AHCCCS
Arizona Health Care Cost Containment System
DIVISION OF FEE FOR SERVICE MANAGEMENT

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

February 2024

February is Heart Health Awareness Month

February is a time to raise awareness about pediatric heart disease and to celebrate our cardiac patients, families, and caregivers. Heart Health Awareness is a month-long initiative focused on heart health and cardiovascular disease prevention. It aims to educate individuals about the importance of maintaining a healthy heart and making lifestyle choices that support cardiovascular well-being. Heart disease remains a leading cause of death worldwide, and this observance seeks to reduce its impact through awareness and action.

ID.Me Registration Now Required for all AHCCCS Online Users

As of January 4, AHCCCS has partnered with ID.me to provide a secure sign-in method to the AHCCCS Online Portal.

Before signing in to the AHCCCS Online Portal for the first time, you will need to add a work email address to your personal ID.me account. This process will differ depending upon whether you already have an ID.me account or are creating an account for the first time.

Existing ID.me users

If you already have an ID.me account, you need to add your work email address to your ID.me account BEFORE using it to sign in at AHCCCS. **Do not create another account.**

For step-by-step instructions or to get help, visit the ID.me Help Center.

New ID.me users

If you do not have an ID.me account, you will need to create an account using your personal email address, add your work email, and then return to AHCCCS Online to verify your identity.

For step-by-step instructions or to get help, visit the ID.me Help Center.

Tips for success

If you previously created an ID.me account for another purpose, you cannot create a duplicate ID.me account to sign in to AHCCCS. Creating a different account will cause delays in being able to use ID.me to access AHCCCS.

If you already created a duplicate ID.me account to use at AHCCCS, this Help Center article explains how to remove your AHCCCS email from the duplicate account and add it to your original ID.me account.

If your legal name on your ID.me account needs to be updated to match your AHCCCS account, follow the instructions in this Help Center article.

The DFSM Claims Clues is a monthly newsletter that provides information about changes to the program, system changes/updates, billing and FFS policies.

Claims, Prior Authorization and Provider Enrollment inquires: The Division of Member and Provider Services (DMPS) manages the service calls for AHCCCS Fee-for-Service. DMPS can assist providers with prior authorizations, claim inquires and status and provider registration (APEP) questions and processes.

The hours of operation are Monday – Friday, 7:30am-5:00pm (602-417-7670).

AHCCCS Provider Enrollment Portal (APEP): Questions regarding provider-related enrollment, policy, or APEP user issues email APEPTrainingQuestions@azahcccs.gov . Your email will automatically create a service ticket to Provider Enrollment for assistance.

AHCCCS Warrents - For questions about Warrants, paper EOBs or Electronic Fund Transfers (EFT), contact the Division of Business & Finance (DBF) at (602) 417-5500.

835 Electronic Remittance Payment Sign Up (Remittance Advice Sign Up/835) Contact: ServiceDesk@azahcccs.gov or call (602) 417-4451

Transaction Insight Portal (TIBCO/TI) users, for account creation, to add additional users, or for password resets please make sure to use the following email address: servicedesk@azahcccs.gov

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page .

For provider training questions please outreach the Provider Training Team via email at ProviderTrainingFFS@azahcccs.gov

COVID FAQ: FAQ COVID Fact Sheet

Please note that these materials are designed for Fee-for-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

Important: AHCCCS Registration is Required for all Behavioral Health Professionals Providing Clinical Oversight

Physicians, non-physician practitioners, and other health care practitioners who meet the criteria to be a behavioral health professional must be registered and in active status with AHCCCS prior to providing clinical oversight and directly supervising services rendered by a ***behavioral health technician, behavioral health paraprofessional, case manager***, or other staff.

A Behavioral Health Professional, as specified in R9-10-101, is an individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251.

AHCCCS Medical Policy 310-B Title XIX/XXI Behavioral Health Service Benefit ***(****section 4)* guidance states:

Clinical oversight and supervision: Behavioral Health Paraprofessionals (BHPPs) that provide services in the public behavioral health system, shall receive supervision by a Behavioral Health Professional (BHP). Behavioral Health Technicians (BHTs) that provide services in the public behavioral health system shall receive clinical oversight by a BHP.

In addition to possessing the requisite licenses and other qualifications, BHPs providing clinical oversight of BHTs shall have demonstrated competence in delivering the same or similar services to members of comparable acuity and intensity of service needs as the BHTs they supervise. BHPs providing clinical oversight of BHTs shall also demonstrate the following key competencies:

a. Demonstrated knowledge of the relevant best clinical practices and policies that guide the services being provided,
b. Demonstrated knowledge of the policies and principles governing ethical practice,
c. Demonstrated ability to develop individualized BHT competency development goals and action steps to accomplish these goals, and
d. Demonstrated ability to advise, coach, and directly model behavior to improve interpersonal and service delivery skills.

New Provider Quick Training Guide

The Division of Fee-for-Service Management (DFSM) provider training unit has a variety of training topics relating to prior authorization, claim submission and (TIBCO) documentation and more. We have added new training resources for Fee-for-Service (FFS) providers to use.

These quick guides will provide direct “How to” step by step instructions that are user friendly with more training updates to come. We invite you to participate in our live webinars and as new topics are added to check the DFSM Provider Training Web Page often for updates.

Quick Training Guide Selecting the Correct PA Event Type

FFS Provider Tools and Resources: Prior Authorization Correction Form

The *Prior Authorization Correction Form* is to be utilized to request changes to an existing Prior Authorization. Any additional medical documentation for this request should be submitted with this request. The form must be completed in its entirety.

Prior Authorization Correction Form

Provider Online Resources and Training Guides

Medical Coding Resources CPT/HCPCS Daily Limits

AHCCCS Behavioral Health Diagnosis Code List

Common Prior Authorization Submission Errors

AHCCCS has identified several common PA submission errors that include but are not limited:

- PA request entered for CPT/HCPCS code that does not require a PA.
- Incorrect Date of Service(s).
- Incorrect Event type.
- Failure to complete the Event Tab.
- Failure to complete the Activity Tab.
- PA request entered under the incorrect provider NPI number.

To learn more about procedures that may or may not require a prior authorization view the AHCCCS Fee for Service Prior Authorization Guide

FFS Prior Authorization Requirements for Add-On Surgery Codes

Add-on codes represent an additional service associated with a primary surgery procedure code and will also require a prior authorization if the code is on the Fee-for-Service Prior Authorization Guidelines. For most of the primary codes and their respective add-on codes, the code pair combinations are from the same provider on the same date of service. The primary procedure code and the add-on secondary procedure code must be billed on the same claim submission.

- When there is a specific primary code listed in the CPT code book, the add-on code must not be reported with a procedure code(s) other than that which is listed as the primary code(s).
- Billers and coders should refer to the current edition of the American Medical Association (AMA) CPT professional code book for coding guidance/instructions.

AHCCCS Claim Processing Edits and Descriptions

Edit: L081.5 Duplicate Check Failed; Duplicate MCO Claim on File

Edit L081.5 identifies that the provider has submitted a claim to a MCO plan and the MCO issued a payment for the provider, date of service and charge amounts. The remittance advice will also include the edit (L050.1 - L050.4) that identifies which specific MCO plan the member is enrolled with.

AHCCCS FFS will not consider a claim for payment when the provider has received payment from one of the AHCCCS MCO plans.

Submitting A Clean Claim

Did you know missing or incomplete claim submissions may result in the claim being denied or cause delays in claims processing? A clean claim is a submitted claim without any errors or other issues including incomplete documentation that delays timely payment.

A clean claim is defined as a claim that may be processed without obtaining additional information from the provider of service or from a third party but does not include claims under investigation for fraud or abuse or claims under review for medical necessity, as specified in A.R.S. § 36-2904.

Reminder: New 2024 American Dental Association Claim Form

A new version of the 2024 American Dental Association claim form and its updated completion instructions will be effective January 1, 2024.

- AHCCCS Fee-for-Service (FFS) will accept the current version ADA 2012 dental claim form until December 31, 2023.
- Beginning January 1, 2024 AHCCCS will only accept claims for dental services that are submitted on the new ADA 2024 Dental Claim Form.
- Replacement claims submitted on and after 01/01/2024, must also be submitted on the new dental claim form.

Reminder: Participating Provider Reporting Requirements Edit Denial Codes H482.1 and H482.7

The following provider types, Outpatient Behavioral Health Clinic (77), Clinic (05) and Integrated Clinic (IC) must report on all claims submitted to FFS the individual providers participating in the care/services. Claims that do not include the required participating provider information will deny and the submitter must correct the fields and submit a replacement claim and include all required documenation with the replacement claim.

H482.1 NPI Missing or invalid; field is missing.

H482.7 NPI Missing or invalid; not valid for provider.

Providers can refer to the Quick Training Guide - How to Complete the Participating Provider Details

(Repeat from January 2024)

Extension of the Provider Moratorium to June 8, 2024.

In accordance with Section 42 CFR 455.470, I, Carmen Heredia, Cabinet Executive Officer of the Arizona Health Care Cost Containment System (AHCCCS), will implement for an additional 6 months a statewide moratorium on the enrollment of Behavioral Health Outpatient Clinic, Integrated Clinic, Non-Emergency Medical Transportation, Community Service Agencies, and Behavioral Health Residential Facility providers.

This moratorium extension will **expire on June 8, 2024**. This moratorium allows provider enrollment applications to be considered for an exemption on a case by case basis, under any of the following circumstances:

1. Medically Underserved Service Area and access to care with review and approval by State Medicaid Agency,
2. Service expansion in support of a State Medicaid Agency initiative,
3. At the request of an AHCCCS contracted managed care plan to ensure that access to care standards (i.e., time and distance) are not out of compliance, or
4. Additional exemptions as appropriate and as needs are identified.

These moratoria were approved by the Centers for Medicare and Medicaid Services (CMS) and is effective on December 8, 2023. This action is necessary to safeguard AHCCCS members, public funds, and to maintain the fiscal integrity of the AHCCCS program.

AHCCCS Daily Trip Report Reminders

Common errors made by NEMT Providers include the following:

- Lack of Disclosing Employee Information such as:
  - Employee Name
  - Employment Begin Date
  - Employment End Date (if applicable)
  - Employees Date of Birth
  - Member Transported to a Service Not Covered by AHCCCS
  - Incomplete or Incorrectly Filled Out Trip Report

Missing Driver's Name:

The Daily Trip Report may be missing the Driver's First and Last Name. This is not acceptable. The trip report MUST have the Driver's full First and Last Name listed.

No Facility Address Listed

- Another common error is to have the facility name listed, instead of an address under the pick-up/drop-off section. However, the facility address is REQUIRED information.
- An address must be included in some format.
  - The lack of a formal street address is not a cause for no address to be listed.
  - In the event that no address can be found, coordinates of a nearby landmark, with the mileage from that landmark to the pick-up/drop-off location can be used.