reimburse the consulting neurologist if the consult is placed for assistance in determining appropriateness of thrombolytic therapy even when the patients’ condition is such that real-time video interaction cannot be achieved.
- Additional exceptions for Behavioral Services apply.


Remote Patient Monitoring

Telemonitoring is considered necessary for members with Congestive Heart Failure (CHF).


The following conditions must be met for Congestive Heart Failure (CHF) patients:

1. Observation/inpatient admission with primary or secondary discharge diagnosis of CHF within the past two months, or readmission within the past six months; AND
2. A symptom level at the New York Heart Association class II or greater; CHF is identified by one of the specified ICD-10 diagnostic codes (see manual).

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<th>Medicaid Telehealth Reimbursement</th>
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<td><strong>Remote Patient Monitoring</strong></td>
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| **Provider Limitations**         | Other limitations apply. See manual.  
| **Other Restrictions**            | No reference found. |
| **Email / Phone / Fax**           | No reference found. |
| **Consent**                       |  
If there will be a recording of the interactive video service, a separate consent must be obtained. See manual for full requirements.  
| **Out of State Providers**        | For teledentistry services: A consultation by a non-Arizona licensed provider may occur if:  
• It is to a specific patient in the AHCCCS program;  
The provider is registered with AHCCCS;  
The provider is licensed in the state the consultation is being provided from, or the provider is employed by an Indian Health Services, Tribal or Urban Indian Health program and appropriately licensed based on IHS and Tribal facility requirements.  
| **Miscellaneous**                 | Contractors shall develop and maintain a network of providers that utilizes telemedicine to support an adequate provider network. Telemedicine shall not replace provider choice and/or member preference for physical delivery.  
### Private Payer Laws

| Definitions | “Telemedicine means the interactive use of audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. Does not include the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail.”


Under Arizona Administrative Code, Department of Insurance, Health Care Services Organizations Oversight, “telemedicine means diagnostic, consultation, and treatment services that occur in the physical presence of an enrollee on a real-time basis through interactive audio, video, or data communication.”


| Requirements | Health Care Service Organizations (HCSO) must provide coverage for specified health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the enrollee and a health care provider and provided to an enrollee receiving the service in Arizona. Only applies to specific conditions and settings. A contract may limit the coverage to those health care providers who are members of the HCSO’s provider network.


Health Care Service Organizations (HCSO) are allowed, but not mandated, to provide access to covered services through telemedicine, telephone, and email.


| Parity | No parity. Requirement for telehealth coverage only applies to the following conditions and settings:

- Trauma
- Burn
- Cardiology
- Infectious diseases
- Mental health disorders
- Neurologic diseases including strokes
- Dermatology
- Pulmonology
- Urology (Eff. Jan. 2020)
- Pain Medicine
- Substance Abuse


| Payment Parity | None. |
Under Arizona Statute, Public Health & Safety, “telemedicine means the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.”


Under the Board of Behavioral health, “telepractice” means providing behavioral health services through interactive audio, video or electronic communication that occurs between the behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to section 36-3602.


Providers must obtain and document oral or written consent before delivery of services. Oral consent should be documented on the patient’s medical record.


Physicians are prohibited from issuing a prescription to patients without having a physical or mental health status examination to establish a provider-patient relationship.

The physical or mental health status examination can be conducting during a real-time telemedicine encounter.


An out-of-state doctor may engage in a single or infrequent consultation with an Arizona physician.


Arizona adopted the interjurisdictional Compact of the Association of State and Provincial Psychology Boards (PSYPACT). (The Compact becomes effective 1/1/2020 unless a seventh state enacts the Compact before then).


Member of the Interstate Medical Licensure Compact.


Member of Nurse Licensure Compact.


Member of Physical Therapy Compact.

Arizona explicitly prohibits the use of telemedicine to provide an abortion.


Professional regulation with telehealth specific standards