

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

June 2015

Reminder: Fee for Service (FFS) Provider Payment - Changes

AHCCCS is moving to a new financial system beginning July 1, 2015. This change will impact Fee for Service provider payments as follows:

Claims completed for payment during the week of June 26th will be paid on June 30th; this will include claims paid for Fee for Service providers as well as behavioral health services, QMB only, Maricopa County DOC and Juvenile corrections.

Claims completed for payment during the week ending July 3rd will be paid on July 10th. ACH transactions will be made and paper checks will be mailed out on July 10th. Remittance advices will be available electronically on July 13th and paper remittances will be mailed on the same date.

Moving forward Fee for Service providers will receive all payments in one ACH/check and on one remittance advice that will include Fee for Service, QMB only, behavioral health payments for Tribal Regional Behavioral Health Authorities, Maricopa County DOC and Juvenile corrections. The payment will be made each Thursday beginning July 16th with remittance advices available/mailed each Friday.

Providers can sign up for electronic payments by utilizing the link below:

<http://www.azahcccs.gov/commercial/FFSclaiming/directdeposit.aspx>

Digital X-rays

AHCCCS FFS accepts digital x-rays as an image file attachment to claims through the 275 transaction or the online web submission PWK process.

The AHCCCS website offers technical assistance for both the 275 transaction and the PWK submission at:

<http://www.azahcccs.gov/commercial/ProviderBilling/manuals/FFSTechnicalAssistance.aspx>

Watch for ListServ email coming soon for training sessions scheduled in July for On-Line Claim Submissions and for the 275 Electronic Attachment Upload.

Billing FQHC/RHC Claims with a Primary Payor

When Medicare is primary payor

Crossover claims are received electronically from the Medicare plan with Medicare's specified coding that will not match to AHCCCS coding requirements which may cause denial or incorrect payment.

The FQHC/RHC provider must submit a void/replacement claim with the AHCCCS specified coding and Medicare's EOMB. Medicare's deductible/coinsurance/copay total amounts must be entered on the T1015 claim line for reimbursement, in the correct Medicare fields. The appropriate EM codes must be billed on successive lines with 0.00 billed amount, leaving the Medicare fields blank (do not enter 0's).

The replacement claim must have section 22 completed as follows:

22. MEDICAID RESUBMISSION	
CODE	ORIGINAL REF. NO.
V	(crossover claim #)

Failure to submit a replacement claim without these fields completed may result in a denial.

If the Medicare claim did not crossover to AHCCCS, the FQHC/RHC must submit the claim with the EOMB. The Medicare deductible/coinsurance/copay total amounts must be entered on the T1015 service line, in the correct Medicare fields, for reimbursement. The appropriate EM codes must be billed on successive lines with 0.00 billed amount, leaving the Medicare deductible/coinsurance/copay fields blank (do not enter 0's).

When another coverage is the primary payor

The FQHC/RHC must submit the claim with the total amount paid by the other primary payor entered on the T1015 service line only (OT fields). The appropriate EM codes must be billed on successive lines with 0.00 billed amount, leaving the other payor fields blank (do not enter 0's).

A copy of the primary payor's EOB must be included with the claim. Since AHCCCS specifies the T1015 coding, the billing and the EOB coding will not match.

Still submitting paper claims to AHCCCS FFS?

AHCCCS Online is a website designed for registered providers, offering convenient and efficient online services including Fee-For-Service (FFS) claim submission – and it's free!

On the AHCCCS website, select the top tab "Plans/Providers". Then, from the left side blue menu items, select "Provider Website – AHCCCS Online" to see what services are available to streamline your AHCCCS FFS claim submission process.

AHCCCS Division of Fee for Service Management (DFSM) will be reaching out to active registered providers who are submitting paper claims as a standard process.

From online verification of patient eligibility; online Prior Authorization inquiry; online claim submission through claim processing and payment - the complete work process timeline is reduced for you and for AHCCCS – it's a "win/win" for all.