CLAIMS CLUES
A Publication of the AHCCCS DFSM Claims Department

May 2014

Notice our bright new logo! You will be seeing this new logo on all things AHCCCS in the near future. Visit our website to view our new look.

Billing Reminder

Daily Management of Epidural code 01996 is not payable on the same day as the major procedure, based on the Correct Coding Initiative (CCI).

UB04 Date Discrepancies

Effective 7/1/2014 when a UB-04 claim is billed with a line level service date (UB Field 45) that is out of the date range of the header dates (UB Field 6) then this will cause a denial regardless of claim source (paper, web, EDI).
For example: Header Statement Covers Period from 12/01/2014 through 12/28/2014
     And   line Service Date 12/29/2013
          This "out of range" service date will trigger a denial

NOTICE: 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.

New ADA 2012 Version

The American Dental Association (ADA) has updated their claim form on version 2012. AHCCCS will begin accepting the new form effective 6/1/2014 with a transition period through 7/3114, accepting both the new and the older 2006 version form. Effective 8/1/2014 AHCCCS will only accept the new ADA 2012 form and will return claims submitted on the old form.

PERM 2014 CYCLE "Save the Date"

The webinar/conference call dates are fast approaching.

The following is your invitation to the CMS provider education webinar/conference calls. We encourage all of our AHCCCS providers to take part in one of the scheduled sessions to help prepare for the coming PERM audit. Remember: your involvement is critical in the success of the audit.

Cycle 3 States:

Alaska, **Arizona**, District of Columbia, Florida, Hawaii, Indiana, Iowa, Louisiana, Maine, Mississippi, Montana, Nevada, New York, Oregon, South Dakota, Texas, Washington

PERM Cycle 3 Provider Education Webinar/Conference Calls

The Centers for Medicare & Medicaid Services (CMS) will host four Payment Error Rate Measurement (PERM) provider education webinar/conference calls during Cycle 3 (2014). The purpose is to provide opportunities for the providers of the Medicaid and Children's Health Insurance Program (CHIP) communities to enhance their understanding of specific Provider responsibilities during the PERM.

The PERM program is designed to measure improper payments in the Medicaid and CHIP programs, as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Improvement Act or IPERA, and the Improper Payments Elimination and Recovery Improvement Act of 2012 IPERIA).

Webinar/Conference call participants will learn from presentations that feature;

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and, best practices
- The Electronic Submission of Medical Documentation, esMD program

The presentations will be repeated for each session. You will have the opportunity to ask questions live through the conference lines, via the webinar, and through the dedicated PERM Provider email address at; PERMProviders@cms.hhs.gov .

Presentation materials and participant call in information will be posted as downloads on the "Providers" tab of the PERM website at;

http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/PERM/Providers.html

The Webinars are being presented on the Adobe Connect Pro platform. To test your connection in advance,
launch: https://webinar.cms.hhs.gov/common/help/en/support/meeting_test.htm

Tuesday, June 10, 2014 3:00-4:00pm ET

The two step audio/ webinar process is;
1. **Audio:** Login to: https://cms.webex.com/cms/j.php?J=992454311 the call-in#/meeting

   ID/access code will display on your screen (keep this open) when you dial in.

2. **Webinar:** In a separate window, login

   to; https://webinar.cms.hhs.gov/perm2014cycle3web/ to access the webinar.

Thursday June 26, 2014 3:00-4:00pm ET

The two step audio/ webinar process is;
1. **Audio:** Login to: https://cms.webex.com/cms/j.php?J=998353879 the call-in#/meeting

   ID/access code will display on your screen (keep this open) when you dial in.

2. **Webinar:** In a separate window, login

   to; https://webinar.cms.hhs.gov/perm2014cycle3web/ to access the webinar.

Wednesday, July 16, 2014, 3:00-4:00pm ET

The two step audio/ webinar process is;
1. **Audio:** Login to: https://cms.webex.com/cms/j.php?J=997166126 the call-in#/meeting

   ID/access code will display on your screen (keep this open) when you dial in.

2. **Webinar:** In a separate window, login

   to; https://webinar.cms.hhs.gov/perm2014cycle3web/ to access the webinar.

Wednesday, July 30, 2014, 3:00-4:00pm ET

The two step audio/ webinar process is;

1. **Audio:** Login to https://cms.webex.com/cms/j.php?J=991531095 the call-in#/meeting

   ID/access code will display on your screen (keep this open) when you dial in.

2. **Webinar:** In a separate window, login

   to; https://webinar.cms.hhs.gov/perm2014cycle3web/ to access the webinar.

CMS encourages all participants to submit questions not addressed in the session to our dedicated PERM Provider email address at; PERMProviders@cms.hhs.gov or, you may also contact **your** State PERM Representatives with any questions and for information about education and training in your state.

Please check the CMS Website and PERM Provider's page regularly for helpful education materials, FAQs, and updates at http://www.cms.gov/PERM/.

Monthly NEMT Quality Audits

Audits of November and December 2013 NEMT claims showed slight improvement in the error rate as compared to October and September claim audits.

Overpaid error rate:
September	17%
October	15%
November	17%
December	11%

For the November and December audits, the categories with the most overpayment errors are:
- no Prior Authorization when required
- incomplete or incorrect trip report (usually odometer reading)
- trip report attached does not match claim

The Quality audits will be continued for 2014 claims.

Reminder: the –TN modifier is *not* appropriate to bill when the transport *originates* in the Phoenix or Tucson metro area. Whether round trip or one way, the location where you *first* pick up the recipient will determine if the –TN modifier is to be billed or not. The –TN modifier indicates that the transport began in a rural area.

For example: recipient has round trip transport from home in Sacaton to PIMC and back home. The transport *originates* in Sacaton, so the –TN modifier is appropriate to bill.

However, if this same recipient is picked up at PIMC and transported home to Sacaton (one way trip) then this transport *originates* in the Phoenix metro area and –TN modifier is *not* appropriate.

Use the Provider Billing Manuals chapter for Transportation for your guide when you have billing questions. These manuals are available online at:

www.azahcccs.gov/commercial/ProviderBilling.gov