CLAIMS CLUES

A Publication of the AHCCCS Claims Department

JULY 2013

IMPORTANT ARIZONA DEPARTMENT OF CORRECTION (ADOC) INFORMATION

AHCCCS contract with ADOC as a TPA will end at fiscal year - end. All claims received on June 14, 2013 and thereafter will be forwarded to ADOC for review and routing as appropriate. We will forward all claims received on or after June 14, 2013 to ADOC.

Below is contact information that providers should use to file a FY 2012 claim.

Arizona Department of Corrections
1601 West Jefferson
MC 320
Phoenix, Arizona 85007
Attention: Prior Year Claims Department
Maria Perez

GENERAL REMINDERS FROM THE UM/CM UNIT'S PRIOR AUTHORIZATION AREA

The Fee For Service Prior Authorization Correction Form is being updated to include boxes that should be checked to indicate whether you requesting to add additional or remove CPT/HCPC codes that have been indicated on your existing authorization. Please be sure to submit supporting documentation when requesting updates pertaining to a procedure that has been performed.

Reminders:

Please use the web to enter online authorizations for acute members. Providers are unable to enter authorization requests online for FFS Tribal ALTCS members, as most

requests go through the member's Tribal Case Manager. Training classes are available for providers who would like training on use of the online system. Please sign up for email notifications of upcoming trainings and other provider updates for your provider type at: http://listserv.azahcccs.gov/cgi-bin/wa.exe?HOME

Please use the online system to check authorization status. This is the preferred method of checking the status of your authorization requests. Providers who have submitted authorization requests to the Tribal Case Manager for a FFS Tribal ALTCS member can use the online system to view the member's case plan information. Please contact the member's Tribal Case Manager for inquiries pertaining to information that has been entered on the member's case plan.

If an authorization for an acute FFS member is still in a pended status, you can use the online system to make corrections to the authorization. Please use the FFS Authorization Correction Form to fax in requests for correction to authorizations for FFS members that are no longer in a pended status, or if you need to update an authorization that has been issued for a FFS Tribal ALTCS member. Please contact the FFS Tribal ALTCS member's Tribal Case Manager to update information that has been entered on a member's case plan.

The UM/CM Unit has been contacting facilities to establish electronic (remote) access to FFS member's charts for completion of the utilization management (UM) functions that are carried out in the Utilization Management/ Care Management, and Claims Medical Review Units of AHCCCS. Remote access not only increases the efficiency of the UM processes, it facilitates the timeliness of reimbursement to providers who render services to FFS members. Please email forms to initiate electronic access at your facility to: melina.solomon@azahcccs.gov

Transportation Reminders:

Though some of the AHCCCS plans have companies that set up and coordinate member transports, the FFS plan of AHCCCS does not function in this manner. Providers rendering services to AHCCCS Fee For Service (FFS) plan members are responsible for obtaining authorization for the services they are rendering (members and other providers cannot request authorization on behalf of the transportation provider who is rendering the service). Facilities or other providers, who may be involved in coordinating services for a FFS member, should contact a registered transportation provider to request transport, and the transportation provider will then submit their authorization request for the FFS area of AHCCCS.

Please be sure to attend one of the upcoming training sessions that are being offered for NEMT providers. Changes to NEMT billing procedures will be discussed and clarified during these trainings. If you have not registered for ListServ, please do so by using

the following link for transport providers: http://listserv.azahcccs.gov/cgi-bin/wa.exe?A0=FFS-TRANSPORTATION-L

Please remember to enter the correct EVENT type for your transport when entering your authorization online. The system will default to EVENT type "DM". You will have to enter the date of service, and then you can go back and enter one of the following transportation EVENT types: OR, RR, or OT. **Note – "MD" EVENT type is not used for transportation.

2013 FFS PROVIDER TRAINING SCHEDULE

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)

Jun 10	**Non-Emergency Transportation *** *(High level review of New rules and uploading electronic documents)*
Jun 17	**Prior Authorization on the Website (PA)** *(How to submit a PA on-line)*
Jun 24	**Non-Emergency Transportation *** *(High level review of New rules and uploading electronic documents)*
Jul 08	**On-Line Claim Submission** *(How to submit your claims on-line)*
Jul 15	**Medicare Deductible, Coinsurance, or Co-pay** *(Where to enter the deductible, coinsurance or co-pay online)* **New**
Jul 16	**Non-Emergency Transportation/Trip Report** **New *** *(High level review of New rules and uploading electronic Trip report)*
Jul 22	**Replacement and Void on the Web** *(How to submit a Replacement or Void on-line)*
Jul 25	**Non-Emergency Transportation/Trip Report** **New *** *(High level review of New rules and uploading electronic Trip report)*
Jul 29	**Medicare Deductible, Coinsurance, or Co-pay** *(Where to enter the deductible, coinsurance or co-pay online)* **New**
Jul 31	**Non-Emergency Transportation/Trip Report** **New *** *(High level review of New rules and uploading electronic Trip report)*

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**

These training sessions are for FFS Providers only.

*Training will be held in the HRD training room, 701 Bldg., 3rd Floor

** Training will be held in the Gold Room- 701 Bldg., 3rd Floor

PAYMENT ERROR RATE MEASUREMENT (PERM) 2014

It is once again time for Arizona to prepare for the federally mandated PERM cycle. PERM is a federally mandated audit consisting of two programs and three components within each program. The programs under review are Medicaid and Children's Health Insurance Program (CHIP). The three components are fee-for-service, managed care and eligibility.

- Fee-for-Service –review of the payment for accuracy in accordance with the State's policy and review of the medical record to support the payment as billed and paid.
- Managed Care – review of the managed care capitation payment for accuracy in accordance with the State's policy.
- Eligibility – review of eligibility for the selected beneficiaries.

This year CMS has added a provider page to their website. The provider page was developed to help Medicaid and CHIP providers better understand the PERM process and what you, as a provider, may be required to submit during a PERM review. The CMS provider website can be accessed at: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html Be watching your Claims Clues for more articles regarding the PERM 2014 cycle and the PERM process.

REPORTING VACCINE ADMINISTRATION CODES WITH E/M CODES

Recent reviews of claims data has shown that a number of providers are reporting both vaccine administration codes and Evaluation and Management (E/M) codes together to report services provided when administering vaccines to AHCCCS members. The most commonly reported E/M code is 99211 ("Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician."). In general this is incorrect and results in duplicative billing for the same services.

Typically, when reporting procedures performed in the office or clinic setting, separate E/M codes are not reported with the procedure code. At times, E/M codes may be separately reported, but only when the E/M services are significant and separately identifiable from routine E/M services provided with the procedure being performed. When E/M services are separately reported in addition to a procedure code, modifier 25 is added to the E/M code. Examples might include situations where a patient has a new or additional medical complaint that is separate from the one for which the procedure is being provided. A physician may examine the patient in relation to that new complaint or to determine whether that new problem is of such magnitude that the originally scheduled procedure should be delayed. If not, then the procedure code and the E/M code may both be reported.

In those situations when providers report both a procedure code and a separate E/M code on the same date of service, the medical records should reflect the medical necessity of the E/M code reported, as well as the extent of the history, physical examination, and medical decision making that supports the level of E/M code reported. In the case of vaccine administrations, especially those that are administered by a nurse without the patient seeing the physician on that date of service, reporting 99211 along with the vaccine administration code is inappropriate. The vaccine administration code includes the work of the nurse to administer the vaccine as well as the supplies used during that administration.

When reporting vaccine administrations on the same day as a preventive medicine or sick visit E/M service, the appropriate E/M code can be reported with modifier 25 added to the code. The vaccine administration code and the code identifying the

specific vaccine administered may also be reported. If the vaccine is provided through the Vaccines For Children (VFC) program, the SL modifier should also be added to vaccine and vaccine administration codes.