



Provider Enrollment Policy Manual

Need help? Call Provider Enrollment at (602) 417-7670 or send an email to:

APEPtrainingQuestions@azahcccs.gov.

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Provider Enrollment Policy Manual (Archive)

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Introduction

Getting Started

Welcome to Arizona's Provider Enrollment Policy Manual.

View the [Quick Start](#) page for basic instructions.

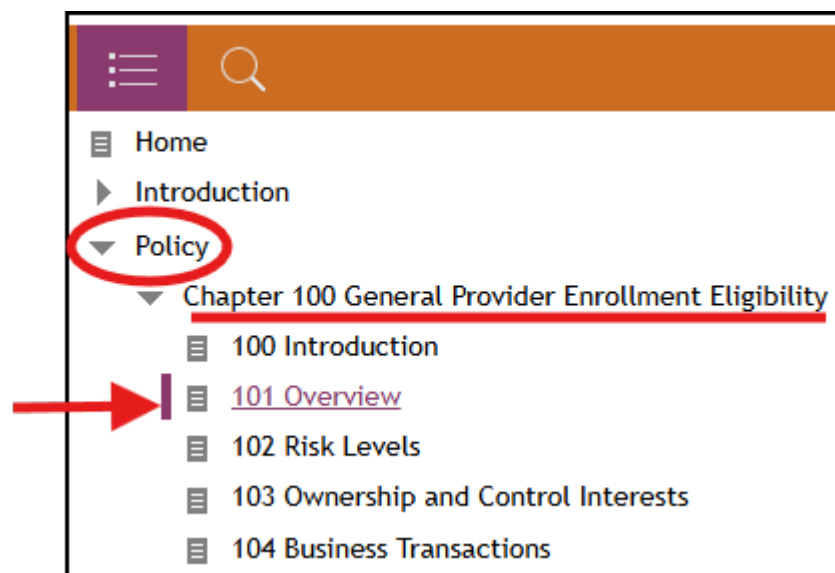
View the [Navigating This Manual](#) page for additional instructions and tips.

Quick Start

To get to a specific policy manual section use the Table of Contents to the left and open the policy section followed by the appropriate chapter.

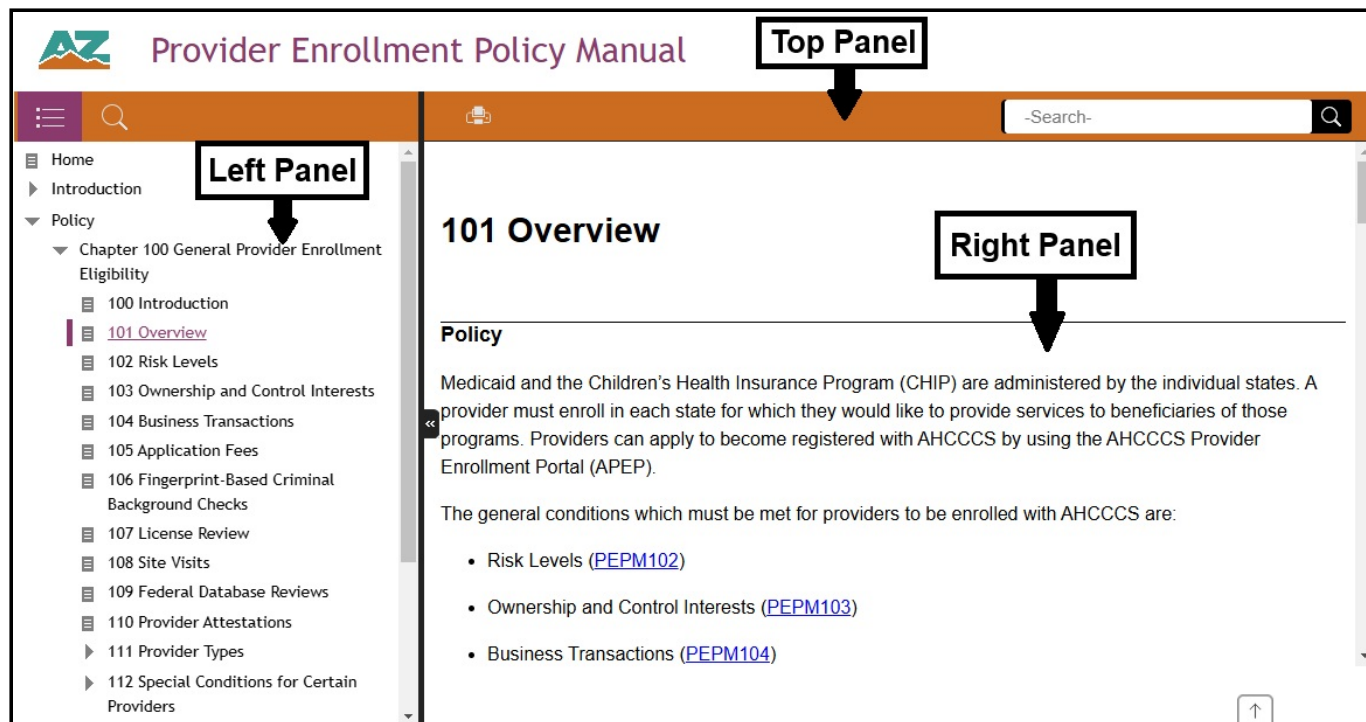
Example: To get to “Chapter 101 - Overview” you would need to:

- Click on Policy
- Click on Chapter 100 - General Provider Enrollment Eligibility
- Click to open subchapter 101 - Overview



Navigating this manual

The window of Arizona's Provider Enrollment Policy Manual is divided into three panels: top, left and right.

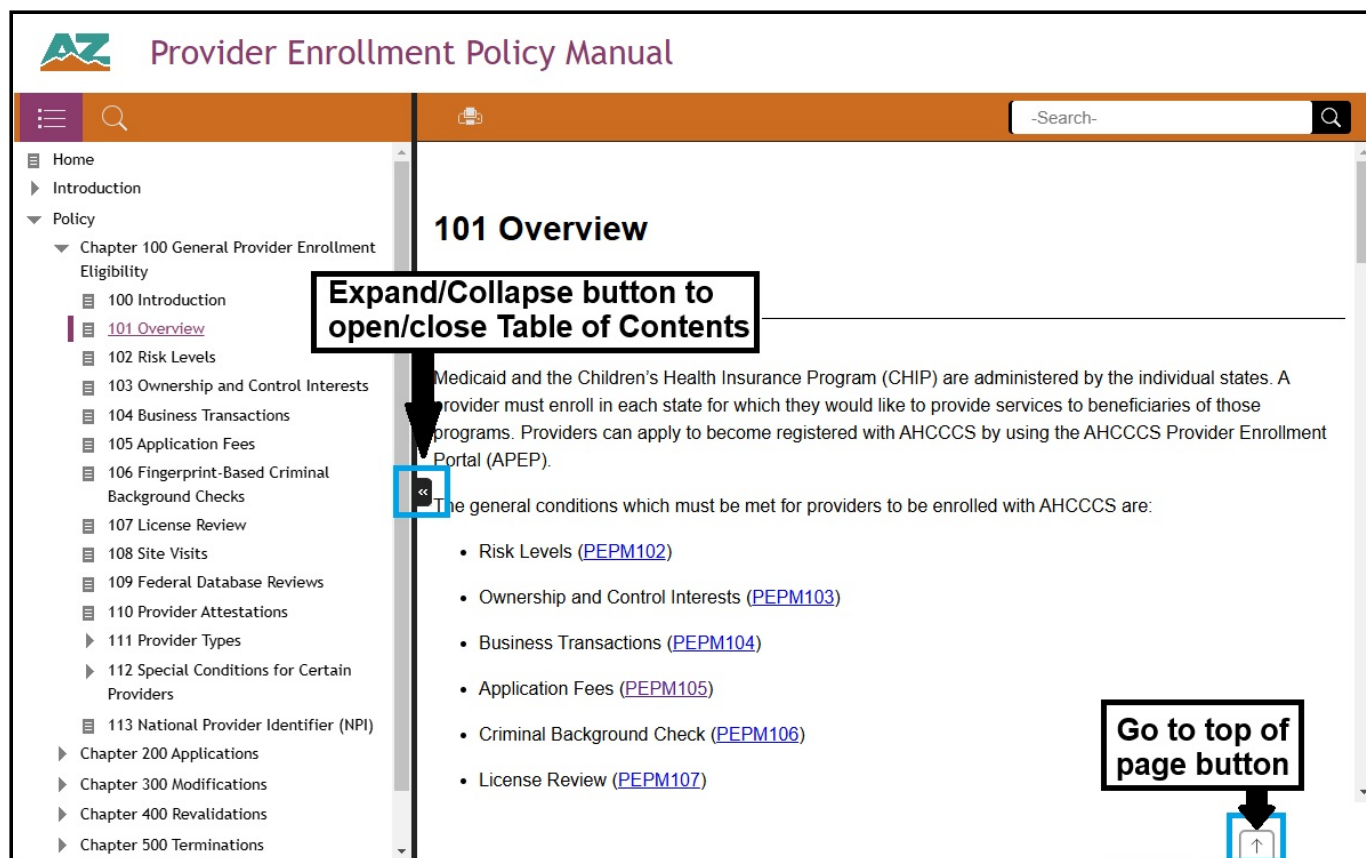


The **top panel** of the manual contains the following icons:



The **left panel** of the manual contains the table of contents.

The **right panel** is the main display window for the Provider Enrollment Policy Manual.

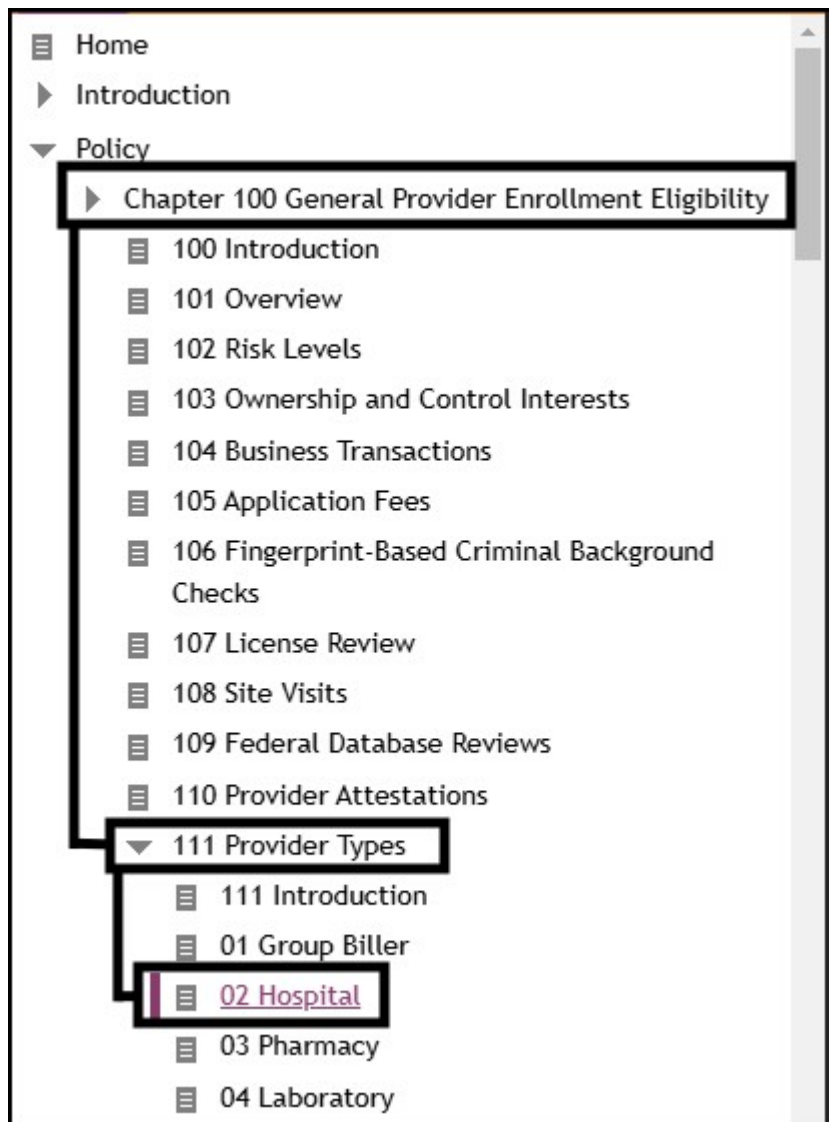


The expand and collapse button allows the user to hide, open, or resize the table of contents.

At the bottom of the page there is a cursor arrow to navigate to the top of the page

Table of Contents

The Table of Contents can be accessed by clicking the “Table of Contents” button, if it’s not already displayed. It is organized into three levels. The first two levels are “books” and the third level contains “pages”. Books organize content by Chapters (1st level) and subchapters/topics (2nd level), while pages contain the actual policy. Clicking on a book will load the pages related to that section of the chapter.



Search

The search option allows you to find all policy sections that contain a word or phrase. You can use the search button on the right of the screen. Type the word or phrase you are looking for in the Search field and click enter. (When you start typing a word or topic, a set of suggestions will start appearing and you may not have to enter the full search string).

The screenshot shows the 'Provider Enrollment Policy Manual' interface. At the top, there is a search bar with the text 'site visit' and a magnifying glass icon. Below the search bar, a dropdown menu lists several suggestions: 'site visit', 'site visit yes', 'site visit ahcccs', 'site visit requirement', 'site visit optional', and 'site visit provider'. The main content area displays the search results for 'site visit', showing 114 results. The first result is titled 'B Site Visits for Physical Therapists in Private Practice' and is highlighted. The left sidebar contains a search bar with 'site visit' and a list of results. The main content area shows the 'Policy' section for 'B Site Visits for Physical Therapists in Private Practice'. The text states: 'There are special conditions regarding site visits that apply to Physical Therapists in private practice.' Below this, there are three bullet points:

- Physical therapists in private practice are in the "moderate" risk category and subject to site visits as part of their screening.
- If a physical therapist is employed by an entity enrolled or enrolling as a "limited" risk provider, the entity is not subject to the site visit requirement because the practice itself falls within the "limited" risk screening category. If AHCCCS determines otherwise or the entity's risk status is adjusted upward, a site visit may still be required.
- If a physical therapist is reassigning their benefits to a "limited" risk provider, then the provider is subject to the site visit requirement at the identified practice location. For example, a site visit is required for the identified location if a physical

The results of the search is displayed below the search box. A ranking system displays the most relevant sections first. Click on the title of results you want to look at and the manual section will open in the right panel. Your search term will be highlighted wherever it appears on the page.

Policy

Chapter 100 General Provider Enrollment Eligibility

101 Overview

Policy

Medicaid and the Children's Health Insurance Program (CHIP) are administered by the individual states. A provider must enroll in each state for which they would like to provide services to beneficiaries of those programs. Providers can apply to become registered with AHCCCS by using the AHCCCS Provider Enrollment Portal (APEP).

The general conditions which must be met for providers to be enrolled with AHCCCS are:

- Risk Levels ([PEPM102](#))
- Ownership and Control Interests ([PEPM103](#))
- Business Transactions ([PEPM104](#))
- Application Fees ([PEPM105](#))
- Criminal Background Check ([PEPM106](#))
- License Review ([PEPM107](#))
- Site Visits ([PEPM108](#))
- Federal Database Reviews ([PEPM109](#))
- National Provider Identifier (NPI) ([PEPM113](#))

Federal Laws

- Public Laws;
- Social Security Act (the Act);
- United States Code (USC);
- Code of Federal Regulations (CFR);

- Federal Register;
- State Medicaid Manual (SMM); and
- CMS guidance and letters to State Medicaid Directors (SMDL).

Definitions

| Term | Definition |
|---|---|
| Centers for Medicare and Medicaid Services (CMS) Guidance | <p>Guidance and directives issued as:</p> <ul style="list-style-type: none"> • State Medicaid Director letters (SMDL) to all Directors of State Medicaid agencies. • State Health Official (SHO) letters to state health officials. • CMS Rulings are final decisions of the Administrator that clarify complex or unclear provisions of the law or regulations relating to Medicaid or SCHIP. • Other memoranda, compendia, manuals, or other guidance issued by CMS. <p>See http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html to search and view SMDL and SHO guidance by type and topic.</p> <p>See http://cms.hhs.gov/rulings/ to view CMS Rulings.</p> |
| Code of Federal Regulations (CFR) | <p>A collection of general and final rules (regulations) that have been previously published in the Federal Register. Medicaid and CHIP programs are covered in 42 CFR - Public Health;</p> |

| | |
|---------------------|--|
| | See http://www.ecfr.gov/cgi-bin/ECFR?page=browse to view the CFR. |
| Federal Register | <p>The Federal Register is the official daily publication of the U.S. government. It contains:</p> <ul style="list-style-type: none"> • New regulations; • Changes to regulations; and • Legal notices issued by Federal agencies and the President. <p>See https://www.federalregister.gov/ to view the Federal Register.</p> |
| Public Law | <p>A printing of the full text of a new law or an amendment to an existing law after it has been enacted by Congress and signed by the President.</p> <p>Public laws are later codified (collected and arranged) in the US Code (USC) along with all other Federal Laws.</p> <p>See http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=PLAW to view Public Laws.</p> |
| Registered Provider | <p>Means either of the following:</p> <ul style="list-style-type: none"> • For the fee-for-service program, any individual or entity furnishing Medicaid services under an agreement with the Medicaid agency. |

| | |
|-----------------------------|---|
| | <ul style="list-style-type: none"> For the managed care program, any individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services. |
| State Medicaid Manual (SMM) | <p>Policy guidance for the Medicaid requirements contained in the CFR developed by the Centers for Medicare and Medicaid Services (CMS).</p> <p>See https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html to view</p> |
| State Plan | <p>A written contract between AHCCCS and the Centers for Medicare and Medicaid Services (CMS). The State Plan describes the nature and scope of the Medicaid or KidsCare program.</p> <p>See https://azahcccs.gov/Resources/StatePlans/ to view Arizona's Medicaid and CHIP State Plans.</p> |
| United States Code (USC) | <p>A collection of the federal laws made by Congress sorted by subject matter. See https://uscode.house.gov/ to view the USC.</p> |

Legal Authority

42 CFR 455 Part E

102 Risk Levels

Policy

A risk category is assigned to all providers. The category may be the same or higher than the risk category assigned by Medicare.

Providers have the option to be a Medicaid only provider or a Medicare and Medicaid provider. For Medicaid-only providers, AHCCCS is responsible for assigning the risk category.

AHCCCS has the discretion to adjust the risk level for a provider or provider type based on the following:

- Imposition of a payment suspension on a provider based on a credible allegation of fraud, waste, or abuse;
- The provider has an existing Medicaid overpayment;
- The provider has been excluded by the United States Department of Health and Human Services Office of Inspector General or another State's Medicaid program within the previous 10 years; or
- At least 6 months following the lifting of a temporary moratorium for a particular provider type that was impacted by the moratorium.

Provider screening activities are based on the assigned risk level. The table below describes what screening activities are required for each risk level. The risk level for each provider type can be found on the [Provider Enrollment Screening Glossary](#).

| Risk Level | Screening Required |
|------------|--|
| Limited | <ul style="list-style-type: none">• Verify that a provider meets any applicable Federal regulations or State requirements for the provider type prior to making an enrollment determination.• License verifications (PEPM107) |

| | |
|----------|--|
| | <ul style="list-style-type: none"> • Conduct Database Checks (PEPM109) |
| Moderate | <ul style="list-style-type: none"> • Verify that a provider meets any applicable Federal regulations or State requirements for the provider type prior to making an enrollment determination. • License verifications (PEPM107) • Conduct Database Checks (PEPM109) • Site Visit (PEPM108) |
| High | <ul style="list-style-type: none"> • Verify that a provider meets any applicable Federal regulations or State requirements for the provider type prior to making an enrollment determination. • License verifications (PEPM107) • Conduct Database Checks (PEPM109) • Site Visit (PEPM108) • Fingerprint-Based Criminal Background Check (FCBC) (PEPM106) |

Proof

In general, proof used to assess risk level may include:

- GAO or OIG final reports
- Insight of law enforcement partners
- Congressional testimony
- Level of administrative enforcement actions for a particular provider type
- Assessment of the level of state and federal oversight for a particular provider type
- Assessment of the level of oversight by accrediting bodies

- Aggregate experience with a particular provider type

Legal Authority

42 CFR 455.450

42 CFR § 424.518

103 Disclosure of Ownership and Control Interests

Policy

The requirements for the disclosure of ownership and control interests are broken down based on the following:

- General requirements
- Parties subject to disclosure requirements
- Information to be disclosed
- When disclosure is required

General requirements

The provider shall disclose the following:

- The home address of all disclosed individuals.
- If the provider is a non-profit entity, the name, date of birth, home address, and social security number of any president, chief executive officer, and director on the board, including the chairman of the board.
- Any felony convictions for any owner, managing employee, director, chairman, or agent. Expunged convictions do not need to be disclosed. Any set aside convictions must be disclosed. The provider must upload documentation to the AHCCCS Provider Enrollment Portal (APEP) for each conviction which contains the following:
 - The city, county, and state the conviction occurred in,
 - The crime the individual was convicted of,
 - The misdemeanor or felony class of the crime,
 - The date of conviction, and
 - The sentence.

Information and Parties to be disclosed

The following information is required to be disclosed:

- Identifying information for people with ownership or control interests, including:
 - The name and home address of any individual or corporation with an ownership or control interest. The address for corporate entities must include the primary business address, every business location, and PO Box address, if applicable.
 - **NOTE** When the home address disclosed for any individual matches the practicing location for the organization, the application may be sent back for corrections or denied.
 - Date of birth and Social Security Number (SSN) of any individual included above.
 - Other Tax Identification Number (TIN) for corporations with an ownership or control interest.
 - Other TIN for corporations with an ownership or control interest in any subcontractor in which the disclosing entity or managed care entity has a 5 percent or more interest.
- Relationships of all parties required to be disclosed, including:
 - Whether the person with an ownership or control interest is a spouse, parent, child, or sibling to another person with ownership or control interest in the same disclosing entity.
 - Whether the person with an ownership or control interest in any subcontractor in which the disclosing entity or managed care entity has a 5 percent or more interest is a spouse, parent, child, or sibling to another person with ownership or control interest in the same disclosing entity.
- The name of any other disclosing entity or managed care entity in which an owner of the disclosing entity has an ownership or control interest.
- The name, home address, date of birth, and SSN of any managing employee.

When disclosure is required

| Disclosures from... | Are due at any of the following times... |
|---------------------|--|
|---------------------|--|

| | |
|---|---|
| <p>Providers</p> <p>Disclosing entities</p> | <ul style="list-style-type: none"> • When submitting the provider application. • When executing the provider application. • Upon request of AHCCCS. • Within the timeframe for reporting changes as defined in the AHCCCS Medical Policy Manual Chapter 610 |
| <p>Managed care entities</p> | <ul style="list-style-type: none"> • When submitting the proposal in accordance with AHCCCS' procurement process. • When executing the contract with AHCCCS. • Upon renewal or extension of the contract. • Within the timeframe for reporting changes as defined in the AHCCCS Medical Policy Manual Chapter 610 |

Definitions

| Term | Definition |
|--|---|
| Agent | Any person who has been given the authority to act on behalf of a provider. |
| <p>Board of Directors</p> <p>Chief Executive Officer</p> | Considered individuals with a controlling or ownership interest if the entity is a corporation. |

| | |
|----------------------------------|---|
| Chief Financial Officer | |
| Chief Information Officer | |
| Chief Operating Officer | |
| Corporate – Charitable 501(c)(3) | Non-profit entities, that are organized as corporations. If a non-profit corporation has “trustees” instead of officers or directors, these trustees must be disclosed. |
| Corporate – Non Charitable | A legal entity that's separate from its owners. The corporation can make a profit, be taxed, and can be held legally liable. Does not have 501(c)(3) filing status with the IRS. |
| Corporate – Not Publicly Traded | Same as Corporate – Non Charitable, but shareholders may own a percentage of the corporation, but it is not traded on the stock exchange. |
| Corporate – Publicly Traded | Same as Corporate – Non Charitable, but shareholders may own a percentage of the corporation, and it is traded on the stock exchange. |
| Disclosing entity | A Medicaid provider or a fiscal agent. |
| Other disclosing entity | <p>Any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:</p> <ul style="list-style-type: none"> Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance |

| | |
|-----------------------------|---|
| | <p>organization that participates in Medicare (title XVIII);</p> <ul style="list-style-type: none"> • Any Medicare intermediary or carrier; and • Any entity that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act. |
| Foreign, Nonresident Alien | A corporation or LLC that was formed or created in a state or country other than Arizona. Entities created under federal or Indian tribal law are also considered foreign entities. |
| Government – City | A city owned entity. |
| Government – County | A county owned entity. |
| Government – Federal | A federally owned entity. |
| Government – State | A state owned entity. |
| Holding Company | A parent company, usually a corporation or LLC, whose purpose is to buy and control the ownership interests of other companies. |
| Indirect ownership interest | An ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity. |

| | |
|--|--|
| Individual/Sole Proprietor | Any individual furnishing Medicaid services under an agreement with the Medicaid agency. |
| Limited Liability Company | A company owned by its members. Managers can also be members, but are not required to be. Owners are protected from personal liability for the company's debts and liabilities. |
| Managed care entity (MCE) | Managed Care Organizations (MCOs), Prepaid inpatient health plans (PIHPs), Prepaid ambulatory health plans (PAHPs), Primary care case managers (PCCMs), and Health Insuring Organizations (HIOs). |
| Managing employee | A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency. |
| Ownership interest | The possession of equity in the capital, stock, or profits of the disclosing entity. |
| Partnership | Limited partnerships have only one general partner with unlimited liability, and all other partners have limited liability. The partners with limited liability also tend to have limited control over the company, which is documented in a partnership agreement. Profits are passed through to personal tax returns, and the general partner — the partner without limited liability — must also pay self-employment taxes. |
| Person with an ownership or control interest | A person that: |

| | |
|---------------|---|
| | <ul style="list-style-type: none"> • Has a direct, indirect, or combination of direct and indirect ownership interest totaling 5 percent or more in a disclosing entity; • Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity; • Is an officer or director of a disclosing entity that is organized as a corporation; or • Is a partner in a disclosing entity that is organized as a partnership. |
| Subcontractor | <p>An individual, agency, or organization in which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients.</p> <p>OR</p> <p>An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.</p> |
| Termination | <p>Action taken by AHCCCS to revoke the provider's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired.</p> |

Proof

If the provider fails to timely furnish any requested disclosure information, AHCCCS may deny the application or terminate enrollment unless AHCCCS determines that termination or denial of enrollment is not in the best interests of the State Medicaid Plan.

Legal Authority

42 CFR 455.101 – 455.104

42 CFR 455.2

104 Business Transactions

Policy

AHCCCS enters into an agreement with every provider. In this agreement the provider agrees to maintain all records in compliance with all AHCCCS and/or CMS specifications and to make available such records to AHCCCS. Within 35 days of an AHCCCS or CMS request, the provider must submit information related to business transactions for:

- The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
- Any significant business transactions during the 5-year period ending on the date of the request between the provider and any wholly owned supplier or any subcontractor.

Proof

If the requested information is not provided to AHCCCS within 35-days of the request, the provider's enrollment with AHCCCS will be terminated.

Legal Authority

42 CFR 455.105

42 CFR 420.205

105 Application Fees

[Click here to see this page in full context](#)

105 Application Fees

Policy

An application fee is collected for events such as:

- Initial Enrollments and Revalidations;
- New practice locations; and
- Change of owners.

Application fees are collected by AHCCCS before completing a provider agreement. An institutional provider will pay one fee per application, regardless of how many physicians are with the institution. The following table is the current application fees for the provider. These Federal standards generally change every year on January 1st.

| 2024 | 2025 |
|----------|----------|
| \$709.00 | \$730.00 |

Exceptions to the application fee include the following:

- Individual physicians, non-physician practitioners, or other non-institutional providers.
- Providers that are enrolled in Medicare or in another State's Medicaid Plan
- Providers that have paid the application fee within the last four years. AHCCCS reserves the right to request an application fee, if needed, even if the fee has been paid within the last four years.
- Simple changes to provider enrollment information such as:
 - New phone numbers;
 - New bank account information;

- New billing address;
- Change in the name of the provider.
- If the fee would cause an Undue Hardship for the provider. When a provider claims undue hardship, it is reviewed by AHCCCS. If AHCCCS supports the claim of undue hardship, it is forwarded to the CMS for approval. CMS will respond to the claim within 60 days of receiving the request.

A refund of the application fee may be issued for any of the following reasons:

- The application was denied or withdrawn before AHCCCS completed screening activities;
- The application fee was already paid to a Medicare contractor or another state;
- AHCCCS could not approve the application because of a temporary moratorium on the applicant's provider type; or
- Applicant is approved for a hardship exception.

Definitions

| Term | Definition |
|-------------------------|--|
| Applications | <p>For the purposes of this section, refers to the following application types:</p> <ul style="list-style-type: none"> • Initial Provider Enrollment Applications; • Modification Requests; • Revalidations; and • Reenrollment Applications |
| Institutional Providers | <p>Any providers who are considered institutional in Medicare are also considered institutional in Medicaid. Medicare defines the following provider types as “institutional” for purposes of the application fee:</p> |

- Ambulatory surgical centers
- Ambulance service suppliers
- Community mental health centers (CMHCs)
- Comprehensive outpatient rehabilitation facilities (CORFs)
- Competitive Acquisition Program/Part B Vendors
- DMEPOS suppliers
- End-stage renal disease facilities
- Federally qualified health centers
- Health programs operated by an Indian health program (as defined in section 4(12) of the Indian Health Care Improvement Act) or an urban Indian organization (as defined in section 4(29) of the Indian Health Care Improvement Act) that receives funding from the Indian health service pursuant to Title V of the Indian Health Care Improvement Act
- Histocompatibility laboratories
- Home health agencies
- Hospices
- Hospitals
- Independent clinical laboratories
- Independent diagnostic testing facilities
- Mammography screening centers
- Mass immunization roster billers
- Nursing Facility (other)

| | |
|----------------------------|--|
| | <ul style="list-style-type: none"> • Outpatient physical therapy/outpatient speech pathology providers enrolling via the Form CMS-855A • Organ procurement organization (OPO) • Pharmacies that are newly enrolling or revalidating via the Form CMS-855B application • Portable x-ray suppliers (PXRS) • Radiation therapy centers • Religious non-medical health care institutions (RNHCI) • Rural health clinics • Skilled nursing facilities |
| Non-institutional Provider | Individual practitioners, group practices and entities that do not meet the definition of institutional provider. |

Proof

AHCCCS checks Medicare's enrollment system, Medicare Provider Enrollment, Chain, and Ownership System (PECOS), to see if an application fee has been paid. When a provider states they are enrolled with another State Medicaid system, AHCCCS will contact the other state to verify.

Claims of Undue Hardship

When a provider claims undue hardship, a written statement explaining the hardship and supporting documentation is required. Supporting documentation must be provided along with the written statement. If supporting documentation is not provided, the undue hardship request may be denied. Examples of supporting documents includes historical cost reports, balance sheets and income statements, cash flow statements, and tax returns.

Legal Authority

42 CFR 424.514(d)(2)(v)

42 CFR 455.460

106 Fingerprint-Based Criminal Background Checks

Policy

Fingerprint-based Criminal Background Check (FCBC) must be completed when required to do so under state law or by the applicable level of screening.

Providers that meet the criteria for criminal background checks as a “High” risk to the State Medicaid Program include the following:

- Individual “High” risk providers ([PEPM102 Risk Levels](#))
- Owners of “High” risk provider types
- A person with a 5 percent or more direct or indirect ownership interest in a “High” risk provider
- Executive Directors and Chief Executive Officers of “High” risk nonprofit organizations

Providers that meet the criteria for criminal background checks as a high-risk to the State Medicaid Program include the following:

- Individual high-risk providers (such as individual Non-Emergency Medical Transportation providers),
- A person with a 5 percent or more direct or indirect ownership interest in a high-risk provider, and
- All Directors, Executive Directors, Chief Executive Officers, and Presidents listed publicly on the Arizona Corporation Commission Entity Information page under the Principal Information Section.

Non-profit organizations may utilize the options below for further identifying individuals to be fingerprinted:

- If an existing nonprofit organization uploads their most recent IRS Form 990 Return of Organization Exempt from Income Tax, and a list of the names of their Principal Officer, Executive Director, Chief Executive Officer, and/or President, only those individuals

identified shall be required to undergo the FCBC process in lieu of any directors listed publicly on the ACC Entity Information page under the Principal Information Section.

- If a newly established nonprofit organization uploads to APEP their IRS Determination Letter, only the individual addressed in the letter shall be required to go through the FCBC process, in lieu of all the directors listed on the ACC Information page under the Principal Information Section. AHCCCS has the discretion to request the completion of FCBC by any provider, employee of a provider, owner of a provider, contractor of provider, or any other individual named in this policy.

Providers must disclose to AHCCCS if any individual meets both conditions:

- Has ownership or control interest in the provider, or is an agent or managing employee of the provider; and
- Has been convicted of a criminal offense.

Any set aside convictions must be disclosed. The provider must upload documentation to the AHCCCS Provider Enrollment Portal (APEP) for each conviction which contains the following:

- The city, county, and state the conviction occurred in,
- The crime the individual was convicted of,
- The misdemeanor or felony class of the crime,
- The date of conviction, and
- The sentence.

AHCCCS will notify the Department of Health and Human Services' (DHHS) Office of the Inspector General (OIG) within 20 working days of receiving the information.

Definitions

| Term | Definition |
|---------------------------------------|--|
| Office of the Inspector General (OIG) | Department of Health and Human Services' Office of the Inspector General |

Proof

If the provider or any owner has submitted fingerprints to AHCCCS within the past four years, new fingerprints are usually not needed. AHCCCS has the option to use the previous results or request a new fingerprint submission. If a new owner is added, fingerprints are required of those individuals.

The [FCBC requirements](#) must be followed. The provider must follow all timeframes mentioned in the FCBC notice. Fingerprints must be submitted to AHCCCS within 30 days of the request from AHCCCS.

Legal Authority

42 CFR 455.434

42 CFR 455.106

42 CFR 455.416

107 License Review

Policy

AHCCCS must verify the license of a provider. When the license is reviewed, it must be from the State of the practice, current and not limited. Enrolled providers must report any adverse action regarding a license, permit, or certification to AHCCCS within 24 hours.

A provider application may only list practice locations that are included on the license. When a license lists only one address, then only one address may be approved per enrollment application. When a license lists more than one address, such as a satellite location, the multiple locations may be considered on the same provider application and enrollment.

See [PEPM112A Providers on Tribal Lands](#) for special conditions that apply to provider organizations located on tribal lands.

Definitions

| Term | Definition |
|---------|--|
| License | “License” or “licensure” means a nontransferable authorization that is granted based on established standards in law by a state or a county regulatory agency or board and allows a health care provider to lawfully render a health care service. |

Proof

License is provided by the provider with their application.

Outpatient treatment centers who are exempt from the license requirement because they are owned by the same owners as a hospital need to provide proof of the license exemption from Arizona Department of Health Services.

Refer to the [Provider Enrollment Screening Glossary](#) for the license required for each provider type.

Legal Authority

42 CFR 455.412

ARS 36-402

AAC R9-22-101

108 Site Visits

Policy

Site visits are conducted to verify that information submitted is accurate and to determine compliance with federal and state enrollment requirements. AHCCCS conducts pre-enrollment and post-enrollment site visits of providers that are included in the “moderate” or “high” risk levels in Medicaid (PEPM102 Risk Levels). All providers are required to allow CMS, its agents, its designated contractors, or AHCCCS to conduct both announced or unannounced on-site inspections of all provider locations. Failure to allow CMS, its agent, its designated contractors, or AHCCCS on-site to conduct an announced or unannounced inspection may result in the denial of an enrollment application or termination of enrollment.

Site visits may be combined with other site visit activity so long as the verification activity for screening and enrollment is documented separately. Other site visit activities include, but are not limited to visits for State Licensing, Survey and Certification, and Clinical Laboratory Improvement Act requirements.

See MA112B for site visit requirements for physical therapists in Private Practice.

Definitions

| Term | Definition |
|--|---|
| Clinical Laboratory Improvement Act (CLIA) | Sets standards and issues certificates for clinical laboratory testing. |

Proof

Site visits are documented using a Site Visit Questionnaire. A site visit is valid for 12 months; however, AHCCCS has the option to conduct a site visit at any time.

When a site visit is required for a provider located outside of Arizona, a virtual site visit is allowed. The method must use video conferencing technology, such as Skype, FaceTime, or

Google Meets. Pictures are not sufficient proof for a site visit. When a virtual visit is completed, it is documented as a virtual visit on the site visit questionnaire.

If a provider does not allow a site visit, AHCCCS will terminate or deny enrollment unless AHCCCS determines in writing that termination or denial of enrollment is not in the best interests of the program.

Legal Authority

42 CFR 424.518

42 CFR 455.416(f)

42 CFR 455.432

42 CFR 455.450

109 Federal Database Reviews

Policy

AHCCCS completes routine electronic checks for providers, any person with an ownership or controlling interest in the provider, an agent, or a managing employee. The electronic checks are to verify if the parties:

- Have been excluded from Medicare, Medicaid, or from receiving federal contracts,
- Do not have new sanctions or other actions against their license, or
- Do not have criminal history which needs to be reviewed by AHCCCS.

The table below describes the different systems used for the routine checks.

| System | Frequency |
|---|---|
| Social Security Administration's Death Master File | At initial enrollment, and monthly after enrollment |
| National Plan and Provider Enumeration System (NPPES) | |
| Exception to the NPPES database checks: Some entities do not qualify for an NPI if they do not meet the definition of a health care provider. Providers ineligible for an NPI are not subject to the NPPES database check. | |
| List of Excluded Individuals/Entities (LEIE) | |
| Medicare Exclusion Database (MED) | |

| | |
|--|---|
| Excluded Parties List System (EPLS) | |
| System for Award Management (SAM) | |
| Database Exchange (DEX) | |
| Arizona Department of Health Services (AZDHS) | |
| Arizona Board of Medical Examiners | |
| Any other such databases that CMS or the State may prescribe through regulations or guidance to confirm identity | Initial enrollment, revalidation, and reoccurring cadence as designated by CMS guidance or state or federal regulations |

AHCCCS will deny or terminate providers if any of the persons searched are found in the LEIE, MED, SAM, EPLS, DEX, or any other database that CMS prescribes through regulations or in guidance.

Proof

Proof is collected from federal, state, and other publicly available databases.

Legal Authority

42 CFR 455.436

45 CFR 160.103

110 Provider Attestations

Policy

AHCCCS requires that the provider signs any required attestations during initial enrollment, reenrollment, revalidation, or recertification by specified provider types. The following providers are required to complete an attestation:

- [Affiliated Practice Hygienist](#)
- [\(PT-40\) Attendant Care](#)
- [Community Health Worker Organization](#)
- [Homemaker \(applying as a company\)](#)
- [Independent Testing Facility](#)
- [\(PT-28\) Non-Emergency Medical Transportation Company](#)
- [\(PT-NT\) Non-Emergency Transportation Network Company](#)
- [\(PT-NE\) NEMT Equine](#)
- [Physician Assistant](#)
- [School Based Bus Transportation](#)

Definitions

| Term | Definition |
|-------------|---|
| Attestation | Attestation is a legal acknowledgment of the authenticity of a document and a verification that proper processes were followed. |

Proof

A signed and dated copy of the attestation must be submitted through the AHCCCS Provider Enrollment Portal (APEP) under the Upload Document step as “Document Type-License” under “Document Name-AHCCCS Provider Registration.”

The attestations may be found at www.azahcccs.gov/APEP.

Legal Authority

42 455.410

42 CFR 455.452

111 Provider Types

111 Introduction

In this chapter, you will learn about:

- 01 Group Biller
- 02 Hospital
- 03 Pharmacy
- 04 Laboratory
- 05 Clinic
- 06 Emergency Transportation
- 07 Dentist
- 08 MD Physician
- 09 Certified Nurse Midwife
- 10 Podiatrist
- 11 Psychologist
- 12 Certified Registered Nurse Anesthetist
- 13 Occupational Therapist
- 14 Physical Therapist (PT)
- 15 Speech and Hearing Therapist
- 16 Chiropractic
- 17 Naturopathic Physician
- 18 Physicians Assistant
- 19 Registered Nurse Practitioner
- 20 Respiratory Therapist
- 22 Nursing Home

- 23 Home Health Agency
- 25 Group Home
- 27 Adult Day Health
- 28 Non-Emergency Medical Transportation
- 29 Community Rural Health Center
- 30 Durable Medical Equipment (DME) Supplier
- 31 Osteopath (D.O.)
- 32 Medical Foods
- 35 Hospice
- 36 Assisted Living Home
- 37 Homemaker
- 39 Habilitation
- 40 Attendant Care
- 41 Dialysis Clinic
- 43 Ambulatory Surgical Center
- 44 Environmental
- 46 Registered Nurse (Private Nurse)
- 47 Registered Dietician
- 48 Nutritionist
- 49 Assisted Living Center
- 50 Adult Foster Care Homes
- 53 Supervisory Care Homes
- 54 Affiliated Practice Hygienist
- 55 Hotel
- 56 Boarding Home

- 61 Eye Bank
- 62 Audiologist
- 67 Perfusionist
- 68 Homeopathic
- 69 Optometrist
- 70 Home Delivered Meals
- 71 Psychiatric Hospital
- 77 Behavioral Health Outpatient
- 78 Mental Health Residential
- 79 Vision Center
- 81 EPD HCBS
- 82 Surgical First Assistant
- 83 Free Standing Birth Center
- 84 Licensed Midwife
- 85 Licensed Clinical Social Worker (LCSW)
- 86 Licensed Marriage & Family Therapist (LMFT)
- 87 Licensed Professional Counselor (LPC)
- 92 School Based Bus Transportation
- 93 School Based Attendant Care
- 94 School Based Nurse (RN/LPN)
- 95 Non-Medicare Certified Home Health Agencies
- 97 Air Transportation
- 99 EVS/Non-Service Provider
- A3 Community Service Agency
- A4 Licensed Independent Addiction Counselor (formerly LISAC)

- A5 Behavioral Health Therapeutic Home
- A6 Rural Substance Abuse Transitional Agency
- A8 Individual Home Respite (IHR)
- BC Board Certified Behavioral Analyst (BCBA)
- B1 Residential Treatment Center Secure (17+ Beds) (IMD)
- B2 Residential Treatment Center Non-Secure (1-16 Beds)
- B3 Residential Treatment Center Non-Secure (17+ Beds) (IMD)
- B5 Subacute Facility (1-16 Beds)
- B6 Subacute Facility (17+ Beds) (IMD)
- B7 Crisis Services Provider
- B8 Behavioral Health Residential Facility
- CH Community Health Worker Organization
- CN Clinical Nurse Specialist
- C2 Federally Qualified Health Center (FQHC)
- C4 Specialty Per Diem Hospitals
- C5 638 FQHC
- DU Doula
- ED Free Standing ED
- ES Enhanced Shelter
- E1 Independent Testing Facilities
- F1 Fiscal Intermediaries
- HA Statewide Housing Authority
- HO H2O Provider
- IC Integrated Clinics
- NA NEMT Non-Ambulance Air

- NE NEMT Equine
- NT NEMT Transportation Network Company (TNC)
- OR Prescribing/Ordering Only
- SA Speech Language Pathology Assistant
- TR Treat & Refer
- TS Travel Services

For each section in this chapter, you will find:

- The policy for the requirement;
- Enrollment information and categories of service;
- A list of the federal and state laws that apply to the requirement by provider type.

01 Group Biller

[Click here to see this page in full context](#)

01 Group Biller

Policy

An organization or corporation who acts as a financial representative for any provider or group of providers. School districts are enrolled as group billers.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Group billers may only be reimbursed for services provided by AHCCCS registered providers that are linked to the group biller through “Billing Associations” within the AHCCCS Provider Enrollment Portal (APEP). The association is made through the individual provider’s profile.

Although group billers do not have mandatory or optional license or certifications required, if the group biller organization is also a licensed organization, the licensed organization **must be enrolled under its own provider type before a group biller enrollment may be approved.**

Example:

XYZ Clinic is licensed through the Arizona Department of Health Services as a clinic. The clinic **must be** enrolled as the Clinic provider type before the group biller enrollment would be allowed.

Enrollment and Categories of Service (COS)

Enrollment type: Group Biller

Reimbursement type: 10 Group PR, payable cannot be service provider

>

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| N/A | | |

Group Billers are not service providers. They bill on behalf of rendering/servicing providers. Group biller profiles do not have categories of service or billable codes associated with the profiles. For a group biller to be able to bill for reimbursable services, they must be listed as a billing association on a separately enrolled provider's profile. See the [Group Biller help document](#) for additional information.

Legal Authorities

42 CFR 455.12

02 Hospital

[Click here to see this page in full context](#)

02 Hospital

Revised 01/31/2025

Policy

A hospital is an institution providing medical and surgical treatment for the sick and injured.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|---|-----------|
| 10 Inpatient Hospital | Arizona Department of Health Services (AZDHS)/Medicare Certification | Mandatory |
| PM Performance Measure | | Optional |
| 01 Medicine | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Administration (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA) License | Optional |
| 13 Radiology | <ul style="list-style-type: none"> • Radiation Regulatory Agency | Optional |

| | | |
|--|------------------------------|----------|
| | • Food & Drug Administration | |
| 14 Emergency Transportation | | Optional |
| 15 Durable Medical Equipment (DME) & Appliance | | Optional |
| 16 Outpatient Facility | | Optional |
| 20 Hospice Inpatient | Medicare Certification | Optional |
| 21 Hospice Home Care | Medicare Certification | Optional |
| 22 Home Delivered Meals | | Optional |
| 23 Homemaker | | Optional |
| 24 Adult Day Health | ADHS License | Optional |
| 26 Respite | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 28 Attendant Care | | Optional |
| 29 Home Health Aid | Medicare Certification | Optional |
| 30 Home Health Nurse | Medicare Certification | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

| | | |
|---|--|----------|
| 32 Habilitation | | Optional |
| 37 Chiropractic | | Optional |
| 39 Personal Care | | Optional |
| 40 Medical Supplies | | Optional |
| 42 Developmental Disability (DD) Programs | | Optional |
| 44 Home and Community Based Services (HCBS) | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health Services | <ul style="list-style-type: none"> • ADHS License • Center for Improvement in Healthcare Quality (CIHQ), DNV-Healthcare (DNV), or The Joint Commission (TJC) Certification | Optional |

Legal Authorities

42 CFR 455.12

42 CFR Part 482

03 Pharmacy

[Click here to see this page in full context](#)

03 Pharmacy

Policy

A pharmacy is an institution where medical drugs are dispensed and sold.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|---|---------------------------|
| 09 Pharmacy | <ul style="list-style-type: none"> Board of Pharmacy | Mandatory |

| | | |
|--|---|----------|
| | <ul style="list-style-type: none"> • Drug Enforcement Administration (DEA) License | |
| 01 Medicine | | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 30 Home Health Nurse | Board of Nursing Registered Nurse (RN) | Optional |
| 40 Medical Supplies | | Optional |

NOTE A pharmacy can only administer injections in a person's home if the provider has COS 30. If COS 30 is not an option due to lack of licensure, injections must be administered by an active Medicare certified Home Health Agency.

Legal Authorities

42 C.F.R. § 455.12

21 C.F.R. Part 1306

04 Laboratory

[Click here to see this page in full context](#)

04 Laboratory

Policy

A laboratory is an organization equipped for scientific research, research, or manufacture of drugs or chemicals.

| Requirement | Yes/No |
|---|----------|
| Risk Level | Moderate |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 01 Medicine | | Optional |

| | | |
|--|---|----------|
| 02 Surgery | | Optional |
| 12 Pathology & Lab | <p>Clinical Laboratory Improvement Amendments (CLIA) License/Waiver</p> <p>NOTE Laboratories that report a Change of Ownership could be issued the same CLIA number by Arizona Department of Health Services (ADHS)</p> | Optional |
| 13 Radiology | <ul style="list-style-type: none"> • Radiation Regulatory Agency • Food & Drug Administration | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 40 Medical Supplies | | Optional |

Legal Authorities

42 C.F.R. § 455.12

42 C.F.R. Part 493

05 Clinic

[Click here to see this page in full context](#)

05 Clinic

Policy

A clinic is a non-hospital affiliated facility that provides outpatient services.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

A school clinic is required to provide a “letter of intent” to contract with an AHCCCS health plan.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|----------|
| 01 Medicine | Arizona Department of Health Services (ADHS) License | Optional |
| PM Performance Measure | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Administration (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA) License | Optional |
| 13 Radiology | <ul style="list-style-type: none"> • Radiation Regulatory Agency • Food & Drug Administration | Optional |
| 14 Emergency Transportation | Vehicle Insurance | Optional |

| | | |
|--|-------------------|----------|
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 16 Outpatient Facility | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 37 Chiropractic | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 C.F.R. § 455.12

42 C.F.R. § 440.90

42 C.F.R. Part 491 for Rural Health Clinics

06 Emergency Transportation

[Click here to see this page in full context](#)

06 Emergency Transportation

Policy

Emergency transportation is ground transportation deemed “medically” necessary when any other vehicle could endanger the patient’s health.

| Requirement | Yes/No |
|---|----------|
| Risk Level | Moderate |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 14 Emergency Transportation | Arizona Department of Health Services (ADHS) Certificate of Necessity (CON) | Mandatory |
| 15 Durable Medical Equipment (DME) & Appliance | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | AHCCCS Attestation | Optional |
| 31 Non-emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 40 Medical Supplies | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.170

07 Dentist

[Click here to see this page in full context](#)

07 Dentist

Policy

A dentist diagnoses and treats dental issues and helps patients develop better oral hygiene regimens. Their duties include cleaning teeth, performing surgeries, extractions, and other duties to ensure the teeth and mouth are healthy.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 11 Dental | Board of Dental Examiners | Mandatory |

| | | |
|--|--|----------|
| 01 Medicine | Board of Dental Examiners | Optional |
| 02 Surgery | Board of Dental Examiners An “Oral Surgery” specialty requires a certificate issued by the American Board of Maxillofacial Surgery. | Optional |
| 09 Pharmacy | Drug Enforcement Administration (DEA) License | Optional |
| 13 Radiology | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 40 Medical Supplies | | Optional |

A Specialty code is required at initial enrollment, see below.

| Code | Specialty | | Code | Specialty |
|------|------------------|--|------|----------------------------------|
| 809 | Anesthesiologist | | 804 | Pediatric Dentist |
| 802 | Endodontist | | 806 | Periodontist |
| 800 | General | | 805 | Prosthodontist |
| 803 | Oral Pathologist | | 807 | Public Health |
| 808 | Oral Surgeon | | 977 | Surgery – Oral and Maxillofacial |

| | | | | |
|-----|--------------|--|--|--|
| 801 | Orthodontist | | | |
|-----|--------------|--|--|--|

Legal Authorities

42 C.F.R. 455.12

42 C.F.R. § 440.100

08 MD Physician

[Click here to see this page in full context](#)

08 MD Physician

Policy

Doctors, also known as Physicians, are licensed health professionals who maintain and restore human health through the practice of medicine. They examine patients, review medical history, diagnose, and administer treatment to patients on their health and well-being.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

The provider requires a medical license in the state they are rendering services in unless they are an approved Indian Health Service (IHS) provider. IHS physicians can have an Out of State Medical Doctor license when practicing in Arizona and do not require an Arizona license. An Interstate Medical License Compact (IMLC) agreement is acceptable to enroll a Physician. Provider must provide written notification issued from the Arizona State Medical Board titled "Temporary License Approval".

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|---|---|---------------------------|
| 01 Medicine | Board of Medical Examiners | Mandatory |
| PM Performance Measure | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Administration (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | | Optional |
| 13 Radiology | | Optional |
| 15 Durable Medical Equipment (DME) & Appliance | | Optional |

| | | |
|---|------------------------------|----------|
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 37 Chiropractic | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health Services | American Board of Psychiatry | Optional |

A specialty code is required at initial enrollment for this provider type. See codes below.

| Code | Specialty | | Code | Specialty |
|------|-------------------------------|--|------|-----------------------------|
| 175 | Acupuncturist | | 950 | Orthopedist |
| 951 | Addiction Medicine | | 972 | Osteopathic Manipulative |
| 180 | Administrative Medicine | | 585 | Other Clinical Chemistry |
| 176 | Adolescent Medicine | | 072 | Other Microbiology |
| 185 | Aerospace Medicine | | 073 | Other immunohematology |
| 011 | Allergist | | 120 | Otolaryngologist |
| 010 | Allergist/Immunologist | | 124 | Otologist |
| 952 | Anatomic Pathology | | 935 | Otorhinolaryngologist (ENT) |
| 135 | Anatomical/Clinical Pathology | | 964 | Pain Control |

| | | | | |
|-----|-----------------------------------|--|-----|---------------------------------------|
| 020 | Anesthesiologist | | 460 | Parasitology |
| 925 | Audiologist | | 530 | Pathology |
| 410 | Bacteriology | | 967 | Pathology, Radioisotopic |
| 913 | Behavioral/Developmental Dialysis | | 880 | Pediatric |
| 131 | Blood Banking | | 157 | Pediatric Allergist |
| 464 | Blood Grouping/RH Typing | | 151 | Pediatric Cardiologist |
| 953 | Broncho-Esophagology | | 156 | Pediatric Endocrinologist |
| 927 | Cardiologist | | 152 | Pediatric Hematologist |
| 062 | Cardiovascular Medicine | | 963 | Pediatric Hematology |
| 954 | Chemical Dependency | | 155 | Pediatric-Neonatal/Perinatal Medicine |
| 955 | Chemical Pathology | | 154 | Pediatric Nephrologist |
| 251 | Critical Care Medicine | | 076 | Pediatric Neurologist |
| 040 | Dermatologist | | 943 | Pediatric Orthopedist |
| 143 | Dermatopathology | | 191 | Pediatric-Psychiatrist |
| 956 | Diabetes | | 159 | Pediatric Pulmonary Disease |
| 957 | Diagnostic Laboratory Immunology | | 150 | Pediatrician |

| | | | | |
|-----|---------------------------|--|-----|----------------------------------|
| 078 | Electrophysiology | | 188 | Pharmacologist |
| 250 | Emergency Medicine | | 160 | Physical Medicine/Rehabilitation |
| 901 | Emergency Room Physicians | | 182 | Preventive Medicine |
| 063 | Endocrinologist | | 192 | Psychiatrist |
| 050 | Family Practice | | 195 | Psychiatrist and Neurologist |
| 136 | Forensic Pathology | | 965 | Psychoanalysis |
| 064 | Gastroenterologist | | 083 | Psychologist |
| 055 | General Practice | | 189 | Psychosomatic Medicine |
| 019 | Geneticist | | 184 | Public Health |
| 082 | Gerontologist | | 068 | Pulmonary Diseases |
| 958 | Gynecological Oncology | | 200 | Radiology |
| 090 | Gynecologist | | 201 | Radiology-Diagnostic |
| 065 | Hematologist | | 968 | Radiology, Oncology |
| 970 | Hematology and Oncology | | 158 | Radiology Pediatric |
| 574 | Histocompatibility | | 205 | Radiology-Therapeutic |
| 074 | Histopathology | | 093 | Reproductive Endocrinologist |

| | | | | |
|-----|----------------------------------|--|-----|--------------------------|
| 077 | Homeopathic | | 069 | Rheumatologist |
| 178 | Hypnotist | | 125 | Rhinologist |
| 490 | Immunohematology | | 976 | Sclerotherapy |
| 012 | Immunologist | | 430 | Serology |
| 959 | Immunology | | 162 | Sports Medicine |
| 971 | Industrial Medicine | | 210 | Surgery |
| 066 | Infectious Diseases | | 211 | Surgery-Abdominal |
| 060 | Internal Medicine | | 212 | Surgery-Cardiovascular |
| 122 | Laryngologist | | 030 | Surgery – Colon/Rectal |
| 960 | Legal Medicine | | 219 | Surgery-Gynecological |
| 092 | Maternal and Fetal Medicine | | 213 | Surgery-Hand |
| 969 | Medical Toxicology | | 214 | Surgery-Head and Neck |
| 974 | Medicine Rehabilitation Medicine | | 215 | Surgery-Maxillofacial |
| 400 | Microbiology | | 070 | Surgery-Neurology |
| 450 | Mycology | | 441 | Surgery-Ophthalmological |
| 961 | Neoplastic Diseases | | 110 | Surgery-Orthopedic |

| | | | | |
|-----|-------------------------------|--|-----|--|
| 067 | Nephrologist | | 153 | Surgery-Pediatric |
| 075 | Neurologist | | 170 | Surgery-Plastic |
| 141 | Neuropathology | | 171 | Surgery-Plastic Otolaryngological Facial |
| 080 | Nuclear Medicine | | 220 | Surgery-Thoracic |
| 962 | Nuclear Radiology | | 216 | Surgery-Trauma |
| 187 | Nutritionist | | 217 | Surgery-Urological |
| 091 | Obstetrician | | 218 | Surgery-Vascular |
| 089 | Obstetrician and Gynecologist | | 101 | Transplant Hepatology |
| 183 | Occupational Medicine | | 524 | Urinalysis |
| 241 | Oncologist | | 230 | Urologist |
| 966 | Oncology Retired | | 440 | Virology |
| 100 | Ophthalmologist | | 999 | Other |

Legal Authorities

42 C.F.R. 455.12

42 C.F.R. 405.400

09 Certified Nurse Midwife

[Click here to see this page in full context](#)

09 Certified Nurse Midwife

Policy

A nurse midwife manages labor, delivery, postpartum care, and may offer gynecological care and family planning.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 01 Medicine | <ul style="list-style-type: none">Board of Nursing | Mandatory |

| | | |
|--|---------------------------------------|----------|
| | • Nurse Midwife Board Certification | |
| PM Performance Measure | | Optional |
| 02 Surgery | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 12 Pathology and Lab | | Optional |
| 13 Radiology | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 30 Home Health Nurse | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.165

10 Podiatrist

[Click here to see this page in full context](#)

10 Podiatrist

Policy

A podiatrist specializes in foot care and treatment of foot disorders.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 01 Medicine | Board of Podiatry Examiners | Mandatory |

| | | |
|--|--|-----------|
| 02 Surgery | Board of Podiatry Examiners | Mandatory |
| PM Performance Measure | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physician Therapy | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 12 Pathology and Lab | Clinical Laboratory Improvement Amendments (CLIA) License/Waiver | Optional |
| 13 Radiology | | Optional |
| 15 Durable Medical Equipment (DME) and Appliances | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.400

11 Psychologist

[Click here to see this page in full context](#)

11 Psychologist

Policy

A psychologist is a mental health professional who observes human behavior to offer interpretations of mental thought processes. Some work specifically with patient research, while others collaborate as part of the mental health-care process to diagnose and treat patients.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---------------------------|------------------------------------|-----------|
| 47 Mental Health Services | Board of Psychologist Examiners | Mandatory |
| PM Performance Measures | | Optional |
| 01 Medicine | | Optional |
| 06 Physical Therapy | | Optional |
| 09 Pharmacy | | Optional |

Out of State providers may provide their Psypact authorization with a copy of their out of state license to enroll with AHCCCS to provide services without being licensed in the state of Arizona.

Legal Authorities

42 CFR 455.12
42 CFR 440.2401
42 CFR 410.71

12 Certified Registered Nurse Anesthetist

[Click here to see this page in full context](#)

12 Certified Registered Nurse Anesthetist

Policy

Certified registered nurse anesthetists (CRNAs) play a crucial role in the success of a variety of medical procedures. They work in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other professionals to ensure the safe administration of anesthesia.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|-----------|
| 01 Medicine | Board of Nursing | Mandatory |
| 02 Surgery | Board of Nursing | Mandatory |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 13 Radiology | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 30 Home Health Nurse | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.69

13 Occupational Therapist

[Click here to see this page in full context](#)

13 Occupational Therapist

Policy

Occupational therapists provide treatment and rehabilitation without the use of drugs or surgery.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Out-of-State enrollments require American Occupational Therapy Certification Board (AOTCB) federal certification which is the same as the National Board for Certification in Occupational Therapy.

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 05 Occupational Therapy | Board of Occupational Therapy Examiners | Mandatory |
| 06 Physical Therapy | Board of Occupational Therapy Examiners | Mandatory |
| 01 Medicine | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 15 Durable Medical Equipment (DME) and Supplies | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 32 Habilitation | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.110

42 CFR 484.115

14 Physical Therapist (PT)

[Click here to see this page in full context](#)

14 Physical Therapist (PT)

Policy

Physical Therapists administer, evaluate, and treat conditions using physical measures, activities, and devices.

| Requirement | Yes/No |
|---|----------|
| Risk Level | Moderate |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

NOTE If the Physical Therapist is employed by a moderate or high risk practice or organization, a site visit is not required.

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---|---------------------------|
| 06 Physical Therapy | Board of Physical Therapy Examiners | Mandatory |
| 01 Medicine | | Optional |
| 02 Surgery | | Optional |
| 05 Occupational Therapy | | Optional |
| 07 Speech/Hearing Therapy | American Speech, Language, and Hearing Association Certificate | Optional |
| 15 Durable Medical Equipment (DME) and Supplies | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 32 Habilitation | Department of Economic Security (DES)/Office of Licensing, Certification, and Regulation (OLCR) Certificate | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.110

42 CFR 484.115

15 Speech and Hearing Therapist
[Click here to see this page in full context](#)

15 Speech and Hearing Therapist

Policy

Speech and hearing therapists evaluate, treat, and train patients in receptive and expressive language, voice, articulation, fluency and aural habilitation and rehabilitation.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

- Speech and Language Pathologists (SLP) are allowed to register under this provider type while completing the Clinical Fellowship (CF) program under supervision of a SLP who holds a Certification of Clinical Competency. A letter from the supervisor or a copy of the CF agreement and a copy of the supervisor's license is required.
- Providers must hold a temporary license and complete the CF within two years of their Medicaid enrollment.

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---|---------------------------|
| 07 Speech and Hearing Therapy | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) Speech Language Pathologist Licensing • For temporary licensees only, a Supervisor Letter and Copy of License | Mandatory |
| 01 Medicine | | Optional |
| 06 Physical Therapy | | Optional |
| 15 Durable Medical Equipment (DME) and Supplies | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.110

16 Chiropractic

[Click here to see this page in full context](#)

16 Chiropractic

Policy

Chiropractors provide spinal assessment, diagnosis, and treatment through manipulation.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|---------------------------------|---------------------------|
| 37 Chiropractic | Board of Chiropractic Examiners | Mandatory |

| | | |
|-------------------|--|----------|
| 01 Medicine | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 13 Radiology | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 440.21

17 Naturopathic Physician

[Click here to see this page in full context](#)

17 Naturopathic Physician

Policy

A Naturopathic physician treats medical conditions using natural forces such as electrotherapy, hydrotherapy, and aromatherapy.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 04 PHP Service Provider – Non-Billable

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------|--|-----------|
| 01 Medicine | Arizona Board of Naturopathic Physicians | Mandatory |
|-------------|--|-----------|

Legal Authorities

42 CFR 455.12

ARS 32-1501

ARS 32-1522

18 Physician's Assistant

[Click here to see this page in full context](#)

18 Physician's Assistant

Policy

Physician Assistants (PAs) practice medicine, playing a broad and expanding role within a healthcare system with a focus on disease prevention and wellness. PAs can work in a variety of practice areas and settings, providing care at a lower cost than physicians are able to.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|-----------|
| 01 Medicine | Joint Board on Regulation Physician Assistants | Mandatory |
| 02 Surgery | Joint Board on Regulation Physician Assistants | Mandatory |
| PM Performance Measures | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Administration (DEA) License | Optional |
| 12 Pathology and Lab | Clinical Laboratory Improvement Amendments (CLIA) License/Waiver | Optional |
| 13 Radiology | | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |

| | | |
|---|---|----------|
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health | Provider Type Profile Attestation | Optional |

The provider must be supervised by an AHCCCS registered Psychiatrist when providing mental health services (COS 47).

Legal Authorities

42 CFR 455.12

42 CFR 410.74

19 Registered Nurse Practitioner
[Click here to see this page in full context](#)

19 Registered Nurse Practitioner

Policy

Registered Nurse Practitioners are certified as a pediatric, family, adult, geriatric, women's healthcare/OB-GYN, Neonatal and Psychiatric/Mental Health practice.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 01 Medicine | <ul style="list-style-type: none"> Board of Nursing – Registered Nurse License | Mandatory |
| PM Performance Maintenance | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech and Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 12 Pathology and Lab | Clinical Improvement Amendments (CLIA) License/ Waiver | Optional |
| 13 Radiology | | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |

| | | |
|--|---|----------|
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 30 Home Health Nurse | | Optional |
| 32 Habilitation | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health Services | <ul style="list-style-type: none"> • Board of Nursing License • Certificate in Psychiatric/ Mental Health | Optional |

A specialty code is required at initial enrollment for this provider type. See codes below.

| Code | Specialty | | Code | Specialty |
|------|-------------------------------|--|---------|--|
| 098 | Acute Care Nurse Practitioner | | 087 | Pediatric Nurse Practitioner |
| 097 | Adult Nurse Practitioner | | 098 | Psych/Mental Health Nurse Practitioner |
| 084 | Family Nurse Practitioner | | 085 | School Nurse Practitioner |
| 088 | Geriatric Nurse Practitioner | | 095/096 | Women's HC/OB – GYN NP |
| 086 | Pediatric Nurse Associate | | | |

Legal Authorities

42 CFR 455.12

42 CFR 440.166

20 Respiratory Therapist

[Click here to see this page in full context](#)

20 Respiratory Therapist

Policy

Respiratory therapists provide respiratory therapy and pulmonary services.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------------|---------------------------|
| 03 Respiratory Therapy | Board of Respiratory Care Examiners | Mandatory |

| | | |
|---|--|----------|
| 01 Medicine | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 40 Medical Supplies | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 485.70

22 Nursing Home

[Click here to see this page in full context](#)

22 Nursing Home

Policy

A skilled nursing facility that provides 24-hour care.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|-----------|
| 01 Medicine | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) License • Medicare Certification | Mandatory |
| 17 Intermediate Care Facility (ICF) | Arizona Department of Health Services (ADHS) License | Mandatory |
| 18 Skilled Nursing Facility (SNF) | Arizona Department of Health Services (ADHS) License | Mandatory |
| 19 Intermediate Care Facility – Mental Retardation (ICF/MR) | Arizona Department of Health Services (ADHS) License | Mandatory |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 20 Hospice Inpatient | Medicare Certificate | Optional |
| 21 Hospice Home Care | Medicare Certificate | Optional |

| | | |
|---|--|----------|
| 24 Adult Day Health | | Optional |
| 26 Respite Care | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 29 Home Health Aid | Medicare Certificate | Optional |
| 30 Home Health Nurse | Medicare Certificate | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 40 Medical Supplies | | Optional |
| 42 Developmental Delay (DD) Day Care | Department of Economic Security (DES) Certificate | Optional |
| 43 Specialized Services | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 485, subpart B

23 Home Health Agency

[Click here to see this page in full context](#)

23 Home Health Agency

Policy

Home Health Agencies (HHAs) provide and coordinate health services in a recipient's home.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 29 Home Health Aid | | Mandatory |

| | | |
|--|--|-----------|
| 30 Home Health Nurse | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) License • Medicare Certificate | Mandatory |
| 01 Medicine | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 09 Pharmacy | <ul style="list-style-type: none"> • Board of Pharmacy • Drug Enforcement Administration (DEA) License | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 22 Home Delivered Meals | | Optional |
| 23 Homemaker | | Optional |
| 26 Respite | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |

| | | |
|--|--|----------|
| 28 Attendant Care | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 32 Habilitation | Department of Economic Security (DES)/ Office of Licensing, Certification, and Regulation (OLCR) Certificate | Optional |
| 39 Personal Care | | Optional |
| 40 Medical Supplies | | Optional |
| 42 Developmental Delay (DD) Day Care | Department of Economic Security (DES)/ Office of Licensing, Certification, and Regulation (OLCR) Certificate | Optional |
| 45 Rehabilitation | | Optional |
| 46 Environmental | Arizona Registrar of Contractors | Optional |
| 47 Mental Health Services | | Optional |

All disclosed owners are required to go through the FCBS screening process. If one fails to meet the requirements the application is denied.

Legal Authorities

42 CFR 455.12
42 CFR Part 484

25 Group Home

[Click here to see this page in full context](#)

25 Group Home

Policy

Developmental Disability (DD) group homes provide habilitation services such as physical and occupational therapy, speech and audiology services, communication training, orientation, mobility training, and personal living skills.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical – Facility/Agency/Organization (FAO)

Reimbursement type: 04 PHP Service Provider – Non-Billable

Only the COS codes listed on the Office of Licensing, Certification, and Regulation (OLCR) Certificate may be added to the profile.

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 32 Habilitation | Department of Economic Security (DES)/ Office of Licensing, Certification, and Regulation (OLCR) Certificate | Mandatory |
| 47 Mental Health Services | | Mandatory |
| 01 Medicine | | Optional |
| 05 Occupational Therapy | State Board of Occupational Therapy Examiners or American Occupational Therapy Certification Board (AOTCB) | Optional |
| 06 Physical Therapy | Board of Physical Therapy Examiners | Optional |
| 07 Speech and Hearing Therapy | American Speech, Language, Hearing Association | Optional |
| 23 Homemaker | | Optional |
| 26 Respite Care | | Optional |
| 28 Attendant Care | | Optional |
| 30 Home Health Nurse | Board of Nursing | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

| | | |
|---------------------------|--|----------|
| 39 Personal Care | | Optional |
| 42 DD Day Care | Department of Economic Security (DES)/ Office of Licensing, Certification, and Regulation (OLCR) Certificate | Optional |
| 43 Specialized Services | | Optional |
| 45 Rehabilitation | | Optional |
| 46 Environmental | Arizona Registrar of Contractors | Optional |
| 47 Mental Health Services | | Optional |

An “individual” would not be enrolled under this provider type, they would instead be enrolled as a Habilitation Provider (PT39).

All Group Homes are licensed through ADHS and DES/OLCR.

A Group Home (PT25) must be affiliated to a Habilitation provider (PT39).

Legal Authorities

42 CFR 455.12

24 CFR 982.610

27 Adult Day Health

[Click here to see this page in full context](#)

27 Adult Day Health

Policy

Adult day health provides supervision, recreation, personal care, meals, therapeutic, and restorative health care.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical – Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 24 Adult Day Health | Arizona Department of Health Services (ADHS) | Mandatory |
| 03 Respiratory | Board of Respiratory Care Examiners | Optional |
| 05 Occupational Therapy | American Occupational Therapy Certification Board | Optional |
| 06 Physical Therapy | State Board of Physical Therapy | Optional |
| 07 Speech and Hearing Therapy | American Speech/Language and Hearing Association Certification | Optional |
| 22 Home Delivered Meals | | Optional |
| 23 Homemaker | | Optional |
| 26 Respite Care | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation | Vehicle Insurance | Optional |
| 32 Habilitation | Department of Economic Security (DES)/ Office of Licensing, Certification, and Regulation (OLCR) Certificate | Optional |

| | | |
|--------------------------------------|--|----------|
| 42 Developmental Delay (DD) Programs | Department of Economic Security (DES)/ Office of Licensing, Certification, and Regulation (OLCR) Certificate | Optional |
| 46 Environmental | | Optional |

Legal Authorities

42 CFR 455.12
42 CFR 440.180

28 Non-Emergency Medical Transportation (NEMT)

[Click here to see this page in full context](#)

28 Non-Emergency Medical Transportation (NEMT)

Policy

Non-emergency medical transportation provides transport to and from medically necessary services.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | No |
| Site Visit | Yes |

The following registration requirements must be met:

- The Owner/Provider is responsible for providing CPR and First Aid and HIPAA training for every Employee/Driver.
- The Owner/Provider is required to disclose each Employee/Driver's full legal name, employment begin date, employment end date (if applicable), date of birth, and social security number directly in the AHCCCS Provider Enrollment Portal (APEP).
- Any changes regarding the Employee/Driver must be reported within 30 days by submitting a modification in APEP.

- The Owner/Provider is responsible for maintaining and providing upon request a valid Arizona's driver's license for each Employee/Driver.
- A signed attestation on the Provider Type Profile form is required.
- Face-to-face site visit is required unless certain conditions exist.
- The Owner/Provider is required to complete the AHCCCS NEMT Training located in the (PT28) Non-Emergency Medical Transportation packet. Certification is good for 2 consecutive years from date of issuance.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical – Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 31 Non-Emergency Medical Transportation (NEMT) | <ul style="list-style-type: none"> • Vehicle Insurance • Signed/Dated NEMT Provider Type 28 Profile • AHCCCS NEMT Training Certificate • Vehicle Registration for Company Vehicles • Tribal Business License (Required by each tribe if rendering services on Arizona Tribal Reservations) • Employee/Driver Information (Full legal name, date of birth, social security number, employment begin/end | Mandatory |

| | | |
|--|--|--|
| | <p>dates, and if applicable Company Logo</p> <ul style="list-style-type: none">• Arizona Department of Transportation (ADOT) Vehicle for Hire Permit | |
|--|--|--|

Legal Authorities

42 CFR 455.12

42 CFR 440.170

29 Community Rural Health Center
[Click here to see this page in full context](#)

29 Community Rural Health Center

Policy

A Rural Health Clinic (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC program is to increase access to primary care in underserved rural areas.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|-----------|
| 01 Medicine | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) • Medicare Certification | Mandatory |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 11 Dental | | Optional |
| 12 Pathology and Laboratory | Clinical Improvement Amendments (CLIA) License / Waiver | Optional |
| 13 Radiology | <ul style="list-style-type: none"> • Radiation Regulatory Agency • Food and Drug Administration | Optional |
| 14 Emergency Transportation | Vehicle Insurance | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 16 Outpatient Services | | Optional |

| | | |
|---|-------------------|----------|
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 37 Chiropractic Services | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Each RHC must have an individual provider ID and NPI for each location.

Legal Authorities

42 CFR 455.12
42 CFR Part 491

30 Durable Medical Equipment (DME)
[Click here to see this page in full context](#)

30 Durable Medical Equipment (DME)

Policy

Durable Medical Equipment (DME) is any equipment medically necessary that provides therapeutic benefits to those in need because of specific illnesses or medical conditions.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 15 Durable Medical Equipment (DME) and Appliance | | Mandatory |
| 01 Medicine | | Optional |
| 40 Medical Supplies | | Optional |
| 50 Skilled Technician Servicing Cost | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 410.38

31 Osteopath (D.O.)

[Click here to see this page in full context](#)

31 Osteopath (D.O.)

Policy

An Osteopathic Physician focuses on improving health throughout the body by strengthening the musculoskeletal framework on the joints, muscles, and spine.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 01 Medicine | Board of Osteopathic Examiners | Mandatory |
| 02 Surgery | Board of Osteopathic Examiners | Mandatory |
| PM Performance Medicine | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech and Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology and Lab | Clinical Improvement Amendments (CLIA) License/ Waiver | Optional |
| 13 Radiology | | Optional |

| | | |
|--|---------------------------------------|----------|
| 15 Durable Medical Equipment (DME) and Supplies | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | Assigned to IHS providers | Optional |
| 37 Chiropractic | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health | American Board of Medical Specialties | Optional |
| | | Optional |

The Interstate Medical License Compact (IMLC) agreement is an acceptable form of licensure issued through the Arizona Board of Osteopathic Examiners.

A specialty code is required at initial enrollment for this provider type. See codes below:

| Code | Specialty | | Code | Specialty |
|------|-------------------------------|--|------|-----------------------------|
| 175 | Acupuncturist | | 585 | Other Clinical Chemistry |
| 185 | Aerospace Medicine | | 120 | Otolaryngologist |
| 011 | Allergist | | 935 | Otorhinolaryngologist (ENT) |
| 010 | Allergist/Immunologist | | 964 | Pain Control |
| 135 | Anatomical/Clinical Pathology | | 530 | Pathology |

| | | | | |
|-----|---------------------------|--|-----|---------------------------------------|
| 020 | Anesthesiologist | | 967 | Pathology, Radioisotopic |
| 131 | Blood Banking | | 151 | Pediatric Cardiologist |
| 927 | Cardiologist | | 155 | Pediatric-Neonatal/Perinatal Medicine |
| 062 | Cardiovascular Medicine | | 076 | Pediatric Neurologist |
| 251 | Critical Care Medicine | | 191 | Pediatric-Psychiatrist |
| 040 | Dermatologist | | 159 | Pediatric Pulmonary Disease |
| 143 | Dermatopathology | | 150 | Pediatrician |
| 250 | Emergency Medicine | | 160 | Physical Medicine/Rehabilitation |
| 901 | Emergency Room Physicians | | 973 | Proctology |
| 063 | Endocrinologist | | 192 | Psychiatrist |
| 050 | Family Practice | | 195 | Psychiatrist and Neurologist |
| 064 | Gastroenterologist | | 965 | Psychoanalysis |
| 055 | General Practice | | 083 | Psychologist |
| 019 | Geneticist | | 184 | Public Health |
| 082 | Gerontologist | | 068 | Pulmonary Diseases |
| 090 | Gynecologist | | 200 | Radiology |

| | | | | |
|-----|----------------------------------|--|-----|----------------------------|
| 065 | Hematologist | | 201 | Radiology-Diagnostic |
| 970 | Hematology and Oncology | | 205 | Radiology-Therapeutic |
| 178 | Hypnotist | | 069 | Rheumatologist |
| 012 | Immunologist | | 125 | Rhinologist |
| 971 | Industrial Medicine | | 975 | Roentgenology (Diagnostic) |
| 066 | Infectious Diseases | | 162 | Sports Medicine |
| 060 | Internal Medicine | | 210 | Surgery |
| 092 | Maternal and Fetal Medicine | | 212 | Surgery-Cardiovascular |
| 969 | Medical Toxicology | | 030 | Surgery – Colon/Rectal |
| 974 | Medicine Rehabilitation Medicine | | 219 | Surgery-Gynecological |
| 067 | Nephrologist | | 213 | Surgery-Hand |
| 075 | Neurologist | | 214 | Surgery-Head and Neck |
| 080 | Nuclear Medicine | | 070 | Surgery-Neurology |
| 081 | Nuclear Physics | | 110 | Surgery-Orthopedic |
| 962 | Nuclear Radiology | | 153 | Surgery-Pediatric |
| 091 | Obstetrician | | 170 | Surgery-Plastic |

| | | | | |
|-----|----------------------------------|--|-----|--|
| 089 | Obstetrician and Gynecologist | | 171 | Surgery-Plastic Otolaryngological Facial |
| 241 | Oncologist | | 220 | Surgery-Thoracic |
| 100 | Ophthalmologist | | 218 | Surgery-Vascular |
| 950 | Orthopedist | | 101 | Transplant Hepatology |
| 972 | Osteopathic Manipulative | | 230 | Urologist |
| 161 | Osteopathic Manipulative Therapy | | 440 | Virology |

Legal Authorities

42 C.F.R. 455.12

ARS 32-1800

32 Medical Foods

[Click here to see this page in full context](#)

32 Medical Foods

Policy

A Medical Food provider addresses nutritional deficiencies that cannot be managed through a typical dietary modification.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical – Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---------------------|--|----------|
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 40 Medical Supplies | | Optional |

Legal Authorities

42 CFR 455.12

35 Hospice

[Click here to see this page in full context](#)

35 Hospice

Policy

A facility or home who provides care for the terminally ill.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical – Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 20 Hospice Inpatient | <ul style="list-style-type: none"> Arizona Department of Health Services (ADHS) | Mandatory |

| | | |
|----------------------|---|-----------|
| | <ul style="list-style-type: none">• Medicare Certificate | |
| 21 Hospice Home Care | <ul style="list-style-type: none">• Arizona Department of Health Services (ADHS)• Medicare Certificate | Mandatory |

Legal Authorities

42 CFR 455.12

42 CFR Part 418

36 Assisted Living Home

[Click here to see this page in full context](#)

36 Assisted Living Home

Policy

Assisted Living Homes (ALH) qualified to accept ALTCS members eligible to receive home and community-based services in a home and community-based setting.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical – Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 44 Home and Community Based Services | Arizona Department of Health Services (ADHS) License | Mandatory |
| 36 Assisted Living | | Mandatory |
| 01 Medicine | | Optional |
| 26 Respite Care | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 43 Specialized Services | | Optional |
| 47 Mental Health | | Optional |

The Arizona Department of Health Services (ADHS) license will be classified as “Assisted Living Home”.

Legal Authorities

42 CFR 455.12
42 CFR Part 483

37 Homemaker

[Click here to see this page in full context](#)

37 Homemaker

Policy

Homemakers provide household maintenance in a recipient's home, including cleaning laundry, and shopping for food, medicine, and household supplies.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 23 Homemaker | CPR and First Aid Certificate | Mandatory |

| | | |
|--|--------------------|----------|
| 26 Respite Care | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 28 Attendant Care | | Optional |
| 39 Personal Care | | Optional |
| 46 Environmental | Contractor License | Optional |
| 47 Mental Health Services | | Optional |

Agencies need to apply as a PT40 Attendant Care agency.

Homemaker Provider Type profile attestation required. The form is posted to the [APEP website](#).

Legal Authorities

42 CFR 455.12

42 CFR 418.202

39 Habilitation

[Click here to see this page in full context](#)

39 Habilitation

Policy

Habilitation providers offer physical and occupational therapy, speech and audiology services, communication, orientation, mobility training, and personal living skills.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

NOTE The enrollment fee is not required for this provider type when enrolled as Atypical Individual.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO) or Atypical Individual

Reimbursement type: 04 PHP Service Provider – Non-Billable

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---------------------------|--|-----------|
| 32 Habilitation | Arizona Department of Economic Security (DES) – Division of Developmental Disabilities | Mandatory |
| 47 Mental Health Services | Arizona Department of Economic Security (DES) – Division of Developmental Disabilities Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) | Optional |
| 01 Medicine | | Optional |
| 05 Occupational Therapy | <ul style="list-style-type: none"> • State Board of Occupational Therapy • American Occupational Therapy Certification Board (AOTCB) | Optional |
| 06 Physical Therapy | Board of Physical Therapy Examiners | Optional |
| 07 Speech/Hearing Therapy | American Speech, Language, and Hearing Association | Optional |
| 23 Homemaker | | Optional |
| 26 Respite Care | | Optional |
| 28 Attendant Care | | Optional |

| | | |
|--|--|----------|
| 30 Home Health Nurse | Board of Nursing | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |
| 42 Developmental Delay (DD) Day Care | Department of Economic Security (DES)/ Department of Developmental Delay (DDD) Certification | Optional |
| 43 Specialized Services | | Optional |
| 46 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12
42 CFR 440.180

40 Attendant Care

[Click here to see this page in full context](#)

40 Attendant Care

Policy

An Attendant Care agency helps with homemaking, personal care, general supervision, and companionship in an individual's home.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 28 Attendant Care | | Mandatory |

| | | |
|--|-------------------|----------|
| 23 Homemaker | | Optional |
| 26 Respite Care | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |
| 43 Specialized Services | | Optional |
| 47 Mental Health Services | | Optional |

Attendant Care Profile Type Profile Attestation is required. Document posted under Provider Application and Provider Participation Agreement posted on APEP website.

Attendant Care providers are required to update the Direct Care Worker database with training certificates. Database managed by Division of Health Care Management.

Attendant Care Owner/Provider is required to update APEP with employee legal name, DOB, SSN, and begin/end dates of employment.

Legal Authorities

42 CFR 455.12

42 CFR Part 441 Subpart K

41 Dialysis Clinic

[Click here to see this page in full context](#)

41 Dialysis Clinic

Policy

Dialysis clinics provide comprehensive care to individuals with kidney disorders. Home and in-center dialysis and support for both hemodialysis and peritoneal dialysis.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 16 Outpatient Facility | Arizona Department of Health Services License | Mandatory |
| 01 Medicine | | Optional |
| 09 Pharmacy | | Optional |
| 12 Pathology and Lab | Clinical Improvement Amendments (CLIA)/Waiver | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 40 Medical Supplies | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR Part 494

43 Ambulatory Surgical Center

[Click here to see this page in full context](#)

43 Ambulatory Surgical Center

Policy

Ambulatory surgical centers are outpatient surgical providers who do not provide inpatient accommodations.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Ambulatory surgical centers cannot be co located with a hospital and must be their own independent location.

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 02 Surgery | <ul style="list-style-type: none">• Arizona Department of Health Services (ADHS) License• Medicare Certification | Mandatory |
| 01 Medicine | | Optional |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 40 Medical Supplies | | Optional |
| 47 Mental Health | ADHS License | Optional |

Legal Authorities

42 CFR 455.12

42 CFR Part 416

44 Environmental

[Click here to see this page in full context](#)

44 Environmental

Policy

Environmental providers remodel homes when it is determined to be a cost-effective alternative to a skilled nursing facility.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|------------------|-------------------------------------|-----------|
| 46 Environmental | Arizona Registrar of Contractors | Mandatory |
|------------------|-------------------------------------|-----------|

Legal Authorities

42 CFR 455.12

46 Registered Nurse (Private Nurse)
[Click here to see this page in full context](#)

46 Registered Nurse (Private Nurse)

Policy

Private nurses provide skilled nursing care in a patient's home.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 30 Home Health Nurse | State Board of Nursing | Mandatory |

| | | |
|--|--|----------|
| 01 Medicine | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 23 Homemaker | | Optional |
| 26 Respite Care Services | | Optional |
| 28 Attendant Care | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 32 Habilitation | Department of Economic Security (DES)/ Developmental Disabilities (DD) Certification | Optional |
| 39 Personal Care | Department of Economic Security (DES)/ Developmental Disabilities (DD) Certification | Optional |
| 42 DD Day Care | Department of Economic Security (DES)/ Developmental Disabilities (DD) Certification | Optional |

Independent Registered Nursing services are allowed when a Home Health Agency is not available, or when the following conditions apply:

- RN's providing services under this program must have a written request from a Managed Care Organization (MCO).
- Home Health private duty skilled nursing services must be ordered by a physician and provided by a registered nurse (RN).
- Licensed practical nurse (LPN) is not an accepted license for this provider type.

Legal Authorities

42 CFR 455.12

42 CFR 440.80

47 Registered Dietician

[Click here to see this page in full context](#)

47 Registered Dietician

Policy

A Registered Dietician Nutritionist (RDN) provides nutrition consultation and education to meet regulatory requirements, or for prevention and wellness for patients and their families who are:

- Screened as a nutrition risk;
- Identified with a nutrition risk; or
- Referred by physicians or other healthcare providers for nutrition related problems, chronic disease management, or management of nutrition support.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---|---------------------------|
| 01 Medicine | American Dietetic Association NOTE Registered Nurses may enroll with a Certified Diabetes Educator (CDE) certificate | Mandatory |
| 15 Durable Medical Equipment (DME) and Appliance | | Optional |
| 40 Medical Supplies | | Optional |

Legal Authorities

42 CFR 455.12
42 CFR 410.134

48 Nutritionist

[Click here to see this page in full context](#)

48 Nutritionist

Policy

Nutritionists assess a patient's nutritional and health needs. They counsel patients on nutrition issues and healthy eating habits and develop meal and nutrition plans based on the patient's preferences and budget.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Individual

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---------------------|-------------------------------|-----------|
| 40 Medical Supplies | American Dietetic Association | Mandatory |
|---------------------|-------------------------------|-----------|

Legal Authorities

42 CFR 455.12

42 CFR 410.134

49 Assisted Living Center

[Click here to see this page in full context](#)

49 Assisted Living Center

Policy

Assisted Living Centers are comprised of individual apartments or rooms that provide room, board, and general supervision, as well as coordinate supportive living services on a 24-hour basis.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|------------------------------|-----------|
| 44 Home and Community Services | Arizona Department of Health | Mandatory |
| 36 Assisted Living | Arizona Department of Health | Mandatory |
| 01 Medicine | | Optional |
| 26 Respite Care | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 43 Specialized Services | | Optional |
| 47 Mental Health | | Optional |

Legal Authorities

42 CFR 455.12

ARS 36-401

ARS 36-2939

50 Adult Foster Care Homes

[Click here to see this page in full context](#)

50 Adult Foster Care Homes

Policy

Adult Foster Care homes provide and coordinate health care needed by each resident. They provide room, board, supervision, and oversight or assistance with the member's activities of daily living (ADLs).

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 26 Respite Care | <ul style="list-style-type: none"> • Arizona Department of Health; or • Pima County Health Certification; or • Foundation for Senior Living Certification; or • Yavapai County Long Term Care Certification | Mandatory |
| 01 Medicine | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 35 Adult Foster Care | | Optional |
| 43 Specialized Services | | Optional |
| 44 Home and Community Services | | Optional |

Legal Authorities

42 CFR 455.12

ARS 36-401

ARS 36-2939

53 Supervisory Care Home

[Click here to see this page in full context](#)

53 Supervisory Care Home

Policy

A Supervisory Care Home provides room, board, and general supervision to more than five people.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 04 Partial Hospitalization Program (PHP) Service Provider – Non-Billable

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 32 Habilitation | Department of Economic Security (DES)/Office of Licensing, Certification, and Regulation (OLCR) | Mandatory |
| 39 Personal Care | | Optional |
| 46 Environmental | | Optional |

Legal Authorities

42 CFR 455.12

ARS 36-401

54 Affiliated Practice Hygienist

[Click here to see this page in full context](#)

54 Affiliated Practice Hygienist

Policy

An Affiliated Practice Hygienist is a licensed dental hygienist who can initiate treatment based on their assessment of the patient's needs. An Affiliated Practice Hygienist can treat the patient without the presence of a dentist according to the terms of a written affiliated practice agreement, maintaining a provider-patient relationship.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|------------|--|-----------|
| 11 Dentist | <ul style="list-style-type: none">• Board of Dental Examiners• Letter of Affiliation (Provider Type Profile)• CPR Card Certification | Mandatory |
|------------|--|-----------|

A signed attestation on the [Affiliated Practice Hygienist Provider Type Profile](#) form is required.

Legal Authorities

42 CFR 455.12

ARS 32-1289.01

55 Hotel

[Click here to see this page in full context](#)

55 Hotel

Policy

Hotels provide room and board for a member and driver when out of town travel is required for necessary services. For example, transplant services out-of-state.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 01 Medicine | County Health License | Optional |

| | | |
|-------------------------|-----------------------|----------|
| 31 Transportation | Vehicle Insurance | Optional |
| 43 Specialized Services | County Health License | Optional |

Legal Authorities

42 CFR 455.12

56 Boarding Home

[Click here to see this page in full context](#)

56 Boarding Home

Policy

A boarding home provides personal care, respite care, and homemaker services.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 23 Homemaker | | Optional |

| | | |
|--|-------------------|----------|
| 26 Respite Care | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |
| 43 Specialized Services | | Optional |

Legal Authorities

42 CFR 455.12

61 Eye Bank

[Click here to see this page in full context](#)

61 Eye Bank

Policy

Eye banks process and preserve corneal tissue.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 04 Partial Hospitalization Program (PHP) Service Provider – Non-Billable

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 01 Medicine | Food and Drug Administration | Mandatory |

Legal Authorities

42 CFR 455.12

21 CFR 1271.1

62 Audiologist

[Click here to see this page in full context](#)

62 Audiologist

Policy

Audiologists provide services in prevention, diagnosis, and evidenced-based treatment of hearing and balance disorders for people of all ages. Hearing and balance disorders are complex with medical, psychological, physical, social, educational, and employment implications.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|---|----------|
| 01 Medicine | | Optional |
| 07 Speech and Hearing Therapy | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) License • American Speech, Language and Hearing Association Certificate or 350 hours of Supervised Clinical Practicum under supervision of a qualified master or doctoral Audiologist | Optional |
| 15 Durable Medical Equipment (DME) and Supplies | | Optional |

School-based Audiologists may be enrolled under this provider type.

Legal Authorities

42 CFR 455.12
42 CFR 440.110

67 Perfusionist

[Click here to see this page in full context](#)

67 Perfusionist

Policy

A Perfusionist is a healthcare professional who operates the cardiopulmonary bypass machine (heart-lung machine) during cardiac surgery and other surgeries that require cardiopulmonary bypass to manage the patient's status.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------|--------------------------|----------|
| 01 Medicine | Perfusionist Certificate | Optional |
|-------------|--------------------------|----------|

Legal Authorities

42 CFR 455.12

68 Homeopathic

[Click here to see this page in full context](#)

68 Homeopathic

Policy

An alternative system of medical practice that treats a disease, especially by the administration of minute doses of a remedy that would, in larger amounts, produce symptoms like those of the disease in healthy persons.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 04 PHP Service Provider Non-Billable (Encounter)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------|--------------------------------------|----------|
| 01 Medicine | AZ Board of Homeopathic Examiners | Optional |
|-------------|--------------------------------------|----------|

Legal Authorities

42 CFR 455.12

ARS 32-2901

69 Optometrist

[Click here to see this page in full context](#)

69 Optometrist

Policy

Optometrists perform the following services:

- Vision tests and results
- Diagnosis of sight problems, such as nearsightedness or farsightedness
- Diagnosis of eye diseases
- Prescribe eyeglasses, contact lenses, and other visual aids
- If state law permits, prescribe medications

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|-------------------------------|---------------------------|
| 15 Durable Medical Equipment (DME) and Appliance | Board of Optometry | Mandatory |
| 01 Medicine | | Optional |
| 02 Surgery | | Optional |
| 12 Pathology and Laboratory | CLIA/Waiver License | Optional |
| 13 Radiology | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 405.400

70 Home Delivered Meals

[Click here to see this page in full context](#)

70 Home Delivered Meals

Policy

Home delivered meals is an individually designed service which provides meals to members who cannot prepare or obtain nutritionally adequate meals for themselves.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------------------|--|-----------|
| 22 Home Delivered Meals | County Health License and Local Fire and Safety Inspection | Mandatory |
|-------------------------|--|-----------|

Legal Authorities

42 CFR 455.12

71 Psychiatric Hospital

[Click here to see this page in full context](#)

71 Psychiatric Hospital

Revised 01/31/2025

Policy

A specialized hospital or a wing of an acute hospital facility that limits admission to patients who require psychiatric or substance abuse services.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 10 Inpatient Hospital | Arizona Department of Health Services (ADHS) License | Mandatory |
| 47 Mental Health Services | <ul style="list-style-type: none"> • ADHS License • Center for Improvement in Healthcare Quality (CIHQ), DNV-Healthcare (DNV), or The Joint Commission (TJC) Accreditation • Medicare Certification | Mandatory |
| 01 Medicine | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 09 Pharmacy | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments of 1988 (CLIA)/Waiver License | Optional |
| 13 Radiology | | Optional |
| 16 Outpatient Facility | ADHS License | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 482.60

77 Behavioral Health Outpatient Clinic
[Click here to see this page in full context](#)

77 Behavioral Health Outpatient Clinic

Policy

Non-residential treatment, where a patient receives mental health services in an office or clinical setting rather than being admitted to the hospital overnight. The services provided help patients learn and cope with stressors and manage their mental health. These services include counseling, group therapy, medical consultations, and psychiatry.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 47 Mental Health Services | Arizona Department of Health Services (ADHS) License | Mandatory |
| 01 Medicine | <ul style="list-style-type: none"> • Board of Medical Examiners • Board of Osteopathic Examiners | Optional |
| 16 Outpatient Facility | ADHS License | Optional |
| 26 Respite | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |

The ADHS license type will be Outpatient Treatment Center. The services listed through AZCareCheck will be Behavioral Health Services. Services MAY also include other services, but it is not required. However, if Physical Health Services are included in addition to Behavioral Health Services, it is a [Provider Type IC Integrated Clinic](#).

Legal Authorities

42 CFR 455.12

AAC Title 9, Chapter 10, Article 10

78 Mental Health Residential Treatment Center (RTC)

[Click here to see this page in full context](#)

78 Mental Health Residential Treatment Center (RTC)

Revised 01/31/2025

Policy

Mental Health Residential Treatment Centers (RTC) provide room, board, and inpatient counseling.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) • The Joint Commission (TJC), Council on Accreditation (COA), or Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation | Mandatory |
| 18 Skilled Nursing Facility (SNF) | Arizona Department of Health Services (ADHS) | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

79 Vision Center

[Click here to see this page in full context](#)

79 Vision Center

Policy

Vision centers provide screening, fitting, and dispensing of eyeglasses and contact lenses and may also provide or dispense low vision aids and supplies.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: FAO

Reimbursement type: 02 (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 01 Medicine | Board of Optometry | Mandatory |

| | | |
|---|--|----------|
| 15 Durable Medical Equipment (DME) & Appliances | | Optional |
|---|--|----------|

Legal Authorities

42 CFR 455.12

81 EPD HCBS

[Click here to see this page in full context](#)

81 EPD HCBS

Policy

Provides Home & Community Based Services to persons who are elderly or have a physical disability. Services are provided in the person's home, Senior Service Agency, or an alternate living arrangement such as a Group home or Assisted Living.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|----------|
| 21 Hospice Home Care | | Optional |
| 22 Home Delivered Meals | State or County Certification | Optional |
| 23 Homemaker | | Optional |
| 24 Adult Day Health | Arizona Department of Health Services (ADHS) License | Optional |
| 26 Respite Care | | Optional |
| 28 Attendant Care | | Optional |
| 30 Home Health Nurse | ADHS/Home Health Aid (HHA) License | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |
| 43 Specialized Services | | Optional |
| 44 Home and Community Based Services (HCBS) Other | | Optional |
| 46 Environmental | | Optional |
| 47 Mental Health Services | | Optional |

If the provider has a Home Health Agency (HHA) license they must enroll as a [Home Health Agency](#) (PT23) or [Non-Medicare Certified Home Health Agency](#) (PT95) based on their Medicare enrollment.

If a provider is tribally owned or operating on tribal lands the state license is not necessary.

Legal Authorities

42 CFR 455.12

42 CFR Part 441 Subpart G

82 Surgical First Assistant

[Click here to see this page in full context](#)

82 Surgical First Assistant

Policy

Surgical first assistants are registered healthcare professionals who provide continuous assistance under the direct supervision of the operating surgeon throughout the procedure.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|------------|--|-----------|
| 02 Surgery | License and certifications required are based on the option selected. See options below. | Mandatory |
| | Option 1: a. AZ Board of Nursing License b. CPR Certification c. Liability Insurance d. Letter of Sponsorship by licensed Physician e. Registered Nurse First Assistant Certificate (CRNFA) | |
| | Option 2: a. AZ Board of Nursing License b. Requirements b – d from Option 1 c. Meet Requirements as CRNFA, exceeding 2000 hrs. of Practice. d. Certified Nurse Operating Room (CNOR) certificate e. BSN or MSN Degree | |
| | Option 3: a. AZ Physician's Assistant License b. Meet requirements b – d from Option 1 | |
| | Option 4: a. AZ Nurse Practitioner with Surgical First Training b. Meet requirements b – d from Option 1 | |

Legal Authorities

42 CFR 455.12

83 Freestanding Birth Center

[Click here to see this page in full context](#)

83 Freestanding Birth Center

Policy

A freestanding birth center is a facility, which is not part of a hospital, that provides comprehensive obstetrical care to women who plan to give birth away from their residence following a normal, uncomplicated low risk pregnancy.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-----------------------------|---|-----------|
| 16 Outpatient Facility Fees | <ul style="list-style-type: none">• Arizona Department of Health and Human Services (ADHS)• Commission for Accreditation of Free-Standing Birthing | Mandatory |
|-----------------------------|---|-----------|

Legal Authorities

42 CFR 455.12

42 USC 1396d

84 Licensed Midwife

[Click here to see this page in full context](#)

84 Licensed Midwife

Policy

A midwife is responsible for the physical, mental, and emotional care of expecting mothers during the pregnancy up to and after delivery. They provide prenatal and postnatal education, examine the expecting mother during the pregnancy, and assist expecting mothers in creating a birth plan.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

If the provider is a certified nurse midwife, they need to apply under [PT09 Certified Nurse-Midwife](#).

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|---|---------------------------|
| 48 Licensed Midwife | <ul style="list-style-type: none">• Arizona Department of Health Services (ADHS) License• Professional Liability Insurance | Mandatory |
| 01 Medicine | | Mandatory |
| 02 Surgery | | Mandatory |

Legal Authorities

42 CFR 455.12

ARS Title 36 Chapter 7

85 Licensed Clinical Social Worker (LCSW)

[Click here to see this page in full context](#)

85 Licensed Clinical Social Worker (LCSW)

Policy

LCSWs act as advocates and help clients gain access to resources while addressing their individual issues, such as mental illness, addiction, and abuse.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

In addition to the screening requirements above, the state board license must specify “Licensed Clinical Social Work” (LCSW).

The following licensees may NOT register with AHCCCS:

- Licensed Substance Abuse Technicians
- Licensed Associate Substance Abuse Counselor
- Licensed Master Social Worker
- Licensed Baccalaureate Social Worker
- Licensed Associate Counselor

- Licensed Associate Marriage and Family Therapist

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 01 Medicine | AZ Board of Behavioral Health Examiners | Mandatory |
| 47 Mental Health | | Mandatory |
| 06 Physical Therapy | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 410.73

86 Licensed Marriage and Family Therapist (LMFT)

[Click here to see this page in full context](#)

86 Licensed Marriage and Family Therapist (LMFT)

Policy

A marriage and family therapist is a trained mental health professional who helps families deal with relationship and behavioral issues.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

The following licensees may NOT register with AHCCCS:

- Licensed Substance Abuse Technicians
- Licensed Associate Substance Abuse Counselor
- Licensed Master Social Worker
- Licensed Baccalaureate Social Worker
- Licensed Associate Counselor
- Licensed Associate Marriage and Family Therapist

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|------------------------------------|--|----------------------------------|
| 01 Medicine | AZ Board of Behavioral Health Examiners | Mandatory |
| 47 Mental Health | | Mandatory |
| 06 Physical Therapy | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 410.53

87 Licensed Professional Counselor (LPC)

[Click here to see this page in full context](#)

87 Licensed Professional Counselor (LPC)

Policy

Licensed Professional Counselors (LPCs) are mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

School-based Audiologists may be enrolled under this provider type.

The following licensees may NOT register with AHCCCS:

- Licensed Substance Abuse Technicians
- Licensed Associate Substance Abuse Counselor
- Licensed Master Social Worker
- Licensed Baccalaureate Social Worker
- Licensed Associate Counselor

- Licensed Associate Marriage and Family Therapist

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-for-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|---|---------------------------|
| 01 Medicine | AZ Board of Behavioral Health Examiners | Mandatory |
| 47 Mental Health | | Mandatory |
| 06 Physical Therapy | | Optional |

Legal Authorities

42 CFR 455.12

ARS 32-3301

92 School Based Bus Transportation
[Click here to see this page in full context](#)

92 School Based Bus Transportation

Policy

School-based transportation provides services to recipients that require medically necessary transportation to and from school when certain conditions apply.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

In addition to the screening requirements above, registration requirements for PT92 School Based Bus Transportation include the following:

- A signed attestation on the [Provider Type Profile form](#) is required.
- This provider type is required to be affiliated to a school district's group biller.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical-Family Agency Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|-------------------------------|---------------------------|
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Mandatory |

Legal Authorities

42 CFR 455.12

42 CFR 440.170

93 School Based Attendant Care

[Click here to see this page in full context](#)

93 School Based Attendant Care

Policy

School based attendant care activities enable students with a disability to accomplish tasks in the school environment.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Providers must be affiliated to the school district group at registration.

CPR & First Aid must be conducted in-person, online certification is not accepted.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical-Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------------|-------------------------------|-----------|
| 28 Attendant Care | CPR & First Aid Certification | Mandatory |
|-------------------|-------------------------------|-----------|

Legal Authorities

42 CFR 455.12

94 School Based Nurse (RN/LPN)

[Click here to see this page in full context](#)

94 School Based Nurse (RN/LPN)

Policy

The school nurse supports students by providing health care through assessment, intervention, and follow up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Providers must be affiliated to the school district's group biller upon enrollment.

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 30 Home Health Nurse | AZ Board of Nursing | Mandatory |
| 01 Medicine | | Optional |

Legal Authorities

42 CFR 455.12

ARS Title 32, Chapter 15

95 Non-Medicare Certified Home Health Agencies

[Click here to see this page in full context](#)

95 Non-Medicare Certified Home Health Agencies

Policy

Home Health Agency (HHA) services include skilled nursing, physical and occupational therapy, social work, and home health aide while under professional supervision. Home health care agencies focus more on the skilled medical aspects of care and the home health care aide serves only as supplement to this care.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

All disclosed owners are required to complete the Fingerprint Criminal Background process. Refer to [Fingerprint-Based Criminal Background requirement](#) for additional information.

If a provider becomes Medicare enrolled, they must reapply under [Home Health Agency](#) (PT-23) and receive a new provider ID.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|---|--|----------------------------------|
| 30 Home Health Nurse | Arizona Department of Health Services (ADHS) License | Mandatory |
| 01 Medicine | | Optional |
| 03 Respiratory Therapy | | Optional |
| 15 Durable Medical Equipment (DME) & Appliances | | Optional |
| 23 Homemaker | | Optional |
| 26 Respite | | Optional |
| 28 Attendant Care | | Optional |
| 39 Personal Care | | Optional |
| 40 Medical Supplies | | Optional |
| 47 Mental Health Services | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR Part 484

97 Air Transportation

[Click here to see this page in full context](#)

97 Air Transportation

Policy

Transportation by aircraft to provide various kinds of medical care, especially pre-hospital, emergency and critical care.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

If the provider also provides ground transportation, they must also apply as an [Emergency Transportation](#) (PT-06) provider with a separate NPI.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|----------|
| 14 Emergency Transportation | Arizona Department of Health Services (ADHS) Certificate of Registration | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

AAC Title 9, Chapter 5, Article 7

99 EVS/Non-Service Provider

[Click here to see this page in full context](#)

99 EVS/Non-Service Provider

Policy

This provider type is a non-billing provider type utilized to allow the Managed Care Organization (MCO), Correctional Facility, or Tribal Behavioral Health Authority to be assigned a provider ID to utilize AHCCCS Online Portal to look up recipients.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

The provider is required to disclose all board members, chair members, and managing employees. Individual providers cannot be enrolled under this provider type.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical-Facility/Agency/Organization (FAO)

Reimbursement type: 99 Not Reimbursed Non-Service Provider

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-----|-----|-----|
| N/A | N/A | N/A |
|-----|-----|-----|

Legal Authorities

42 CFR 455.12

A3 Community Service Agency
[Click here to see this page in full context](#)

A3 Community Service Agency

Policy

A Community Service Agency (CSA) provides services that enhance or supplement the behavioral health services that people receive through other licensed agencies. CSAs provide medically necessary rehabilitation and support services.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

A Managed Care Organization or AHCCCS (for FFS providers) must be willing to accept the CSA as evidenced by an approved credentialing notice. This agreement will serve as the license to enroll with AHCCCS.

AHCCCS will serve as the Lead Contractor when the provider is located on a tribal reservation, or the physical location is off a tribal reservation and the CSA is not contracted with an MCO.

If the CSA is an Indian Health Services (IHS)/638 provider, neither a credentialing nor monitoring process is required.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---|---------------------------|
| 47 Mental Health | AHCCCS Credential Approval Notice (AZAHP approval letter) | Mandatory |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |

Legal Authorities

42 CFR 455.12

A4 Licensed Independent Addiction Counselor (formerly LISAC)

[Click here to see this page in full context](#)

A4 Licensed Independent Addiction Counselor (formerly LISAC)

Policy

The Licensed Independent Addiction Counselor provides substance abuse counseling for alcohol and other related addictions.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

The following licenses are **not** acceptable licenses for PT A4 Licensed Independent Addiction Counselor (formerly LISAC):

- Licensed Substance Abuse Technicians
- Licensed Associate Substance Abuse Counselors
- Licensed Master Social Worker
- Licensed Baccalaureate Social Worker
- Licensed Associate Counselor

- Licensed Associate Marriage & Family Therapist

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 47 Mental Health | Arizona Board of Behavioral Health Examiners | Mandatory |

Legal Authorities

42 CFR 455.12

ARS 32-3321

A5 Behavioral Health Therapeutic Home

[Click here to see this page in full context](#)

A5 Behavioral Health Therapeutic Home

Policy

Care provided in a home setting by a foster parent(s) with specialized training to care for a wide variety of children and adolescents, usually those with significant emotional, behavioral, or social issues, or medical needs.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual & Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|-----------|
| 47 Mental Health | <ul style="list-style-type: none"> • Child Foster Homes- Department of Economic Security (DES)/ Department of Child Safety (DCS) License • Adult Foster Homes - Arizona Department of Health Services (ADHS)/ Behavioral Health Specialist (BHS) License | Mandatory |
| 26 Respite | | Optional |
| 35 Home and Community Based Services (HCBS) | | Optional |

Legal Authorities

42 CFR 455.12

AAC Title 9, Chapter 10, Article 18

A6 Rural Substance Abuse Transitional Agency

[Click here to see this page in full context](#)

A6 Rural Substance Abuse Transitional Agency

Policy

A facility that specializes in various treatments such as substance abuse and mental health. Includes individual, group and family counseling, social skills, and personal care services.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 47 Mental Health | Arizona Department of Health Services (ADHS)/Behavioral Health Specialist (BHS) License | Mandatory |
| 01 Medicine | Arizona Board of Medical Examiners | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 39 Personal Care | | Optional |

Legal Authorities

42 CFR 455.12

A8 Individual Home Respite (IHR)

[Click here to see this page in full context](#)

A8 Individual Home Respite (IHR)

Policy

Respite care provides parents and other caregivers with short-term care services that offer temporary relief to improve family stability. Respite can be planned or offered during emergencies categorized as a “Crisis”.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|------------------|--|-----------|
| 47 Mental Health | <ul style="list-style-type: none">• Arizona Department of Health Services/ Behavioral Health Services (ADHS/BHS) License• Collaboration Health Care Institution Agreement | Mandatory |
| 26 Respite | | Mandatory |

Legal Authorities

42 CFR 455.12
42 CFR 418.204

AB Applied Behavioral Analysis Org
[Click here to see this page in full context](#)

AB Applied Behavioral Analysis Org

Policy

An organization that provides Behavior Analysis Services under the supervision of a Board Certified Behavioral Analyst (BCBA). Behavior Analysis Services are an AHCCCS covered benefit for individuals with Autism Spectrum Disorder (ASD) and/or other diagnoses as justified by medical necessity.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 47 Mental Health | <ul style="list-style-type: none"> • Arizona Department of Health Services Unclassified License • Board of Psychologist Examiners for at least one Board Certified Behavior Analyst (BCBA) providing services for the organization | Mandatory |

Legal Authorities

42 CFR 455.12

ARS Title 32, Chapter 19.1, Article 4

B1 Residential Treatment Center Secure (17+ Beds)

[Click here to see this page in full context](#)

B1 Residential Treatment Center Secure (17+ Beds)

Revised 01/31/2025

Policy

A Residential Treatment Center provides comprehensive assessment to support driven care, treatment, independent life services, family education, and independent life skills.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) Level I Facility • The Joint Commission (TJC), Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation | Mandatory |
| 18 Skilled Nursing Facility (SNF) | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

ARS 35-550.05

B2 Residential Treatment Center Non-Secure (1-16 Beds)

[Click here to see this page in full context](#)

B2 Residential Treatment Center Non-Secure (1-16 Beds)

Revised 01/31/2025

Policy

A non-secure residential treatment center provides comprehensive assessment to support driven care, treatment, special education, transition, independent life services, family education, and independent life skills.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---|---------------------------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) Level I Facility • Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation | Mandatory |
| 18 Skilled Nursing Facility (SNF) | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

ARS 35-550.05

B3 Residential Treatment Center Non-Secure (17+ Beds)

[Click here to see this page in full context](#)

B3 Residential Treatment Center Non-Secure (17+ Beds)

Revised 01/31/2025

Policy

In-patient residential treatment setting that provides comprehensive assessment to support driven care. Care may include treatment and special education, transition and independent life services, family education and independent life skills, advocacy, and public awareness.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) Level I Facility • The Joint Commission (TJC), Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation | Mandatory |
| 18 Skilled Nursing Facility (SNF) | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

B5 Subacute Facility (1-16 Beds)

[Click here to see this page in full context](#)

B5 Subacute Facility (1-16 Beds)

Revised 01/31/2025

Policy

In-patient treatment facility that provides mental health services and treatment.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) Level I Facility • The Joint Commission (TJC), Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation | Mandatory |
| 47 Mental Health | | Mandatory |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12
AAC R9-22-1205

B6 Subacute Facility (17+ Beds)

[Click here to see this page in full context](#)

B6 Subacute Facility (17+ Beds)

Revised 01/31/2025

Policy

In-patient treatment facility that provides mental health services and treatment.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|---|-----------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) Level I Facility • The Joint Commission (TJC), Council of Accreditation (COA) or Commission on Accreditation of Rehabilitation (CARF) Accreditation | Mandatory |
| 47 Mental Health | | Mandatory |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |

Legal Authorities

42 CFR 455.12
AAC R9-22-1205

B7 Crisis Services Provider

[Click here to see this page in full context](#)

B7 Crisis Services Provider

Revised 01/31/2025

Policy

Provides an alternative to hospitalization for adults in crisis who have a mental illness, substance abuse disorder, or intellectual or developmental disability. Services, including short-term intensive evaluation and treatment intervention, are provided in a full-time residential facility.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 47 Mental Health | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) Level I Facility • The Joint Commission (TJC), Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation | Mandatory |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12
AAC R9-10-1016

B8 Behavioral Health Residential Facility

[Click here to see this page in full context](#)

B8 Behavioral Health Residential Facility

Policy

Alternative residential facilities provide room, board, and specialized outpatient counseling.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

The number of beds listed on the license should be updated in AHCCCS Provider Enrollment Portal (APEP) for reimbursement purposes.

Enrollment and Categories of Service (COS)

Enrollment type: Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 47 Mental Health | <ul style="list-style-type: none"> Arizona Department of Health Services (ADHS)/ Behavioral Health Services (BHS) License | Mandatory |
| 26 Respite | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 483.40

AAC Title 9, Chapter 10, Article 7

BC Board Certified Behavior Analyst (BCBA)

[Click here to see this page in full context](#)

BC Board Certified Behavior Analyst (BCBA)

Policy

BCBAs are independent practitioners who provide behavior analytic services. They supervise the work of Board-Certified Assistant Behavior Analysts, registered behavior technicians, and others who implement behavior analytic interventions.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Board-Certified Assistant Behavior Analysts and behavior technicians are not provider types recognized by AHCCCS.

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee-For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---------------------------------|---------------------------|
| 01 Medicine | Board of Psychologist Examiners | Mandatory |
| 06 Physical Therapy | | Optional |
| 26 Respite | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 32 Habilitation | | Optional |
| 47 Mental Health | | Optional |

Legal Authorities

42 CFR 455.12

ARS Title 32, Chapter 19.1, Article 4

C2 Federally Qualified Health Center (FQHC)

[Click here to see this page in full context](#)

C2 Federally Qualified Health Center (FQHC)

Policy

Federally Qualified Health Centers (FQHCs) include organizations receiving grants under section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

- Each FQHC must have a unique National Provider Identification (NPI) number for each location.
- A provider can be either a PT C2 (FQHC) & 77 or IC; the FQHC provider ID is required to collect the FQHC reimbursement rates.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|---|---------------------------|
| 01 Medicine | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) License • Medicare Certification or Health Resources and Services Administration (HRSA) approval letter | Mandatory |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA)/Waiver License | Optional |
| 13 Radiology | | Optional |
| 14 Emergency Transportation | Vehicle Insurance | Optional |

| | | |
|--|--|----------|
| 15 Durable Medical Equipment (DME) & Supplies | | Optional |
| 16 Outpatient Facility | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 37 Chiropractic | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) License • Medicare Certification | Optional |

Legal Authorities

42 CFR 455.12

42 CFR Part 405 Subpart X

C4 Specialty Per Diem Hospitals
[Click here to see this page in full context](#)

C4 Specialty Per Diem Hospitals

Revised 01/31/2025

Policy

This is an administrative provider type used to enroll rehabilitation hospitals.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |
| Electronic Funds Transfer (EFT) | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 10 Inpatient Hospital | <ul style="list-style-type: none"> • Arizona Department of Health Services (ADHS) License • Medicare Certification | Mandatory |
| 01 Medicine | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA)/Waiver License | Optional |
| 13 Radiology | | Optional |

| | | |
|--|------------------------|----------|
| 15 Durable Medical Equipment (DME) & Appliances | | Optional |
| 16 Outpatient Facility | | Optional |
| 20 Hospice Inpatient | Medicare Certification | Optional |
| 21 Hospice Home Care | Medicare Certification | Optional |
| 22 Home Delivered Meals | | Optional |
| 23 Homemaker | | Optional |
| 24 Adult Day Health | ADHS License | Optional |
| 26 Respite | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 28 Attendant Care | | Optional |
| 29 Home Health Aid | Medicare Certification | Optional |
| 30 Home Health Nurse | Medicare Certification | Optional |
| 32 Rehabilitation | | Optional |
| 37 Chiropractic | | Optional |
| 39 Personal Care | | Optional |

| | | |
|---|---|----------|
| 40 Medical Supplies | | Optional |
| 42 Developmental Disability (DD) Day Care | | Optional |
| 44 Home and Community Based Services (HCBS) | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health | <ul style="list-style-type: none"> • ADHS/Behavioral Health Services (BHS) • Center for Improvement in Healthcare Quality (CIHQ), DNV-Healthcare (DNV), or The Joint Commission (TJC) Certification Accreditation | Optional |

Legal Authorities

42 CFR 455.12

C5 638 Federally Qualified Health Center (FQHC)

[Click here to see this page in full context](#)

C5 638 Federally Qualified Health Center (FQHC)

Policy

A Tribal facility that elects to enroll in a State Medicaid program as a Federally Qualified Health Center (FQHC), bills Medicaid for covered services on a per-visit basis at a rate determined by the State Medicaid program using the Prospective Payment System (PPS) methodology, whether those services are furnished at the facility or by off-site providers under contract with the FQHC.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 01 Medicine | <ul style="list-style-type: none"> • Attestation as a 638 Facility • Statement from Tribe requesting to become a FQHC. | Mandatory |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA)/Waiver License | Optional |
| 13 Radiology | | Optional |
| 14 Emergency Transportation | Vehicle Insurance | Optional |
| 15 Durable Medical Equipment (DME) & Appliances | | Optional |

| | | |
|---|--|----------|
| 16 Outpatient Facility | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 37 Chiropractic | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR Part 491

CF Counseling Only Facility

[Click here to see this page in full context](#)

CF Counseling Only Facility

Policy

Counseling facility means a health care institution that only provides counseling, which may include:

- DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
- Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Must be licensed as an Arizona Department of Health Services (AZDHS) Counseling Facility

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Fee-For-Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 47 Mental Health Services | Arizona Department of Health Services (ADHS) License | Mandatory |

Legal Authorities

42 CFR 455.12

9 AAC 20, Articles 1 and 2

CH Community Health Worker Organization

[Click here to see this page in full context](#)

CH Community Health Worker Organization

Policy

A Community Health Worker is a frontline public health worker who is a trusted member of the community to help people navigate the health care system, encourage preventive care, manage chronic illnesses, and maintain healthy lifestyles. Community Health Workers are not individually registered. Instead, the organizations for which the worker provides services must be registered with AHCCCS.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | No |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------|------------------------------------|-----------|
| 01 Medicine | Signed/Dated Provider type profile | Mandatory |
|-------------|------------------------------------|-----------|

Legal Authorities

42 CFR 455.12

ARS 36-765.01

AAC Title 9, Chapter 16, Article 8

CN Clinical Nurse Specialist

[Click here to see this page in full context](#)

CN Clinical Nurse Specialist

Policy

A Clinical Nurse Specialist (CNS) is an advanced practice registered nurse who has earned a master's or doctoral degree in nursing. Expertise is to assess, diagnose, and treat patients.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee For Service

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 01 Medicine | <ul style="list-style-type: none"> • Board of Nursing RN License • CNS Certification | Mandatory |
| PM Performance Measure | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Administration (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA)/Waiver License | Optional |
| 13 Radiology | | Optional |
| 15 Durable Medical Equipment (DME) & Appliance | | Optional |

| | | |
|---|------------------|----------|
| 26 Respite | | Optional |
| 27 Indian Health Service (IHS) Outpatient Services | | Optional |
| 30 Home Health Nurse | | Optional |
| 32 Habilitation | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health Services | Board of Nursing | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 410.76

42 CFR 485.604

DU Doula

[Click here to see this page in full context](#)

DU Doula

Policy

A Doula is a trained nonmedical professional who may provide continuous physical, emotional, and informational support to families before, during, and after childbirth for a period of one year after birth or in the case of loss and who may serve as a liaison between the birth parents and medical and social services staff to improve the quality of medical, social, and behavioral outcomes.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Must have certification through Arizona Department of Health Services.

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee For Service

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 01 Medicine | Arizona Department of Health Services (ADHS) | Mandatory |

Legal Authorities

42 CFR 455.12

ARS Title 36, Chapter 6, Article 7.2

E1 Independent Testing Facilities

[Click here to see this page in full context](#)

E1 Independent Testing Facilities

Policy

An Independent Testing Facility that conducts in-patient and out-patient sleep studies.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 01 Medicine | The provider must fall under one of three categories to meet | Mandatory |

| | | |
|--|--|--|
| | <p>the License/Certification requirements:</p> <ul style="list-style-type: none"> • Criteria #1: <ul style="list-style-type: none"> ◦ Arizona Department of Health Services (ADHS) License & American Academy of Sleep Medicine (AASM) • Criteria #2: <ul style="list-style-type: none"> ◦ American Board of Sleep Medicine Certificate (ABSM) or ◦ American Board of Medical Specialties or ◦ American Board Osteopathic Association Certificate & Board of Registered Polysomnographic Technologist (BRPT) • Criteria #3: <ul style="list-style-type: none"> ◦ Registered (PT-08) Physician & proof of Board Certification in Neurology | |
|--|--|--|

Legal Authorities

42 CFR 455.12
42 CFR 410.33

ED Free Standing ED

[Click here to see this page in full context](#)

ED Free Standing ED

Policy

Free-Standing Emergency Department (FRED) providers are reimbursed by AHCCCS and its Contractors with a unique reimbursement methodology and rate schedule. The FRED schedule allows AHCCCS the ability to differentiate a FRED from a hospital.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Licensed as a “Satellite” location of the general hospital. Each FRED is required to have a separate NPI from the general hospital. Each FRED requires affiliation to a registered general hospital at the time of enrollment.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 16 Outpatient Facility | Arizona Department of Health Services (ADHS) License | Mandatory |
| 01 Medicine | | Optional |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 05 Occupational Therapy | | Optional |
| 06 Physical Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA)/Waiver License | Optional |
| 13 Radiology | | Optional |
| 15 Durable Medical Equipment (DME) & Appliances | | Optional |

| | | |
|---------------------|--|----------|
| 40 Medical Supplies | | Optional |
|---------------------|--|----------|

Legal Authorities

42 CFR 455.12

42 CFR 413.65

ES Enhanced Shelter

[Click here to see this page in full context](#)

ES Enhanced Shelter

Policy

A congregate setting with no more than 100 beds at the physical location or a non-congregate setting with individual rooms and no limit to the number of rooms at one physical location (e.g., hotel). Services are available 24 hours per day, 7 days per week and include food, storage, access to hygiene and supportive services to support independent living and transition to a permanent housing destination.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | No |
| Site Visit | Yes* |

* The site visit is conducted by the H2O Program Administrator. Proof of the site visit is provided with the H2O Credential Approval notice.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|---|--------------------------------|---------------------------|
| 60 Health and Housing Opportunities (H2O) | H2O Credential Approval notice | Mandatory |

Legal Authorities

42 CFR 455.12

F1 Fiscal Intermediaries

[Click here to see this page in full context](#)

F1 Fiscal Intermediaries

Policy

Fiscal Intermediaries are an organization that assists an entity with support.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

A National Provider Identifier can be added upon request.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical- Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS) 04 PHP Service Provider- Non-Billable (Encounter)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---------------------------|--|-----------|
| 28 Attendant Care | A signed contract with Department of Economic Security (DES)/Division of Developmental Disabilities (DDD). | Mandatory |
| 43 Specialized Services | | Mandatory |
| 47 Mental Health Services | | Optional |

Legal Authorities

42 CFR 455.12

HA Statewide Housing Authority
[Click here to see this page in full context](#)

HA Statewide Housing Authority

Policy

The entity contracted with AHCCCS to provide administration of the AHCCCS Housing Program (AHP).

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

The Statewide Housing Authority must have a valid contract with AHCCCS.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|----------------------------|-----------|
| 60 Health and Housing Opportunities (H2O) | Valid contract with AHCCCS | Mandatory |
|---|----------------------------|-----------|

Legal Authorities

42 CFR 455.12

HO H2O Provider

[Click here to see this page in full context](#)

HO H2O Provider

Policy

Entity skilled and trained in providing Targeted Outreach and/or Pre-Tenancy/Tenancy sustaining services that contracts directly with the H2O Program Administrator for the purpose of providing direct services to members.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | No |
| Site Visit | Yes* |

*The site visit is conducted by the H2O Program Administrator. Proof of the site visit is provided with the H2O Credential Approval notice.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|---|--------------------------------|---------------------------|
| 60 Health and Housing Opportunities (H2O) | H2O Credential Approval notice | Mandatory |

Definitions

| Term | Definition |
|-------------------|--|
| Targeted outreach | A focused effort to connect with a list of specific individuals who fit the ideal profile. |
| Tenancy | A right to occupancy or residency under the terms of a rental or lease agreement. |

Legal Authorities

42 CFR 455.12

IC Integrated Clinics

[Click here to see this page in full context](#)

IC Integrated Clinics

Policy

Integrated Clinics are non-residential treatment facilities where a patient receives services in an office or clinical setting that provides care from a team of primary care and behavioral health clinicians, working together with patients using a cost-effective approach to provide patient centered care.

| Requirement | Yes/No |
|---|--------|
| Risk Level | High |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | Yes |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---|--|-----------|
| 01 Medicine | Arizona Department of Health Services (ADHS) License | Mandatory |
| 02 Surgery | | Optional |
| 03 Respiratory Therapy | | Optional |
| 07 Speech/Hearing Therapy | | Optional |
| 08 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | | Optional |
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Optional |
| 11 Dental | | Optional |
| 12 Pathology & Lab | Clinical Laboratory Improvement Amendments (CLIA) Certificate of Accreditation | Optional |
| 13 Radiology | | Optional |
| 14 Emergency Transportation | Arizona Department of Health Services (ADHS)/Certificate of Necessity (CON) | Optional |
| 15 Durable Medical Equipment (DME) & Appliance | | Optional |
| 16 Outpatient Facility | | Optional |

| | | |
|---|---|----------|
| 26 Respite | | Optional |
| 27 Indian Health Services (IHS) Outpatient Services | | Optional |
| 31 Non-Emergency Medical Transportation (NEMT) | Vehicle Insurance | Optional |
| 37 Chiropractic | | Optional |
| 39 Personal Care | | Optional |
| 40 Medical Supplies | | Optional |
| 45 Rehabilitation | | Optional |
| 47 Mental Health Services | Arizona Department of Health Services (ADHS)/Behavioral Health Specialist (BHS) License | Optional |

The ADHS license type will be Outpatient Treatment Center. The services listed will be:

- Behavioral Health Services
- Physical Health Services

The services listed MAY also include other services, but it is not required. However, if both services above are included, it is an integrated Clinic. If Behavioral Health Services are included but Physical Health Services are NOT included, it is a [Provider Type 77 Behavioral Health Outpatient Clinic](#).

Legal Authorities

42 CFR 455.12
AAC Title 9, Chapter 10

NA NEMT Non-Ambulance Air

[Click here to see this page in full context](#)

NA NEMT Non-Ambulance Air

Policy

Non-Emergency Medical Transportation (NEMT) furnished by a non-ambulance air helicopter is covered only when all the following conditions are met:

- The service is exclusively used to transport the recipient to medically necessary ground accessible NEMT transportation;
- The recipient's point of pick up or return is inaccessible by ground NEMT; and
- The ground NEMT is not accessible because of the nature and extent of the surrounding Grand Canyon Terrain.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

The Federal Aviation Administration (FAA) license will have 133 and 135 certificate numbers visibly notated on the license.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical-Family/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|--|--|---------------------------|
| 31 Non-Emergency Medical Transportation (NEMT) | <ul style="list-style-type: none">• Federal Aviation Administration (FAA) License• Company Logo on Helicopter(s)• Air Insurance Policy | Mandatory |

Legal Authorities

42 CFR 455.12

AAC R9-22-211

NE Non-Emergency Medical Transportation (NEMT) Equine

[Click here to see this page in full context](#)

NE Non-Emergency Medical Transportation (NEMT) Equine

Policy

NEMT furnished by an equine transportation provider is covered only when all the following conditions are met: The service is exclusively used to transport the recipient to medically necessary ground accessible NEMT transportation, the recipient's point of pick up or return is inaccessible by ground NEMT, and the ground NEMT is not accessible because of the nature and extent of the surrounding Grand Canyon Terrain.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

A National Provider Identifier (NPI) can be added upon request at the provider ID level by request.

Provider Type Profile NE Attestation requires Owner/Provider signature & date. The form can be found on the AHCCCS website.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical- Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee for Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-----------------------------------|---------------------------|
| 31 NEMT | Provider Type Profile Attestation | Mandatory |

Legal Authorities

42 CFR 455.12

42 CFR 440.170

NT Non-Emergency Medical Transportation (NEMT) Transportation Network Company (TNC)
[Click here to see this page in full context](#)

NT Non-Emergency Medical Transportation (NEMT) Transportation Network Company (TNC)

Policy

Transportation Network Company (TNC) providers are entities who maintain a group billing agreement with an AHCCCS approved transportation broker.

| Requirement | Yes/No |
|---|----------|
| Risk Level | Moderate |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | Yes |

A National Provider Identifier (NPI) can be added upon request at the provider ID level by request.

Provider Type Profile NT Attestation requires Owner/Provider signature & date. The form can be found on the [AHCCCS website](#).

A single organization cannot be a PT28 Non-Emergency Medical Transportation and a PT NT at the same time.

Enrollment and Categories of Service (COS)

Enrollment type: Atypical- Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|--|---------------------------|
| 31 NEMT | <ul style="list-style-type: none"> • Arizona Department of Transportation (ADOT) Permit • Company Logo displayed on Company Vehicles • Tribal Business License (required from each tribe if providing services on sovereign land) • Vehicle Insurance • Broker Contract | Mandatory |

Legal Authorities

42 CFR 455.12

OR Prescribing/Ordering Only

[Click here to see this page in full context](#)

OR Prescribing/Ordering Only

Policy

A provider who refers AHCCCS recipients for an item or service, who orders non-physician services, and who prescribe medications. The provider attends and certifies medical necessity for services, and/or who take primary responsibility for recipients' medical care.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual or Federal/Agency/Organization (FAO)

Reimbursement type: 99 Non-Service Provider (NSP)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|--|--|-----------|
| 09 Pharmacy | Drug Enforcement Agency (DEA) License | Mandatory |
| 27 Indian Health Services (IHS) Outpatient Services | | Optional |

Legal Authorities

42 CFR 455.12

42 CFR 405.400

SA Speech Language Pathology Assistant

[Click here to see this page in full context](#)

SA Speech Language Pathology Assistant

Policy

Assist speech-language pathologists in the assessment and treatment of speech, language, voice, and fluency disorders. Implement speech and language programs or activities as planned and directed by speech-language pathologists.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Individual

Reimbursement type: 02 Non-Contracted Fee for Service (FFS) or 04 PHP Service Provider - Non-Billable (Encounter)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|---------------------------|--|-----------|
| 07 Speech/Hearing Therapy | Arizona Department of Health Services (ADHS) License | Mandatory |
|---------------------------|--|-----------|

Legal Authorities

42 CFR 455.12

42 CFR 410.62

TR Treat & Refer

[Click here to see this page in full context](#)

TR Treat & Refer

Policy

Community paramedicine is a community-based model of care provided by Paramedics and Emergency Medical Services (EMS) systems to address care gaps identified through specific health care needs assessed by the fire department.

| Requirement | Yes/No |
|---|----------|
| Risk Level | Moderate |
| Enrollment Fee | Yes |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | Yes |
| Site Visit | Yes |

The provider is required to complete a course regulated by Arizona Department of Health Services (ADHS) and will receive a letter of approval or certificate. (Either are acceptable)

If emergency transportation is required, the provider must apply under PT-06 Emergency Ground Transportation.

Enrollment and Categories of Service (COS)

Enrollment type: Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee-For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
| 14 Emergency Transportation | ADHS Certificate | Mandatory |

Legal Authorities

42 CFR 455.12

AAC R9-25-201

TS Travel Service

[Click here to see this page in full context](#)

TS Travel Service

Policy

The provider will arrange non-emergency medical transportation (NEMT) services for a recipient and escort; for traveling to and from an approved and prior authorized health care service site outside of recipient's service area or county of residence.

| Requirement | Yes/No |
|---|---------|
| Risk Level | Limited |
| Enrollment Fee | No |
| Fingerprint Clearance Background Check (FCBC) | No |
| National Provider Identifier (NPI) | No |
| Site Visit | No |

Enrollment and Categories of Service (COS)

Enrollment type: Atypical - Facility/Agency/Organization (FAO)

Reimbursement type: 02 Non-Contracted Fee For Service (FFS)

| Categories of Service (COS) | License/Certification for COS | COS Mandatory or Optional |
|-----------------------------|-------------------------------|---------------------------|
|-----------------------------|-------------------------------|---------------------------|

| | | |
|-------------------------|---------------------------|----------|
| 31 NEMT | AHCCCS Notice of Contract | Optional |
| 43 Specialized Services | AHCCCS Notice of Contract | Optional |

Legal Authorities

42 CFR 455.12

AAC R9-22-211

112 Special Conditions for Certain Providers

A Providers on Tribal Lands

Policy

When a provider organization is privately owned but located on tribal land, they must be registered with Medicare as a condition of enrollment with AHCCCS. Provider organizations located on tribal lands are not required to be licensed by Arizona Department of Health Services (ADHS).

Definitions

| Term | Definition |
|-------------|--|
| Tribal land | Land or interests in land reserved for an Indian tribe or tribes with the title being held in trust by the United States on behalf of the tribe. |

Proof

The Medicare Provider Enrollment, Chain, and Ownership System (PECOS) is used to verify Medicare enrollment.

Legal Authority

42 CFR 455.410

B Site Visits for Physical Therapists in Private Practice

Policy

There are special conditions regarding site visits that apply to Physical Therapists in private practice.

- Physical therapists in private practice are in the “moderate” risk category and subject to site visits as part of their screening.
- If a physical therapist is employed by an entity enrolled or enrolling as a “limited” risk provider, the entity is not subject to the site visit requirement because the practice itself falls within the “limited” risk screening category. If AHCCCS determines otherwise or the entity’s risk status is adjusted upward, a site visit may still be required.
- If a physical therapist is reassigning their benefits to a “limited” risk provider, then the provider is subject to the site visit requirement at the identified practice location. For example, a site visit is required for the identified location if a physical therapist becomes part of a physician group. AHCCCS can rely on a site visit conducted by Medicare if all the following apply:
 - Medicare conducted a site visit at any of the practice locations listed on the Medicaid application; and
 - The Medicare enrollment containing the practice address at which a visit was conducted is in an approved status.
- If a newly enrolling private practice physical therapist lists several practice locations under a single enrollment ID, AHCCCS has the discretion to determine the location for the site visit.
- If the private practice physical therapist’s location is his or her home address and they exclusively provide services at the patients’ locations, AHCCCS is not required to conduct a site visit. Examples of patients’ locations include:
 - Their homes;
 - Nursing homes;
 - A school; or
 - Other such location.

- If the physical therapist provides services in an institutional setting or a school, AHCCCS is not required to conduct a site visit.

Proof

Site visits are documented using a Site Visit Questionnaire. A site visit is valid for 12 months; however, AHCCCS has the option to conduct a site visit at any time.

When a site visit is required for a provider located outside of Arizona, a virtual site visit is allowed. The method must use video conferencing technology, such as Skype, FaceTime, or Google Meets. Pictures are not sufficient proof for a site visit. When a virtual visit is completed, it is documented as a virtual visit on the site visit questionnaire.

If a provider does not allow a site visit, AHCCCS will terminate or deny enrollment unless AHCCCS determines in writing that termination or denial of enrollment is not in the best interests of the program.

Legal Authority

42 CFR 424.518

42 CFR 455.416(f)

42 CFR 455.432

42 CFR 455.450

113 National Provider Identifier (NPI)

Policy

The federal government requires providers who administer “medical and other health services” to obtain a National Provider Identifier (NPI) number. Certain provider types are required to have an NPI. Refer to the Provider Enrollment Screening Glossary for information on which provider types are required to have an NPI.

Definitions

| Term | Definition |
|---|--|
| National Provider Identifier (NPI) | A 10-digit number assigned to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The number is used for billing purposes. |
| National Plan & Provider Enumeration System (NPPES) | A database that CMS manages to assign unique identifiers to health care providers and health plans. |

Proof

Proof is collected from the National Plan & Provider Enumeration System (NPPES).

Legal Authority

42 CFR 455.440

Chapter 200 Applications

200 Introduction

This chapter has information about processing Provider Enrollment Applications

For each requirement in this chapter, you will find:

- The policy for the requirement;
- Any definitions needed to explain the policy;
- What proof is needed; and
- A list of the federal and state laws that apply to the requirement.

201 Enrollment with Medicare or Medicaid in another State

Policy

AHCCCS may rely on the screening completed by Medicare or another State Medicaid program for initial enrollment or revalidations. The screening must meet the following:

- The date of Medicare's or other State Medicaid's last screening (revalidation or new enrollment) of the provider must have occurred within the last five years;
- Medicare or other State Medicaid enrollment must be in "approved" status;
- The Medicare or other State Medicaid risk category must equal or exceed the AHCCCS risk category for that provider except for prospective Home Health Agency or Durable Medical Equipment (DME) providers, which Medicare decreases to the "moderate" risk category upon successful enrollment; and
- The provider must be the "same" in both AHCCCS's system and Medicare or other State Medicaid's system. The provider is the same when AHCCCS can match all the data elements in the table below.

| If the provider is... | Then the following must match... |
|--|---|
| An individual provider (all risk categories) | <ul style="list-style-type: none"> • Provider Name • National Provider Identifier (NPI) • Social Security Number (Last 4 digits) • Practice Locations |
| An Institutional Organizational Provider (all risk categories) | <ul style="list-style-type: none"> • Provider Name • Taxpayer Identification Number (TIN) • 5% or more owners • Practice Locations |

When relying on screening completed by Medicare or another State Medicaid program, AHCCCS is still responsible for all of the following:

- Getting a completed Provider Participation Agreement (PPA)
- Collecting the following disclosures:
 - 5% or more ownership interest ([PEPM103](#))
 - Business transactions ([PEPM104](#))
 - Persons convicted of a crime ([PEPM106](#))
- Completing the required database checks ([PEPM109](#) Federal Database Review)

Proof

The Medicare Provider Enrollment, Chain, and Ownership System (PECOS) is used to verify Medicare enrollment. Providers may be asked for proof of enrollment in another state Medicaid program. Examples of proof of enrollment in another state Medicaid program may include collateral contact or a copy of the most recent approval letter.

Legal Authority

42 CFR 420.202 through 420.206

42 CFR 424.518

42 CFR 455.104

42 CFR 455.410

42 CFR 455.452

202 Application Processing

Policy

Providers who serve Medicaid recipients and file claims for reimbursement from AHCCCS for the services they provide are required to be screened and enrolled in the AHCCCS Provider Enrollment Portal (APEP). APEP allows a provider to electronically submit a new enrollment or modify an existing provider ID. Before applying, providers should complete the following:

- Get a National Provider Identifier (NPI) Number;

NOTE An atypical provider is not required to obtain a NPI to enroll. When an atypical provider has an NPI, they may call AHCCCS to have their NPI added to their AHCCCS ID.

- Ensure a certified W9 is on file; and
- Obtain and renew any professional certifications or licensures.

NOTE An organization that has multiple locations with separate licenses, must complete a separate provider application for each licensed location.

Application Forms

Applications are completed and submitted through APEP. A paper application is available for providers who don't have access to APEP. The form will only be accepted if the provider has extenuating circumstances that explain why they cannot use APEP. Circumstances must be outlined in a written statement along with submission of the paper application, otherwise the provider will be required to apply via APEP.

NOTE An organization that has multiple locations with separate licenses must complete a separate provider application for each licensed location. Each location must also have its own NPI.

Definitions

| Term | Definition |
|------|------------|
|------|------------|

| | |
|--|---|
| AHCCCS Provider Enrollment Portal (APEP) | An online electronic portal that streamlines the provider enrollment process for new providers when they submit initial applications. APEP also helps existing providers maintain their provider ID through a modification request. |
| Atypical provider | A provider that does not provide medical health care. Examples include taxi services, home and vehicle modification services and respite services. |

Proof

In addition to a complete application, a provider is required to submit all supporting documentation at the time of application to allow for timely processing of the application.

Legal Authority

42 USC 1395cc(j)(2)(D)
42 CFR 455.400 et seq.

203 Approval of Applications

Policy

A provider must complete and pass all screening requirements to be enrolled, including compliance and agreement to a Provider Participation Agreement. Once a provider's application is approved, they will receive a welcome notice.

Approval Letters

Approval letters shall include the following information:

- The provider name;
- The National Provider ID associated with the approval;
- The effective date of approval; and
- A name and phone number for an AHCCCS contact.

Definitions

| Term | Definition |
|----------------------------------|---|
| Provider Participation Agreement | An agreement between AHCCCS and the provider or group biller to govern the registration of, and payment to, the provider or group biller on behalf of the affiliated provider for services provided to persons who have been determined eligible for health care coverage through AHCCCS. |
| Affiliated provider | A provider of health care or medical services who has entered into a separate provider participation agreement with AHCCCS and has authorized the group biller to act as its financial representative. |

| | |
|--------------|--|
| Group biller | An organization acting as the financial representative of any affiliated provider or group of affiliated providers who have authorized the organization to act on the provider's behalf. |
|--------------|--|

Effective Dates

Enrollment is effective on the date the application is approved. In some instances, a provider may request a retroactive effective date. All requests are reviewed on a case-by-case basis. For more information on requesting a retroactive effective date, go to the [AHCCCS Provider Enrollment Portal \(APEP\)](#) and see Processing Timeframes and Enrollment Effective Dates.

NOTE Non-Emergency Medical Transportation (NEMT) providers will not be granted a retroactive effective date.

Proof

All requested proof must be submitted with the completed application and provider participation agreement prior to approval.

All proof for a retroactive enrollment date request must be submitted with the request. Failure to submit supporting documentation with the request will result in the request being denied.

Legal Authority

42 USC 1396a(a)(27)

42 CFR 431.107

42 CFR 431.108

42 CFR 455.410

204 Denial of Applications

Policy

Providers may be denied for cause, for a mandatory or discretionary reason.

1) Denial Letters

Denial letters must include the following information:

- The provider name;
- The National Provider ID associated with the denial;
- The effective date of denial;
- The legal and factual basis for denial;
- Appeal rights and the deadline for submitting an appeal; and
- A name, phone number, and email address for an AHCCCS contact.

2) Mandatory denial

The table below describes the different reasons for mandatory denial. The reasons below apply to a provider, any person with a 5 percent or more direct or indirect ownership interest in the provider, an agent, or a managing employee of the provider.

| Reason | Description |
|---|---|
| Criminal Conviction | Is convicted of a Federal or State criminal offense related to that person's involvement with Medicare, Medicaid, or CHIP within the past 10 years. |
| Failure to Comply with Screening Requirements | Did not submit timely and accurate information or cooperate with required screening. |

| | |
|--|---|
| Failure to Submit Fingerprints | Failed to submit sets of fingerprints within 30 days of request. |
| Failure to Submit Timely and Accurate Information | Failed to submit timely and accurate information. |
| Failure to Permit Onsite Review | Failed to permit access to provider locations for any site visit. |
| Terminated or Revoked for Cause under Separate Medicaid or Medicare Enrollment | The provider's enrollment has been terminated or revoked "for cause" by Medicare or another state's Medicaid program, and the termination has been published in the Data Exchange System (DEX). |

AHCCCS may determine that provider denial is not in the best interests of the agency in instances of criminal convictions, failure to submit timely and accurate information, failure to submit fingerprints, or failure to permit onsite review.

3) Discretionary Denials

AHCCCS may deny a provider's enrollment application with AHCCCS for any reason. The table below describes the different reasons for discretionary denial that are specifically identified by law. AHCCCS reserves the right to deny an application to protect AHCCCS from fraud, waste, or abuse, to protect the health and/or safety of AHCCCS members, and to ensure AHCCCS members can receive necessary services within Arizona.

AHCCCS has the discretion to deny a provider enrollment application based on criminal history or any adverse action relating to any licensure, permit, and/or certification, including but not limited to any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.

| Reason | Description |
|--------|-------------|
|--------|-------------|

| | |
|---------------------------------------|---|
| Failure to respond to requests timely | The provider did not provide information needed to complete the enrollment application by the due date as requested in writing by AHCCCS. |
| False or Misleading Information | The provider gave false or misleading information on their application to be enrolled. |
| Felonies | Convicted within the past ten years of a Federal or State felony offense that is determined to be detrimental to the best interests of the program and its beneficiaries. |
| Inability to Verify Identity | The identity of the provider applicant is unable to be verified. |
| Other | Any other reason that poses a threat of fraud, waste, or abuse to the Medicaid program. |

Proof

Proof that the provider's enrollment has been terminated or revoked by Medicare or another state's Medicaid program is published in the Data Exchange System (DEX).

Legal Authority

42 CFR 455.416

42 CFR 455.432

42 CFR 431.51(C)(2)

205 Reenrollment

Policy

Reenrollment is when the provider is no longer an AHCCCS provider and would like to re-establish their enrollment with AHCCCS. The reenrolling provider must complete the same steps as a new provider including all required screenings, enrollment processes, and fees. See [PEPM101](#) for the general conditions that must be met for providers to be enrolled.

Proof

Each enrollment application may require additional proof to be submitted.

Legal Authority

42 CFR 455.420

Chapter 300 Modifications

300 Introduction

This chapter has information about processing Provider Enrollment Modifications

For each requirement in this chapter, you will find:

- The policy for the requirement;
- Any definitions needed to explain the policy;
- What proof is needed; and
- A list of the federal and state laws that apply to the requirement.

301 General Information about Modifications

Policy

Providers must submit a modification request to report any new or changed information using the AHCCCS Provider Enrollment Portal (APEP). New or changed information must be reported. When a modification report cannot be submitted using APEP, a faxed or mailed modification report may be accepted with an explanation of why APEP could not be used. See the AHCCCS Medical Policy Manual section [610](#) for timeframes regarding reporting changes and types of changes that must be reported.

Modification reports may include:

- Address changes for:
 - Correspondence
 - Pay-To, or
 - Service locations
- Group National Provider Identifier (NPI) / Tax ID association
- Adding a managing employee
- If any individual with the provider meets both conditions:
 - Has ownership or control interest of 5% or more in the business, is an agent or managing employee of the provider; and
 - Has been convicted of a criminal offense related to the person's involvement in any program under Medicare, Medicaid, or Title XX (Social Services) since the creation of the programs.
- Updating a license or certificate
- Reporting adverse events

Proof

Each type of modification may require additional proof to be submitted.

Legal Authority

42 CFR 455 Subparts B and E

302 Types of Modifications

A Change in Ownership

Policy

A change of ownership occurs when a provider has transferred ownership of a company or corporation to another person or entity. Changes in ownership will result in a termination of the previous AHCCCS ID and an issuance of a new AHCCCS provider ID . To report a change in ownership, the new owner must submit a new AHCCCS provider enrollment application and must send an email to apectrainingquestions@azahcccs.gov. The email must include both of the following:

- AHCCCS provider ID of the former owner; and
- The agreement between the seller and the buyer that has been fully executed including signatures from all parties, the date of signatures, and the date of sale.

The change in ownership must be reported in a timely manner, and no less than 35 days after the change occurs. See the AHCCCS Medical Policy Manual Section 610 for timeframes related to changes in ownership.

Proof

Proof of a change in ownership includes executed agreements and documents of sale. The amendment to the Arizona Corporation Commission updating the ownership record for the entity must be provided. AHCCCS reserves the right to request additional documentation as necessary.

Legal Authority

42 CFR 455 Subparts B and E
42 CFR 455.104

B Change in Location

Policy

A change in location occurs when the practice address for a provider changes. Changes in location should be reported as soon as they are known in the AHCCCS Provider Enrollment Portal (APEP) as a provider modification. A site visit for a new location is required for moderate and high risk provider types.

Proof

Proof for a change in location must include an updated license reflecting the new practice address.

Legal Authority

42 CFR 455.104(b)(1)(i)

42 CFR 455.450

Chapter 400 Revalidations

400 Introduction

This chapter has information about processing Provider Enrollment Revalidations

For each requirement in this chapter, you will find:

- The policy for the requirement;
- Any definitions needed to explain the policy;
- What proof is needed; and
- A list of the federal and state laws that apply to the requirement.

401 General Information about Revalidations

Policy

In general, providers must revalidate their provider ID every four years and are subject to the screening requirements associated with their risk level.

Revalidations are not complete until all required screenings are complete.

Requirements may include:

- Risk Levels ([PEPM102](#))
- Ownership and Control Interests ([PEPM103](#))
- Business Transactions ([PEPM104](#))
- Application Fees ([PEPM105](#))
- Criminal Background Check ([PEPM106](#))
- License Review ([PEPM107](#))
- Site Visits ([PEPM108](#))
- Federal Database Reviews ([PEPM109](#))

AHCCCS may require an off-cycle revalidation at any time for:

- Local health care fraud concerns;
- National initiatives;
- Complaints;
- Statutory or regulatory compliance concerns; or
- Other reasons as identified by AHCCCS or its contractors.

Proof

Providers are notified through mail or email when it is time to revalidate. Revalidations are completed in the AHCCCS Provider Enrollment Portal (APEP). Providers have 90 days from the date the initial notification is made to complete the revalidation. Failure to complete the revalidation by the requested date will result in termination of the provider's enrollment.

Legal Authority

42 CFR 455.414

Chapter 500 Terminations

500 Introduction

This chapter has information about processing Provider Enrollment Terminations

For each requirement in this chapter, you will find:

- The policy for the requirement;
- Any definitions needed to explain the policy;
- What proof is needed; and
- A list of the federal and state laws that apply to the requirement.

501 Mandatory and Discretionary Terminations

Policy

Providers may be terminated for cause, for a mandatory or discretionary reason. Providers may also be terminated voluntarily. A termination is reported to CMS when it is 'for cause' and the provider's appeal rights have been exhausted.

1) Termination Letters

Termination letters must include the following information:

- The provider name;
- The National Provider ID associated with the termination;
- The effective date of termination;
- The legal and factual basis for termination;
- Appeal rights and the deadline for submitting an appeal; and
- A name, phone number, and email address for an AHCCCS contact.

2) Mandatory Termination

The table below describes the different reasons for mandatory termination. The reasons below apply to a provider, any person with a 5 percent or more direct or indirect ownership interest in the provider, an agent, or a managing employee of the provider.

| Reason | Description |
|---------------------|---|
| Criminal Conviction | Is convicted of a Federal or State criminal offense related to that person's involvement with Medicare, Medicaid, or CHIP within the past 10 years. |

| | |
|--|---|
| Failure to Comply with Screening Requirements | Did not submit timely and accurate information or cooperate with required screening. |
| Failure to Submit Fingerprints | Failed to submit sets of fingerprints within 30 days of request. |
| Failure to Submit Timely and Accurate Information | Failed to submit timely and accurate information. |
| Failure to Permit Onsite Review | Failed to permit access to provider locations for any site visit. |
| Terminated or Revoked for Cause under Separate Medicaid or Medicare Enrollment | The provider's enrollment has been terminated or revoked "for cause" by Medicare or another state's Medicaid program, and the termination has been published in the Data Exchange System (DEX). |

AHCCCS may determine that provider termination is not in the best interests of the agency in instances of criminal convictions, failure to submit timely and accurate information, failure to submit fingerprints, or failure to permit onsite review.

3) Discretionary Termination

AHCCCS may voluntarily terminate a provider's participation agreement for any reason. The table below describes the different reasons for discretionary termination that are specifically identified by law. AHCCCS reserves the right to terminate an application to protect AHCCCS from fraud, waste, or abuse, to protect the health and/or safety of AHCCCS members, and to ensure AHCCCS members can receive necessary services within Arizona. AHCCCS has the discretion to terminate a provider's enrollment based on criminal history or any adverse action relating to any licensure, permit, and/or certification, including but not limited to any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.

| Reason | Description |
|--------|-------------|
|--------|-------------|

| | |
|---------------------------------|---|
| Abuse of Billing Privileges | <p>The provider has submitted claims for services that could not have been furnished to a specific individual on the date of service, including:</p> <ul style="list-style-type: none"> • The claimed beneficiary is deceased, • The claimed provider, physician, or beneficiary was not in Arizona at the time of service, or • The equipment needed for testing is not at the testing location claimed. <p>Or, the provider has a pattern or practice of submitting claims that fail to meet program requirements.</p> |
| Billing with Suspended License | Billing for services furnished while the provider's license is suspended. |
| Disposal of Medical Waste | The provider engaged in the unlawful disposal of medical waste in violation of federal, state, or local law. |
| Failure to Report | The provider failed to report a change in ownership, an adverse action, or a change in practice location within the appropriate time period. |
| False or Misleading Information | The provider gave false or misleading information on their application to be enrolled or maintain enrollment. |
| Felonies | Convicted within the past ten years of a Federal or State felony offense that is determined to be detrimental to the best interests of the program and its beneficiaries. |

| | |
|--------------------------------|--|
| Improper Prescribing Practices | AHCCCS determines that a provider has a pattern of prescribing drugs that is abusive or represents a threat to the health and safety of Medicaid beneficiaries; or the pattern or practice of prescribing fails to meet Medicaid requirements. |
| Inability to Verify | The identity of the provider applicant is unable to be verified. |
| Mandatory Reporting | The provider failed to comply with federal or state law requiring mandatory reporting of sexual abuse, sexual assault, child or sex trafficking or statutory rape. |
| Misuse of Billing Number | The provider knowingly allows another individual or entity to use its billing number. |
| Neglect of a Patient | The provider has been found liable for the neglect of a patient that results in death or injury. |
| Noncompliance | The provider is not in compliance with enrollment requirements, not including license expiration. |
| Failed to Segregate Funds | The provider failed to segregate taxpayer dollars from abortions, including the use of taxpayer dollars for any overhead expenses attributable to abortions. |
| Failed Site Visit | <p>The provider failed the site visit due to one of the following reasons:</p> <ul style="list-style-type: none"> • No longer operational to furnish Medicaid covered items or services, or |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Enrollment requirement not met |
| Other | Any other reason that poses a threat of fraud, waste, or abuse to the Medicaid program. |
| Prescribing Authority | The provider's Drug Enforcement Administration Certificate of Registration is suspended or revoked. |
| Prohibited claims under A.R.S 36-2918/36-2957 | <p>A person may not present or cause to be presented to this state or to a contractor:</p> <ul style="list-style-type: none"> • A claim for a medical or other item or service that the person knows or has reason to know was not provided as claimed. • A claim for a medical or other item or service that the person knows or has reason to know is false or fraudulent. • A claim for payment that the person knows or has reason to know may not be made by the system because: <ul style="list-style-type: none"> ◦ The person was terminated or suspended from participation in the program on the date for which the claim is being made. ◦ The item or service claimed is substantially in excess of the needs of the individual or of a quality that fails to meet professionally recognized standards of health care. ◦ The patient was not a member on the date for which the claim is being made. |

| | |
|------------------|---|
| | <ul style="list-style-type: none"> • A claim for a physician's service or an item or service incidental to a physician's service, by a person who knows or has reason to know that the individual who furnished or supervised the furnishing of the service: <ul style="list-style-type: none"> ◦ Was not licensed as a physician. ◦ Obtained the license through a misrepresentation of material fact. ◦ Represented to the patient at the time the service was furnished that the physician was certified in a medical specialty by a medical specialty board if the individual was not certified. • A request for payment that the person knows or has reason to know is in violation of an agreement between the person and this state or the administration. |
| Provider Conduct | <p>The provider, or any owner, managing employee, authorized or delegated official, medical director, supervising physician, or other health care personnel of the provider is:</p> <ul style="list-style-type: none"> • Excluded from the Medicare, Medicaid, or any other health care program, • Debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement program or activity, or • Any other state or federal exclusion. |

| | |
|--|--|
| Submitted an abortion-associated claim | The provider submitted a claim for a procedure performed in association with an abortion in violation of federal or state law. |
|--|--|

Definitions

| Term | Definition |
|-----------------------|--|
| For Cause Termination | Provider's billing privileges are terminated for a reason related to fraud, integrity, or quality issues which run counter to the overall success of the Medicaid Program, after all appeal rights have been exhausted or the appeal deadline has expired. |

Proof

Proof that the provider's enrollment has been terminated or revoked by Medicare or another state's Medicaid program is published in the Data Exchange System (DEX).

Legal Authority

42 CFR 431.51
 42 CFR Part 455 Subpart E
 42 CFR 455.101
 42 CFR 455.416
 42 CFR 424.535
 42 CFR 1001.2
 42 CFR Part 1002
 45 CFR Part 76
 A.R.S. 36-2930.05
 A.R.S. 36-2918
 A.R.S. 36-2957

Chapter 600 Appeals

600 Introduction

For each eligibility requirement in this chapter, you will find:

- The policy for the requirement;
- Any definitions needed to explain the policy;
- What proof is needed; and
- A list of the federal and state laws that apply to the requirement by program.

601 General Information About Appeals

Policy

Providers can appeal a denial or termination decision no later than 30 days after receipt of the notice. Receipt of the notice is deemed to be 5 days after the notice is mailed to the correspondence address on file for the provider. See the following sections for additional information:

- Denial of Applications ([PEPM204](#))
- Mandatory and Discretionary Terminations ([PEPM501](#))

When an appeal is requested, the provider may request an informal settlement conference no later than twenty days before any hearing on the matter. A request for an informal settlement conference must be in writing when submitted to AHCCCS.

Proof

The appeal request must be in writing and include:

- The party;
- The party's address;
- The agency;
- The action being appealed; and
- A concise statement explaining the reason(s) for the appeal or request for a hearing.

Legal Authority

ARS 41-1092.03 and 41-1092.06

Revisions

Revision History and Archives

This page provides a summary of changes that have been made to this manual. Entries are added according to the date they were published. At the end of each entry you will find a link to a PDF file that archives the policy as it existed prior to the revision.

Revisions Date 01/31/2025

PEPM111 Provider Types [\[PT 02\]](#) Hospital

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT 71\]](#) Psychiatric Hospital

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT 78\]](#) Mental Health Residential Treatment Center (RTC)

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT B1\]](#) Residential Treatment Center Secure (17+ Beds)

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT B2\]](#) Residential Treatment Center Secure (1-16 Beds)

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT B3\]](#) Residential Treatment Center Non-Secure (17+ Beds)

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT B5\]](#) Subacute Facility (1-16 Beds)

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT B6\]](#) Subacute Facility (17+ Beds)

- Updated name for JCAHO.

PEPM111 Provider Types [\[PT B7\]](#) Crisis Services Provider

- Updated name for JCAHO.

For prior versions of the Provider Enrollment manual use this link:

[Prior Version of the Provider Enrollment Policy Manual](#)

Revisions Date 01/30/2025

PEPM111 Provider Types [PT 02] Hospital

- License/Certification for COS 47 updated.

PEPM111 Provider Types [PT 71] Psychiatric Hospital

- License/Certification for COS 47 updated.

PEPM111 Provider Types [PT C4] Specialty Per Diem Hospitals

- Electronic Funds Transfer (EFT) added to Requirements. License/Certification for COS 47 updated.

For prior versions of the Provider Enrollment manual use this link:

[Prior Version of the Provider Enrollment Policy Manual](#)

Revisions Date 01/29/2025

PEPM111 Provider Types [PT 02] Hospital

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [03 Pharmacy] Psychiatric Hospital

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT 78] Mental Health Residential Treatment Center (RTC)

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT B1] Residential Treatment Center Secure (17+ Beds)

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT B2] Residential Treatment Center Secure (1-16 Beds)

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT B3] Residential Treatment Center Non-Secure (17+ Beds)

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT B5] Subacute Facility (1-16 Beds)

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT B6] Subacute Facility (17+ Beds)

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT B7] Crisis Services Provider

- Electronic Funds Transfer (EFT) added to Requirements.

PEPM111 Provider Types [PT C4] Specialty Per Diem Hospitals

- Electronic Funds Transfer (EFT) added to Requirements.

For prior versions of the Provider Enrollment manual use this link:

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