AHCCCS
Arizona Health Care Cost Containment System

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CLAIMS CLUES

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Tribal Regional Behavioral Health Authority Provider Notification

TRBHA Providers:
Effective 07/01/16 Behavioral Health providers submitting authorization requests for services rendered to Tribal Regional Behavioral Health Authority (TRBHA) members should submit Certification of Need documents and Recertification of Need documents directly to AHCCCS' Division of Fee-For-Service Management (DFSM). This change is being implemented in order to improve the efficiency and timeliness of the TRBHA authorization process.

All TRBHA authorization requests must be *faxed* to 602-364-4697 using the Fee-For-Service (FFS) Authorization Request form as the coversheet to the documentation being submitted. To avoid returned documents or delays in receipt of your requests please ensure that the completed FFS Authorization Request form is used as the cover sheet to your faxed documentation and that you have selected BHS and TRBHA as your document type.

Dental Review Process Change for Deep Sedation/General Anesthesia

AHCCCS Fee-For-Service (FFS) will be transitioning from prospective review to retrospective review of dental services performed under deep sedation/general anesthesia **beginning August 1st 2016.** The intent of this change is to improve the timeliness of service delivery to AHCCCS Fee-For-Service (FFS) plan members, and to reduce the administrative burden associated with an increased volume of service requests.

Beginning on **August 1st 2016** dental providers performing services under deep sedation/general anesthesia should submit their claims electronically to the FFS Claims area with the following documentation:

- Dentist's Substantiation of Necessity of Services Through Depiction of Dental Condition
- Dentist's Treatment Plan and Schedule
- Radiographic Images Fully Depicting Existing Teeth and Associated Structures by Standard Illumination When Appropriate.

**Please note that Fee-For-Service claims found to have been reimbursed incorrectly are subject to recoupment.*

This change does not impact existing prior authorization requirements for other dental services. Please continue to submit dental prior authorization requests using the completed Fee-For-Service Authorization Request form as the coversheet to your documents for the following dental services *at least 7 days in advance of the date of service:*

- Removable Dental Prosthetics (including complete and removable partial dentures)
- Cast Crowns
- Orthodontia Services
- Pre Transplant Dental Services

Services requiring Prior Authorization should be mailed to the AHCCCS FFS Prior Authorization area with the following documentation:

- Completed Fee-For-Service Authorization Request form
- Dentist's Substantiation of Necessity of Services Through Depiction of Dental Condition
- Dentist's Treatment Plan and Schedule
- Radiographic Images Fully Depicting Existing Teeth and Associated Structures by Standard Illumination When Appropriate. If radiographs are unavailable please document why.

Dental authorization requests should be mailed to:
AHCCCS DFSM – Prior Authorization: Dental
Mail Drop # 8900
701 E. Jefferson Street
Phoenix, AZ 85034

Fee-For-Service Authorization Request Forms Can be Found at:
https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html

Please direct Prior Authorization or Claims/Billing inquiries to:
Fee-For-Service Prior Authorization Line: 602-417-4400
Fee-For-Service Claims Customer Service: 602-417-7670

APR-DRG on Interim Claims

AHCCCS has seen an increase of incorrect billings for interim claims at APR-DRG (All Patient Refined Diagnosis Related Group). The Fee-For-Service (FFS) Provider Manual, Chapter 11 Hospital Addendum APR-DRG, page 14, section 8. Interim Claims has the billing instructions specific to interim claims and the billing requirements for submitting the final claim.

The hospital is required to void all interim bills ***prior to*** submitting the final claim for reimbursement. The final claim will not be reimbursed until all interim claims associated with the inpatient stay are voided. Do ***not*** submit the final bill with the interim claim number indicated – the interim claim *must be void **before** submitting the final claim.*

Failure to void the interim claim(s) before submitting the final claim will cause an incorrect payment. The hospital must follow instructions and bill correctly for a clean claim.

Submitting Medical Records for an EDI claim

Providers using a clearinghouse or EDI (Electronic Data Interchange) vendor for their claims may also upload the imaged medical records. The provider should advise the clearinghouse vendor to create a PWK number at the time of claim submission. The clearinghouse vendor must then provide the PWK number to the provider's billing staff to submit the imaged records using the AHCCCS online web portal. The PWK number entered on the web portal should match to the same PWK number on the claim, allowing successful linking.

When Your Claim Is Denied For Medical Documentation

AHCCCS will deny a claim when medical records are required for review. The provider can upload the medical documentation on the web portal using the claim number. It is not necessary to rebill the claim to upload the documentation.

The medical documentation must be uploaded on the web portal within 45 days from the submission date of the denied claim. Using the claim number, the documentation will link automatically to the claim.

NEMT Providers: Provider Registration Records Update

The AHCCCS Provider Participation Agreement for NEMT (Non-emergency Medical Transport) providers requires that Provider Registration be notified within 30 days of any updates and/or changes to:

- Fleet vehicles list
- Current registration for each fleet vehicle listed
- Current insurance coverage for each fleet vehicle listed
- Employed drivers

The Quarterly Quality audits for NEMT claims will now include verifying fleet vehicle, registration, insurance and employed drivers from the information submitted on the claim's trip report. If the trip report information does not match to Provider Registration documentation an audit error will be charged.

The provider must submit the updated documentation to Provider Registration to avoid audit error recoupment.

Refer to the Provider Registration webpage for the NEMT Provider Profile form at https://www.azahcccs.gov/PlansProviders/Downloads/NonEmergencyTransportationProvider.pdf

AHCCCS Provider Participation Terminated For Inactivity

A provider's participation in the AHCCCS program may be terminated for any of several reasons, including inactivity. Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration or one of the AHCCCS managed care health plans or program contractors within the past 24 months.

Provider Registration is preparing to identify providers with no activity within the past 24 months. If AHCCCS has not received a claim or an encounter for the past 24 months, these providers will be terminated for inactivity.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Refer to Chapter 3 of the AHCCCS FFS Provider Manual for information on provider participation.

DFSM Claims Customer Service Reminders

Avoid wait time by utilizing the available “Claims Research Tools” online which offers real time claim status functionality to help manage and resolve claims. To take full advantage of AHCCCS Online go to:

https://www.azahcccs.gov/PlansProviders/CurrentProviders/AHCCCSonline.html

Contact DFSM for training schedules at ProviderTrainingFFS@azahcccs.gov

The 835 Electronic Remittance Advice (ERA) should be used to status and post the paid claims and to review the denials to determine what is required to resolve the issue. Claims Customer Service has experienced increased calls to status paid and denied claims that are on the ERA.

The electronic payment option processes payments using the Automated Clearing House (ACH). This method enables providers to receive reimbursement more quickly than issuing a check. The Arizona Clearing House Association (ACHA) processes the payment directly to the provider's bank account through Bank of America, which functions as the State servicing bank. Providers are encouraged to sign up for direct deposit for secure payments at:

https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html

Are You Signed Up for Important Provider Notices?

AHCCCS sends out important email notices and updates to providers – are you signed up for this FREE service? Go online to see what is offered and sign up at:

https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html