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CLAIMS CLUES

A Publication of the AHCCCS Division of Fee-For-Service-Management

January 2017

Reminder: AHCCCS will be closed
February 20, 2017 (Monday) to observe President's Day

The claims payment schedule for the week of February 20, 2017 will have a one day delay due to the holiday.

Fee-For-Service (FFS) Prior Authorization Reminder:

Member Calls:

Please do not refer members to the FFS Prior Authorization phone line. Providers can verify the status of their authorization requests 24hrs a day/7 days a week online. Providers should advise members of the authorization status and follow up as indicated below.

Authorization Status Verification by Providers:

Providers should check the status and notify the Prior Authorization area *one business day prior to the service date*, if:

- A non-urgent authorization request was submitted at least ten days prior to the service date, *OR*
- An urgent authorization request, was submitted at least 3 working days prior to the service date, *AND*

All required documentation has been submitted *and* the online system shows that the request is in a pended status.

***NOTE**: Requests should be submitted far enough in advance to allow time for processing which can take up to 14 calendar days for non-urgent authorization requests.

Expedited Requests:

Providers should indicate "Expedited" on all expedited requests *and* call the PA Line 602-417-4400 to notify PA staff once an expedited request and accompanying supporting documentation has been submitted for review. Expedited requests will be reviewed to verify that *following the time-frame for non-expedited requests could seriously jeopardize the FFS member's life or health, or ability to attain, maintain, or regain maximum function*. Note: Non-Expedited requests marked as expedited will be processed in the time-frame designated for non-expedited requests.

General Authorization Updates:

- At the time of your request, please ensure that the documentation submitted supports medical necessity for the services you are requesting authorization for. Please do not duplicate requests for the same base procedure. Submit codes for the procedure(s) that are anticipated at the time of your request.

  In the event the anticipated procedure changes once you have received authorization, please submit a request to update your authorization *with supporting documentation* (operative report etc.), *prior to billing your claim*.

  ****Note:** Services authorized must match the services billed on your claim. **Services rendered emergently do not require prior authorization and claims for emergent treatment should be marked as emergent** in order to avoid unnecessary claim denials**.**

- Medical and NEMT providers are now able to enter FFS authorizations online and attach documentation. At a minimum, inpatient hospital documentation should include:
  - ✓ History and Physical
  - ✓ Discharge Summary

  Note: TRBHA Level I facility authorization requests for behavioral health inpatient admissions must continue to be faxed.

  In an effort to manage an increased volume of calls received in the FFS Prior Authorization area, **the following changes will occur immediately**:

1. FFS PA staff will limit provision of authorizations by phone to services related to pending hospital discharges.

- It is preferred that providers enter requests using the AHCCCS Web Portal at: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f

- Requests can also be submitted by fax 24hrs a day/7 days a week. All faxed requests *must* be accompanied by a FFS form as the coversheet. FFS forms can be obtained at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html

2. FFS PA staff will not provide member eligibility or authorization status by phone as this information is available online 24hrs a day/7 days a week at: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f.

Providers requiring training on how to submit authorizations using the AHCCCS Web Portal can request training by emailing a training request to: ProviderTrainingFFS@azahcccs.gov

Behavioral Health NEMT Updates and Reminders:

Effective Dates of Service January 1, 2017 Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Fee-For- Service (FFS) Behavioral Health (BH) non-emergency medical transport (NEMT) authorization requests must:

- ✓ Be for BH NEMT services for AHCCCS members who are enrolled with one of following Tribal Regional Behavioral Health Authorities (TRBHA): Gila River, Pascua Yaqui, Navajo Nation, and White Mountain Apache.
- ✓ Be to the nearest appropriate provider (unless necessity is established for travel beyond the nearest provider).
- ✓ Be for trips that are over 100 miles one way or round trip.
- ✓ Be submitted prior to service delivery in order to be considered timely.
- ✓ Contain a **valid behavioral health diagnosis** code for all behavior health transports. All behavioral health NEMT requests must be identifiable as BH services. NEMT requests which indicate that NEMT is for a BH service, but are submitted with a non-behavioral health diagnosis code may be denied or pended for more information. BH staff coordinating transport services for members should provide NEMT companies with a valid BH diagnosis for BH NEMT authorizations and billing. If the BH diagnosis is unknown to the NEMT provider at the time of the authorization request, F99 can be used.
- ✓ Be submitted with a diagnosis that *matches* the type of service the member is being transported for. The service the member *is being transported to/from* determines whether NEMT should be requested as a medical service, or as a behavioral health service.
  - *Example#1*: Behavioral health residential facility staff is arranging non-emergency transport for a resident’s appointment with their heart specialist. The

request for NEMT authorization would be submitted with a medical diagnosis code because the member is being transported to and from a medical service.
  - *Example #2*: Behavioral health residential facility staff is arranging non-emergency transportation to a resident's home for a home pass. The authorization request should be submitted with a behavioral health diagnosis code because the home pass is part of the resident's BH treatment plan.
- ✓ Provide a *specific* reason for the transport. The information submitted with the authorization request must provide enough information for Transportation area staff to determine whether the service the member is being transported for is a covered service. BH staff and/or TRBHA staff coordinating transport services for members should provide the NEMT provider with the reason for transport.
- ✓ Be able to be verified with treatment plan information as needed. The BH service the member is being transported to and from should be **documented in the member's BH treatment plan**. The BH provider managing the member's BH care, and/or TRBHA staff, may provide treatment plan information to support approval of the NEMT service. It is the responsibility of the BH provider managing the member's BH care to obtain all member consents that are necessary for sharing of the member's treatment plan information for NEMT authorization.
- ✓ Remember that BH Providers and TRBHA staff submitting supporting documentation should reference the NEMT provider's pended authorization number if available, and must fax the documentation *using the FFS Medical Documentation Form as the coversheet*. The FFS Medical Documentation form can be found at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html

  On the form, the box option for Transportation must be selected. Documents should be faxed to: 602-254-2431. Please be sure to submit *separate* faxes for each member.

NOTE:

Prior authorization requirements do not apply to IHS/638 providers.

All behavior health related inquiries and authorization requests for members enrolled with a Regional Behavioral Health Authority (Cenpatico, MMIC, or Health Choice), or who are enrolled with CRS for behavioral health services, should be referred to the entity the member is enrolled with for BH services. Please use the following link to view health plan contact information: https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx

Urgent/Expedited requests should be submitted online with supporting documentation, and a call must be made to the FFS Transportation line to notify transport staff that an *expedited* request has been submitted. After calling the Transport line to provide notification of

submission of an expedited request, providers should follow up by checking status online. Expedited authorization requests should indicate why expedited review is required. If expedited review is being requested for facility admissions, or for services that must be delivered urgently, this information should be clearly indicated at the time of the expedited authorization request. Non-emergency requests requiring expedited review will be prioritized. Emergency transportation services do not require authorization.

FFS Transport line: 602-417-4400

Online system: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f

Transportation fax: 602-254-2431

BH NEMT providers entering authorization requests online *must* **enter CASE, EVENT, and ACTIVITY levels for each authorization request entered**. It is necessary to enter all levels of the authorization for transportation staff to process the request. BH NEMT providers should use the online ATTACHMENT feature to upload supporting documents.

For training on how to enter authorizations using the AHCCCS Web Portal please submit your training request to: ProviderTrainingFFS@azahcccs.gov

Requests with special circumstances: An explanation of circumstances requiring a member to receive services at locations that require long distance travel or travel beyond the closest provider, trips to locations that are not identifiable as behavioral health service locations, or other unusual circumstances, should be clearly documented at the time of submission. Continuity of care and the need for specialized services are circumstances which may necessitate travel beyond the closest provider. An explanation of these circumstances must be communicated to the transportation area.

Providers requiring training on how to submit authorizations using the AHCCCS Web Portal can request training by emailing a training request to: ProviderTrainingFFS@azahcccs.gov

DFSM Training Schedule

On **Thursday February 16, 2017**, the Division is offering a training session on "*How to submit and status your claims using the AHCCCS On-line Application Portal"* from 1:30PM – 3:30PM at 701 East Jefferson Street, Phoenix, AZ 85034 on the 3rd Floor, Gold Room.

To sign up for training sessions and to receive notifications, please sign up for ListServ Notifications. For directions on how to sign up to receive ListServ Notifications, please click the following link:

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

Contacts and Links:

- For technical assistance regarding claims issues and training, please email ProviderTrainingFFS@azahcccs.gov

- Dental authorization requests containing Radiographs should be mailed, with a completed FFS Authorization Request Form 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

- For questions regarding the provider registration process, please call 602-417-7670. Applications can be faxed to 602-256-1474.

- For technical assistance with your AHCCCS online web portal, please call AHCCCS ISD Customer Support Desk at 602-417-4451