

January 2018

DFSM BILLING TIPS

Common Occurrences Seen With Claim Submittals

Billing -59 Modifier

The FFS Provider Billing Manual Chapter 10 Professional and Technical Services, page 10-2 advises:

Modifier 59 must be attached to a component code to indicate that the procedure was distinct or separate from other services performed on the same day and was not part of the comprehensive service.

Claims submitted to AHCCCS utilizing modifier 59 will be subject to Medical Review. Medical records must reflect appropriate use of the modifier. Modifier 59 cannot be billed with evaluation and management codes (99201-99499) or radiation therapy codes (77261 -77499)

Claims billed with a 59 modifier incorrectly will be denied.

Inpatient Outlier Review Process

AHCCCS reimburses in-state, non-IHS/638 hospitals for inpatient claims with extraordinary cost per day as outliers. A claim is defined as an outlier if the covered costs per day exceed the statewide average cost thresholds.

Every outlier claim requires medical review of records to verify charges. An itemized statement is required to determine which charges must be verified by medical records.

If the itemized statement and/or appropriate medical records are not included with the inpatient claim submission, the claim will be denied with a code requesting the needed documentation. The following charges must be supported by the medical records:

- Medications
- Operating room and anesthesia times (operative report and anesthesia records)
- All other minor procedures report
- High dollar radiology
- High dollar medical supplies
- Echocardiogram
- Cardiac Cath records
- Ventilator days
- Nitric Oxide days
- Dialysis records and CRRT
- Blood administration records
- PACU in/out times
- Perfusion
- Cardiac arrest reports
- If Observation Days are billed then physician orders must be verified
- Emergency Room records

Charges unsubstantiated by medical records are non-covered and are not considered when determining if the costs per day exceed the statewide average cost thresholds.

Refer to the FFS Provider Manual, [Chapter 11](#)

PROVIDER EDUCATION DATES

- Member Eligibility
1/11/2018
1:00 – 2:00 PM
- IHS/638 Quarterly Forum
1/17/2018
2:00 – 3:30 PM
- Transaction Insight Portal 275 Claim Attachments
1/25/2018
1:00 – 2:00 PM

UPCOMING HOLIDAY

- 1/1/2018 New Years Day
- 1/15/2018 Martin Luther King Jr Day

ELECTRONIC PAYMENT SIGN UP

Contact:
ISDCustomerSupport@azahcccs.gov
-OR-
Call 602-417-4451

CONTACTS

- Prior Authorization Questions FFS PA Line (602) 417-4400
- Claims Customer Service Billing Questions (602) 417-7670
- Provider Registration Process Questions - (602) 417-7670 Fax Applications (602) 256-1474
- Technical Assistance with Online Web Portal Please email

ProviderTrainingFFS@azahcccs.gov

PERM AUDIT-WHERE DO YOU STAND?

PERM reviews have begun. Contractors will again be contacting providers by phone and letter to obtain medical documentation to support the sampled claims. It is imperative that we have the correct address for the location of your medical records and documentation. If your address in our system is not correct and the contractor is unable to obtain the documentation for the sampled claim either because the notice doesn't reach you or because you do not provide the documentation to support the claim, the State of Arizona will be cited for an error. We have three addresses in our system: a correspondence address, a payment address and a service address.

Please make sure to report any address or phone number changes to AHCCCS now so that we can keep our system up to date & be ready for the PERM audits. REMEMBER, if we are cited with an error on a claim the Federal Government mandates that we recoup the funds for that claim from you. Please help us to help you.

For questions regarding PERM, please contact:

Kim Sanchez
AHCCCS PERM Project Manager
602-417-4563.

ATTENTION MEDICAL PROVIDERS:

Online Prior Authorization Submission—New Document Attachment Feature

Use of the AHCCCS Online Provider Web Portal is the preferred method of authorization submission for Medical authorization requests. Online submission allows PA staff to process authorization requests for medical and/or surgical services more efficiently.

With AHCCCS Online authorization submissions, it is not necessary to fax an Authorization Request Form to AHCCCS. Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pending authorization number, and use the attachment feature to upload the supporting documents directly with their requests.

Providers who require training on submission of authorization requests using the AHCCCS Web Portal can request training through ProviderTrainingFFS@azahcccs.gov

****Exception*:***

Level 1 behavioral health facilities must fax authorization requests to the FFS TRBHA PA Line using the FFS Prior Authorization Request form. The online PA submission process is not available for Tribal Regional Behavioral Health Authority (TRBHA) member inpatient admissions to Level 1 facilities at this time. A completed FFS Form must accompany all Level 1 facility supporting documents as the cover sheet. FFS forms can be found [on our website](#).

All other requests, including NEMT requests, should be entered using the online Web Portal.

For additional information regarding Prior Authorization Submission, please refer to:

[PA: How to Request, Obtain and Verify Status Web Portal](#)

DID YOU KNOW?

**The 2018 first quarter DFSM
Provider Training schedule
is now available at DFSM
Training**