

## CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

August 2015

### Reminder: Transition from ICD-9 to ICD-10 on 10/1/2015

Effective on date of service 10/1/2015, and effective on inpatient discharge date 10/1/2015, **all** claims must be submitted with valid ICD-10 diagnosis codes.

ICD-10 is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10 as the heading of a category of codes (also referred to as “family of codes”) that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity. A three-character code is only to be used if it is not further subdivided.

Any claims submitted with ICD-9 diagnosis coding will be rejected:

- Electronic claims 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.
- Claims submitted online (web based) 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 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.

ICD-10 codes will provide better support for patient care and improve management, since ICD-10 codes are more specific than ICD-9, allowing providers to capture more detailed information. ICD-10 will enable improvements in care management, public health reporting, research and quality measurement.

ICD-10 codes must be supported by the provider’s documentation and since the ICD-10 codes are more specific, more documentation will be necessary.

## Adult Orthotics Benefit Change Effective 8/1/2015

Effective 08/01/2015 orthotics are covered for age 21 years and older when the use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines and the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.

Orthotics must be prescribed by a physician (MD/DO) or primary care practitioner (Physician Assistant (PA), Nurse Practitioner (NP)).

Orthotics are covered with Prior Authorization when all of the following apply:

- The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines; and
- The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition; and
- The orthotic is ordered by a physician or primary care practitioner.

Please refer to the AHCCCS FFS Provider Billing Manual, Chapter 13 DME, Orthotics, Prosthetics, Medical Supplies for coverage, prior authorization requirements, limitations and exclusions.

## Significant Changes to AHCCCS Covered Behavioral Health Services

Effective 10/01/2015 benefit coordination and financial responsibilities for AHCCCS covered behavioral health services are changing.

The changes will apply to FFS providers for the purpose of benefit coordination and determining financial responsibility for AHCCCS covered behavioral health services provided to FFS AHCCCS members. This policy also prescribes payment responsibility for physical health services that are provided to the members who are also receiving behavioral health services.

Please note: the changes do not apply to services provided through Indian Health Service or Tribally owned or operated 638 facilities.

The FFS Provider Billing Manual, Chapter 19 Behavioral Health update will be available on the AHCCCS website soon.

## Visiting the AHCCCS Administration Office?

Please be sure to schedule an appointment with the person that you wish to see. Due to varied schedules we want you to be able to spend the appropriate time with the person you wish to visit. By scheduling an appointment, we will be able to give you the time and attention that is needed.

Your cooperation will allow us to better assist you.

## Claims Received 9/28/15 and 9/29/15

AHCCCS has scheduled a project implementation on Monday 9/28/15 and Tuesday 9/29/15. All claims submitted on these days will be held and processed on 9/30/15, which will still meet the 48 hours processing timeline. Payments should not be impacted.

Please be aware of this processing hold and wait until the morning of 10/1/15 to verify that claims submitted on 9/28 are processed.

Reminder: Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web.