AHCCCS
Arizona Health Care Cost Containment System
DIVISION OF FEE FOR SERVICE MANAGEMENT

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

April 2018

638 FQHC's

AHCCCS has established a new provider type that will allow Tribal 638 Clinics (currently Provider Types 05 or 77) to elect to be recognized as a 638 FQHC (Federally Qualified Health Center). The new 638 FQHC provider type designation is C5 and will be available with an April 1, 2018 effective date.

Our latest training on 638 FQHC's goes over the logistics relating to provider registration, billing updates, and questions that the Tribal partners may have. Please see the latest training posted on the AHCCCS Webpage at DFSM Trainings.

Additional information can be found on the IHS/Tribal Provider Billing Manual, Chapter 20 Chapter 20, 638 FQHC.

General Requirements for the Submission of Paper Claim Forms

When submitting paper claim forms to AHCCCS, the following are the general rules that apply to the ADA 2012, the CMS-1500, and the UB-04 claim forms:

1) The preferred font for claim submission is Lucinda Console and the preferred font size is 10.
2) ICD-10 codes are required on all claim forms. Claims submitted with an ICD-9 diagnosis will be denied.
3) AHCCCS does not accept DSM-4 diagnosis codes. Any behavioral health service billed with a DSM-4 diagnosis code will be denied.
4) CPT and HCPCS procedure codes and modifiers must be used to identify other services rendered on the CMS-1500 and UB-04 claim forms.
5) Paper claims or copies that contain highlighter or color marks, copy overexposure marks, or dark edges are not legible on the imaging system, so should not be used.
6) Liquid paper correction fluid ("White Out") may not be used.
7) Correction tape may not be used.
8) Labels and stamps on claim forms will not be accepted. The only exception to this is in the signature field, where a stamped signature will be accepted.

continued on next page

PROVIDER EDUCATION DATES

- Member Eligibility
  4/5/2018
  12:00 – 12:30 PM
- Transaction Insight (TI) Portal 275 Claim Attachments
  4/12/2018
  12:00 – 1:00 PM
- Replacement & Voids
  4/19/2018
  12:00 – 1:00 PM
- IHS 638 Quarterly Forum
  4/25/2018
  2:00 – 3:30 PM

ELECTRONIC PAYMENT SIGN UP

Contact:
ISDCustomerSupport@azahcccs.gov
-OR-
Call 602-417-4451

CONTACTS

- Prior Authorization Questions FFS
  PA Line (602) 417-4400
- Claims Customer Service
  Billing Questions
  (602) 417-7670
- Provider Registration Process
  Questions - (602) 417-7670
  Fax Applications (602) 256-1474
- Technical Assistance with Online Web Portal Please email
  ProviderTrainingFFS@azahcccs.gov

9) When submitting claims via fax it is recommended to fax in the following order: The claim form (UB-04, ADA-2012, or CMS-1500) first, the Explanation of Benefits (EOB) second (if applicable), and any applicable medical documentation third.

10) Instructions on filling out each individual claim form type can be found in the Fee-For-Service Provider Billing Manual on the AHCCCS website.

All Inclusive Rate (AIR) Provider Billing Manual Updates

The following chapters of the IHS/Tribal Provider Billing Manual have been updated with information on the All Inclusive Rate (AIR) and its limits:

- Chapter 8, Individual Practitioner Services
- Chapter 4, General Billing Rules
- Chapter 5, Claim Form Requirements
- Chapter 16, Claims Processing

The update is general in nature, containing information about UB-04 submissions and the number of AIRs that can be submitted for a member in one day.

Please keep the following guidelines in mind when billing the AIR:

- The AIR may be submitted for Title XIX members when they receive services from an IHS/638 provider or facility.
- All claims being billed for reimbursement at the OMB All Inclusive Rate (AIR) should be billed on a UB04 claim form.
- Up to 5 AIR claims may be billed per member, per day, so long as each individual AIR claim is for a visit that is **a separate and distinct service**. The system is set up to **automatically deny** any AIR claim submissions in excess of five per member, per day.
- **Only 1 AIR can be submitted on each claim. If multiple AIRs are submitted on 1 claim, even if each AIR is for a different date of service, all AIRs will still deny.**
    - For example: If a UB-04 claim form is submitted with 3 AIRs listed, 1 AIR for January 1st, 1 AIR for January 2nd, and 1 AIR for January 3rd, then all 3 AIRs will deny.

      To avoid this, the provider would have needed to submit 3 separate claims (1 claim for each day).
        - The first AIR claim is for 1/1/18.
        - The second AIR claim is for 1/2/18.
        - The third AIR claim is for 1/3/18.

- The AIR may not be submitted for Title XXI (KidsCare) members, even if the KidsCare member received services from an IHS/638 provider or facility.
- The AIR may be billed for prescription medications. The limit for pharmacy services AIR is 1 AIR per member, per facility, per day.
    - For example: If multiple prescriptions are filled the provider is not able to bill 1 AIR *per* prescription. The provider may only bill 1 AIR per member, per facility for pharmacy services, per day. That 1 AIR will cover *all* prescriptions for the member filled that day at the *same* facility.

To add further clarification, the following is an example of 3 distinct and separate services:

- A member comes in for a 10:00AM appointment with their PCP, then immediately after the PCP appointment they have a dental appointment with a different attending provider. This would count as 2 separate clinic visits and 2 AIRs could be billed for this.
- Immediately after the PCP and dental appointments that same member, on the same day, goes to the pharmacy and has 3 prescriptions filled. Only 1 AIR may be billed for all 3 prescriptions.

continued on next page

All Inclusive Rate (AIR) Provider Billing Continued

- In this example 3 AIRs would be billed for the member on that same date of service: 1AIR for the PCP appointment, 1 AIR for the dental appointment, and 1 AIR for ***all 3*** prescriptions.

Individual Practitioner Billing

If an individual practitioner is employed by an IHS/638 facility and that practitioner is providing services for a Title XIX member, that practitioner will **not** be the billing provider on the submitted claim.

Instead, when a claim is submitted for those services rendered by that employed practitioner, for reimbursement at the AIR, then the IHS/638 facility will be the billing provider listed. The IHS/638 facility will use the UB04 claim form when billing the AIR.

A Note on Title XXI (KidsCare) Members

Claims for Title XXI (KidsCare) members must be submitted to the member's ***enrolled health plan.*** If the KidsCare member is enrolled in a managed care plan, submit the claim to that plan. If the KidsCare member is enrolled as FFS or AIHP, then submit the claim to AHCCCS.

Medical services provided to Title XXI (KidsCare) members must be billed on the CMS 1500 (02/12) claim form using appropriate CPT and HCPCS codes and procedure modifiers, if applicable.

Dental claims for services provided to Title XXI (KidsCare) members must be billed on the ADA 2012 form using CDT-4 codes.

The All Inclusive Rate (AIR) may not be billed for Title XXI (KidsCare) members. Claims for Title XXI (KidsCare) members are reimbursed at the fee schedule.

Codes

Effective for dates of service January 1, 2018 modifiers JG (Drug or biological acquired with 340B drug pricing program discount) and TB (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes) have been added to the following CPT codes:

HCPCS Code				
J8501	J9050	J9226	J9308	Q0139
J8560	J9055	J9228	J9310	Q2009
J8655	J9065	J9230	J9315	Q2017
J8670	J9070	J9245	J9320	Q2040
J8705	J9098	J9261	J9328	Q2043
J9015	J9120	J9262	J9330	Q2049
J9017	J9150	J9264	J9340	Q2050
J9019	J9155	J9266	J9354	Q3027
J9025	J9171	J9268	J9355	Q9968
J9027	J9179	J9271	J9357	Q9969
J9031	J9185	J9280	J9371	Q9979
J9032	J9202	J9293	J9395	Q9981
J9033	J9207	J9299	J9400	Q9986
J9035	J9211	J9301	J9600	J0202
J9039	J9214	J9302	P9041	J8670
J9041	J9216	J9303	P9045	J1726
J9042	J9217	J9305	P9046	
J9043	J9218	J9306	P9047	
J9047	J9225	J9307	Q0138	