AHCCCS
Arizona Health Care Cost Containment System

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CLAIMS CLUES

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Billing Reminder

When sending documents or medical records do not submit double-sided pages. The imaging process will only scan the front page resulting in an incomplete submission. Double-sided pages of documents or records will cause the claim to be denied for incomplete medical records *or* denied *again* for medical records.

Did You Know …?

AHCCCS does not contract with individual providers. If you are a registered provider with AHCCCS, then you may serve the Fee-For-Service (FFS) and American Indian Health Program (AIHP) member population. AIHP is the AHCCCS Acute Fee-For-Service Program for American Indians, administered by the State through the Division of Fee For Service Management (DFSM) at AHCCCS. For more information about the AIHP visit our website at http://www.azahcccs.gov/tribal/default.aspx

Indian Health Service (IHS) Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs) may be referred to as American Indian Health Facilities. They provide general health care services for eligible American Indians and American Indian AHCCCS members, particularly American Indian AHCCCS members enrolled in the AHCCCS American Indian Health Program.

Timely Filing Denials

Are you resubmitting for a denied claim only to have the resubmission denied for timely filing? Then you are not resubmitting the claim correctly! The resubmission *MUST* have the Resubmission Code "A" in Field 22 of the 1500 form and the CRN (12 digits) of the original denied claim in the field labeled "Original Ref. No."

22. RESUBMISSION CODE	ORIGINAL REF. NO.
A	130010004321

Failure to do this causes the claim system to identify this as a "new" claim, not a "resubmitted" claim. The "new" claim is subject to the timely filing laws.

To resubmit a denied UB-04 claim, write the word “Resubmission” and the CRN (12 digits) of the denied claim in the “Remarks” Field 84. If Field 84 is already used for another purpose, write the word “Resubmission” and the CRN at the top of the claim form.

To resubmit a denied ADA 2012 claim enter the CRN (12 digits) of the denied claim in Field 2 (Predetermination/Preauthorization Number).

Refer to the AHCCCS FFS and IHS online Provider Billing Manuals, chapters titled General Billing Rules for more details.

Claims Process Definitions

A **“Resubmission”** is defined as a claim originally denied because of missing documentation, incorrect coding, etc. which is now being resubmitted with the required information.

A “**Reconsideration”** is defined as a request for review of a claim that a provider feels was incorrectly paid or denied because of processing errors.

If the provider has exhausted all authorized processing procedures and still has a disputed claim, the provider has the right to file a **claim dispute**.

Please refer to the AHCCCS online FFS and IHS provider billing manuals, chapters titled Claim Errors and Claim Disputes for more details, especially for information about where to file a dispute for specific claim types.

******2 Policy Changes for NEMT Providers*******

Effective 10/1/2014 prior authorizations will be denied for transport services on reservation if the NEMT provider does not have the corresponding Tribal business license on file with AHCCCS Provider Registration.

Effective 9/1/2014 all services for the recipient’s transport *must* be billed on one claim using multiple lines for that date of service. A claim submitted with base code only and second claim with mileage only will be denied, as split-billing the transport service is inappropriate.

REMINDER: Transition from ICD-9 to ICD-10 code sets delayed until 10/1/2015

On April 1, 2014 the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which states The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD–10 code sets as the standard for code sets under section 1173(c) of the Social Security Act (42 U.S.C. 1320d–2(c)) and section 162.1002 of title 45, Code of Federal Regulations.

Electronic claims submitted to the AHCCCS Administration with ICD-10 codes will be rejected from our validation system and will not be accepted into our claims system. Therefore, timely filing will not begin until a claim is submitted that is compliant with the national standard HIPAA code set transaction.

Paper claims submitted to the AHCCCS Administration with ICD-10 codes will be returned to the provider and timely filing will not begin until a claim is submitted that is compliant with the national standard HIPAA standard code set transaction.