

# **AHCCCS Telehealth**

## **Training Manual**



## INTRODUCTION

This document is intended as a reference for those responsible for billing Telehealth services to AHCCCS' Division of Fee for Service Management (DFSM).

NOTE: The services described in this manual are global in nature and are listed here to offer general guidance. The *AHCCCS Medical Policy Manual (AMPM)* is available on the AHCCCS web site at [www.azahcccs.gov](http://www.azahcccs.gov).

## WHAT IS TELEHEALTH?

Telehealth refers to:

- Telemedicine (Real-time clinical services)
- Telecommunication (Store-and-forward services)
- Distance Education
- Program planning/development

This Manual addresses issues related to Telemedicine and Telecommunication. It should be noted that Distance Education and Program planning/development are not discussed in this Manual and are not billable services.

## **CMS ADDRESSES TELEMEDICINE**

The Centers for Medicare & Medicaid Services (CMS) has defined telemedicine as the use of medical information exchange from one site to another via electronic communications to improve a patient's health. Electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and the physician or practitioner at the distant site. Telemedicine is viewed as a cost-effective alternative to the more traditional face to face way of providing medical care (e.g. face to face consultations or examinations between provider and member) that the state may choose to cover.

Reimbursement for Medicaid-covered services, including those with telemedicine applications, also must satisfy Federal requirements of efficiency, economy, and quality of care. With this in mind, states are encouraged to use the flexibility inherent in federal law to create innovative payment methodologies for services that incorporate telemedicine technology.

## AHCCCS TELEHEALTH POLICY

AHCCCS covers medically necessary consultative and/or treatment telemedicine services for all eligible members within the limitations described in this Manual, when provided by an appropriate AHCCCS registered provider. With few exceptions, reimbursable consultations must be provided in a real-time.

### Definitions

**Consulting provider (hub provider)** means a licensed provider, as outlined in this document, who provides an expert opinion to assist in the diagnosis or treatment of a member.

**Hub site** means the location of the telemedicine consulting provider which is considered the place of service.

**Real-time** means the interactive, two-way transfer of information and medical data, which occurs at two sites simultaneously: the hub and the spoke site.

**Spoke site** means the location where the member is receiving the telemedicine service.

**Telecommunication technology, which includes store and forward**, 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".

## AHCCCS TELEHEALTH POLICY, Continued

**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.

**Telepresenter** means a trained, designated individual who is familiar with the member's case and has been asked to present the member's case at the time of Telehealth service delivery, via real-time telemedicine or store-and-forward telecommunication, if the member's spoke site provider is not present. The telepresenter must be familiar with the member's medical condition in order to present the case accurately. Spoke services provided by a telepresenter are not reimbursable.

### Non-Emergency Transportation to and from Telemedicine Services

Non-emergency transportation to and from the Telehealth spoke site to receive a medically necessary consultation or treatment service is covered.

### Prior Authorization

AHCCCS does not require prior authorization (PA) for medically necessary Telehealth services performed by eligible fee-for-service (FFS) providers.

## AHCCCS TELEHEALTH POLICY, Continued

### AHCCCS-Covered Telemedicine Services

Services provided via telemedicine are billed by the consulting provider.

Services can be billed by the spoke provider if they are also providing a separate AHCCCS covered service. As an example, if the patient has an office visit with a clinician at the spoke end, and a telemedicine consult with a provider at the hub end is included in that visit, a claim may be submitted for the clinician office visit at the spoke end as well as for the consult at the hub end.

Services must be AHCCCS-covered in order to bill as Telehealth, and the servicing providers must be registered with AHCCCS. AHCCCS-covered Telehealth services include, but are-not-limited-to:

- Behavioral Health
- Cardiology
- Dermatology
- Hematology/pathology
- Inpatient consultations
- Medical Nutrition Therapy (MNT)
- Office (adult and pediatric), outpatient, and surgery follow-up consultations
- Ophthalmology
- Pain management
- Pathology
- Pharmacy management
- Radiology

See Attachment A for listing of covered Telehealth codes.

Note: Telemedicine HCPCS code “Q3014, Telehealth originating site facility fee” is not an AHCCCS-covered service.

## AHCCCS-Eligible Facilities and Telehealth Providers

The following facilities are AHCCCS-eligible to be a hub or spoke site:

- IHS clinic
- Tribally-governed 638 facility
- Urban clinic for Native Americans
- Office of a physician or other practitioner
- Hospital
- Federally qualified health center (FQHC)



## **AHCCCS TELEHEALTH POLICY, Continued**

Both the referring (spoke) and consulting (hub) providers must be registered with AHCCCS. Providers must be licensed to practice in the state or jurisdiction from which the service is provided, unless the provider is employed by an IHS/638 facility.

The following provider types may bill for Telehealth services (see AHCCCS Fee-for-Service Provider Manual for some limitations):

- 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. Out-of-state IHS providers designated as such are paid the AIR (All Inclusive Rate); those who are not IHS are paid the AHCCCS fee-for-service rate.

### Medical Records Documentation

All services billed as Telehealth must be documented in the members' medical records.

## AHCCCS TELEHEALTH POLICY, Continued

### Telehealth Reimbursement

AHCCCS reimburses Telehealth services as follows:

- IHS/638 facility: In accordance with the State Plan Amendment Matrix
- Non-IHS/638 facility/ (Fee-for-Service) provider: AHCCCS fee-for-service rates

Note: AHCCCS reimburses a maximum of five (5) AIR encounters per day per recipient.

### Claims Submission

Only services codes listed in Attachment A can be billed as Telehealth services. Additionally, providers should remember the following:

- **Always** code Telehealth services according to industry-standard and correct coding methodologies.
- Although Telehealth services may be provided by an IHS/638 facility, AHCCCS requires that Telehealth services be billed only for the codes listed in Attachment A.
- Only services listed in Attachment A with the TC and 26 modifiers can be split and billed as both a professional component and a technical component. For IHS/638 clinic facility services, the TC modifier is assumed to be the facility charge so the modifier is not required to be billed on the facility claim.

## **Claim Examples**

**(Samples only; see Attachment A for complete list of covered Telehealth codes.)**

## Tele-Mental Health/Tele-Behavioral Health Consultations (Telemedicine Real-Time Only)

Spoke	Hub	Billing	Medical Records	Payment
<p>Licensed therapist or other AHCCCS eligible provider present with patient</p> <p><i>No clinical billable service was provided</i></p>	<p>Psychiatrist or other AHCCCS eligible provider provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS codes, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>
<p>Licensed therapist or other AHCCCS eligible provider present with patient</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Psychiatrist or other AHCCCS eligible provider provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS codes, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Mental Health/Tele-Behavioral Health Consultations (Telemedicine Real-Time Only), continued

Spoke	Hub	Billing	Medical Records	Payment
Patient with telepresenter	Psychiatrist or other AHCCCS eligible provider provides consultation	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Cardiology Consultations (Telemedicine Real-Time Only)

Spoke	Hub	Billing	Medical Records	Payment
<p>Provider present with patient</p> <p><i>No clinical billable service was provided</i></p>	<p>Cardiologist provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>
<p>Provider present with patient</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Cardiologist provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Cardiology (EKG) (Telemedicine Real-Time or Telecommunication Store-and-Forward)

Spoke	Hub	Billing	Medical Records	Payment
<p>Technician present with patient and takes EKG</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Cardiologist interprets EKG</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, for the technical and professional portions of the service, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, for the technical and professional portions of the service, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB)</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

Note: EKG procedure codes do not use the TC modifier for the technical component or the 26 modifier for the professional component. Instead, there are specific CPT codes to designate each of these types of services.

## Tele-Cardiology (Home EKG) (Telemedicine Real-Time or Telecommunication Store-and-Forward)

Spoke	Hub	Billing	Medical Records	Payment
<p>Patient at home with EKG</p> <p><i>No clinical billable service was provided</i></p>	<p>Cardiologist interprets EKG</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

Note: EKG procedure codes do not use the TC modifier for the technical component or the 26 modifier for the professional component. Instead, there are specific CPT codes to designate each of these types of services.



## Tele-Dermatology (Telemedicine Real-Time or Telecommunication Store-and-Forward)

Spoke	Hub	Billing	Medical Records	Payment
<p>Licensed AHCCCS-eligible provider present with patient</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Dermatologist provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>
<p>Patient with telepresenter</p> <p><i>No clinical billable service was provided</i></p>	<p>Dermatologist provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 0510X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Ophthalmology Consultations (Telemedicine Real-Time Only)

Spoke	Hub	Billing	Medical Records	Payment
<p>Licensed AHCCCS-eligible provider present with patient</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Ophthalmologist provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Ophthalmology Consultations (Telemedicine Real-Time Only), Continued

Spoke	Hub	Billing	Medical Records	Payment
<p>Patient with telepresenter</p> <p><i>No clinical billable service was provided</i></p>	<p>Ophthalmologist provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Ophthalmology/Retinal Screening (Telecommunication Store-and-Forward)

Spoke	Hub	Billing	Medical Records	Payment
<p>Technician present with patient, completes screening</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Ophthalmologist provides interpretation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, for the technical and professional portions of the service, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, for the technical and professional portions of the service, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Pain Management (Telemedicine Real-Time Only)

Spoke	Hub	Billing	Medical Records	Payment
<p>Licensed AHCCCS-eligible provider present with patient</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Eligible provider provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Pain Management (Telemedicine Real-Time Only) Continued

Spoke	Hub	Billing	Medical Records	Payment
<p>Patient with telepresenter</p> <p><i>No clinical billable service was provided</i></p>	<p>Eligible provider provides consultation</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> Does not bill</p> <p><b>Non- IHS/638</b> Does not bill</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Not required to maintain documentation</p> <p>Not required to maintain documentation</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p>Is not reimbursed</p> <p>Is not reimbursed</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## Tele-Radiology (Telecommunication Store-and-Forward Only)

Spoke	Hub	Billing	Medical Records	Payment
<p>Technician present with patient, takes X-ray</p> <p><i>A separate clinical billable service was provided</i></p>	<p>Radiologist interprets X-ray</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider submits UB-04 claim to AHCCCS with Revenue Code 051X, for the technical and professional portions of the service, appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (GT/GQ)</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> provider ) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (26/GT/GQ)</p> <p><b>Non-IHS/638</b> provider (FFS) submits a CMS 1500 with appropriate CPT/HCPCS code, and modifier (26/GT/GQ)</p>	<p><b><u>Spoke</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p><b><u>Hub</u></b></p> <p>Maintains documentation showing procedure code, and appropriate modifier</p> <p>Maintains documentation showing procedure code, and appropriate modifier</p>	<p><b><u>Spoke</u></b></p> <p><b>IHS/638</b> provider reimbursement will be at the AIR (OMB) rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b><u>Hub</u></b></p> <p><b>IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p> <p><b>Non-IHS/638</b> reimbursement will be at the AHCCCS Capped Fee-for-Service rate</p>

## AHCCCS TECHNICAL ASSISTANCE

DFSM staff is available to provide on-site technical assistance regarding how to bill appropriately for Telehealth services.

Please send your request and or questions to the following email:

- [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)