CLAIMS CLUES

A Publication of the AHCCCS Claims Department

MARCH 2013

INFORMATION FROM THE OFFICE OF THE INSPECTOR GENERAL

The Arizona Health Care Cost Containment System (AHCCCS) Office of Inspector General has identified a number of claims and/or encounters that are in violation of AHCCCS Rules and Policy related to "Rendering Providers".

This communication should serve as notice that all claims and/or encounters submitted **MUST** list the appropriate rendering provider as defined below.

6.5.4 CMS- 1500 Provider Definitions

…Rendering Provider:
The rendering provider is the individual who provided the care to the client. In the case where a substitute provider was used, that individual is considered the rendering provider.

An individual such as a lab technician or radiology technician who performs services in a support role is not considered a rendering provider.

The AHCCCS Participating Provider Agreement #19 states that "No provider may bill with another provider's ID number, except in locum tenens situations". [*AHCCCS Administration will recognize locum tenens arrangements restricted to the length of the locum tenens registration with the AMA. The locum tenens provider must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens provider is substituting or temporarily assisting.]*

Additionally, the AHCCCS Fee for Service Provider Manual states that "Hospitals and clinics may not bill AHCCCS Administration or its Contractors for physician and mid-level practitioner services using the hospital or clinic NPI number. Physicians and mid-level practitioners must register with AHCCCS and bill for services under their individual NPI numbers".

As an example, the following scenario illustrates one of many possible **inappropriate** billing practices.

An AHCCCS member receives services from a mid-level practitioner, (*physician assistants, registered nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists (CRNA's), surgical first assistants, and affiliated practice dental hygienists.)* following receipt of services, a claim or encounter is then submitted listing another AHCCCS registered provider (typically a physician) as the rendering provider.

CORRECTION TO JANUARY 2013 ARTICLE

Code T2038 Community Transition was incorrectly reported as S2038 in the January 2013 Claims Clues article regarding Agency with Choice.

A BIT OF CLAIMS TRIVIA

Question: What is the most common reason for outlier claim denials??

Answer: No medication administration records were submitted. So please submit these records the first time & speed up your reimbursement time! Outlier reviews cannot be done without these records.

REMINDERS FROM THE UM/CM'S PRIOR AUTHORIZATION UNIT

Facility Discharges: Please call the Prior Authorization line to request an authorization if you are requesting a PA for services pertaining to a facility discharge. You can fax in any supporting documents after calling to obtain a provisional authorization number. This process is intended to decrease delays in the discharge process.

Transportation Reminders:

Please remember to provide the FFS Transportation area with information to support the need for transports outside of the member's area. Transportation is normally covered to the nearest appropriate facility that can provide the covered, medically necessary service. If there is a need for the member to be seen by a provider outside of their area, the FFS Transportation area must be made aware of this or the authorization request may be denied. *Note* If you are providing transportation for a child to attend a CRS appointment please be sure to make the Transportation aware so they can verify the information necessary for approval. The Provider referring the member to a provider outside of the member's area should indicate the reason the services are unavailable in the member's area, the name of the provider the member is being referred to, and sign the document. This information should be faxed in to the transportation area along with the FFS Medical Documentation form. Obtain the

form at this link:
http://www.azahcccs.gov/commercial/Downloads/PriorAuthorizations/PAMedicalDocumentationForm.pdf

Behavioral Health transport authorization requests associated with services rendered by a Regional Behavioral Health Authority (RBHA) should be requested by contacting the RBHA the member is enrolled with. All acute members are enrolled with a RBHA or Tribal Behavioral Health Authority (TRBHA).

Reconsiderations: You do not need to submit a reconsideration request to update an existing authorization. You can update the authorization by using the FFS Authorization Correction Form.

AHCCCS FFS Provider Training Schedule for 2013
701 E Jefferson, Phoenix 85034
Aspen Conference Room 1:00-3:00 pm

ILinc/Teleconference information will be emailed via ListServe prior to each training
(dates/times/location are subject to change)

Mar 04	**Non-Emergency Transportation** *(Rules, Guide lines, and how to bill on-line)*
Mar 18	**Prior Authorization on the Website (PA)** *(How to submit a PA on-line)*
Apr 01	**On-Line Claim Submission** *(How to submit your claims on-line)*
Apr 22	**Replacement and Void on the Web** *(How to submit a Replacement or Void on-line)*
May 06	**Ambulatory Surgical Center (ASC)** *(High level rules/guideline and how to submit on-line)*
May 20	**To be Announced Training**
Jun 03	**Non-Emergency Transportation** *(Rules, Guide lines, and how to bill on-line)*
Jun 17	**Prior Authorization on the Website (PA)** *(How to submit a PA on-line)*
Jul 08	**On-Line Claim Submission** *(How to submit your claims on-line)*
Jul 22	**Replacement and Void on the Web** *(How to submit a Replacement or Void on-line)*
Aug 05	**Medicare Remit Easy Print (MREP)** *(Use MREP to read and print AHCCCS Electronic files(835)*
Aug 19	**Ambulatory Surgical Center (ASC)** *(High level rules/guideline and how to submit on-line)*
Sep 09	**Non-Emergency Transportation** *(Rules, Guide lines, and how to bill on-line)*
Sep 23	**Prior Authorization on the Website (PA)** *(How to submit a PA on-line)*
Oct 07	**On-Line Claim Submission** *(How to submit your claims on-line)*
Oct 21	**Replacement and Void on the Web** *(How to submit a Replacement or Void on-line)*
Nov 04	**Medicare Remit Easy Print (MREP)** *(Use MREP to read and print AHCCCS Electronic files(835)*
Nov 18	**To Be Announced Training**
Dec 09	**To Be Announced Training**

Note: These trainings are for Fee-For-Service Providers only

02/19/13