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

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

December 2022

Effective 10/14/2022 Covered Dental Services at an IHS/638 Facility Are Unlimited

As per Arizona Medicaid Section 1115 Demonstration Waiver extension, effective 10/14/2022 the $1000 dental services limits for AI/AN members over 21 years of age, and AI/AN ALTCS members, receiving services for medically necessary diagnostic, therapeutic, and preventative dental services at IHS/638 facilities are eliminated.

This expenditure authority applies only when dental services are provided to American Indian/Alaskan Native (AI/AN) beneficiaries who receive services from participating IHS facilities and/or participating Tribal 638 facilities operated under the Indian Self-Determination and Education Assistance Act (ISDEAA).

Services performed outside of the IHS/638 Tribal facilities remain limited to the $1000 Emergency Dental Benefit for members 21 years of age and over, and additional $1000 for members on ALTCS.

Diabetes Self-Management Training

Effective October 1, 2022 AHCCCS will provide up to 10 program hours annually of diabetes outpatient self-management training services to a member with a new or existing diabetes diagnoses during the first year. Members are eligible for up to 2 hours of follow up education each year thereafter. The training must be prescribed by a primary care practitioner.

Public Health Emergency

In October, Health and Human Services Secretary Xavier Becerra formally extended the Public Health Emergency (PHE) to January 11, 2023. The Biden administration has indicated it will provide a 60-day notice period before any end to the PHE. In preparation for the end of the PHE, learn about the renewal process that resumes when the PHE ends.

Provider Participation Modifier Deadline Extended Until January 1, 2023

AHCCCS has extended the deadline for providers to begin reporting the individual practitioner who rendered services on professional and dental service claims until January 1, 2023. This requirement impacts all claims for AHCCCS providers registered as integrated clinics (Provider Type IC), behavioral health outpatient clinics (Provider Type 77) and clinics (Provider Type 05).

AHCCCS and its Managed Care Organizations will deny claims for dates of service on and after January 1, 2023 if the individual practitioner who performed the services associated with the clinic visit is not reported.

See Exhibit 10-1 of the AHCCCS Fee-For-Service Provider Billing Manual for billing instructions for proper claims submissions.

ANNOUNCEMENTS

IMPORTANT: For Transaction Insight Portal (TIBCO/TI) users, for account creation, to add additional users, or for password resets please make sure to use the following email address of servicedesk@azahcccs.gov

TRAINING AND CONTACTS

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page on the AHCCCS website at: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

The DFSM Provider Training Team's First Quarter Training Schedule is posted on the DFSM Provider Training web page.

For provider training questions and technical assistance with the online web portal please outreach the Provider Training Division of DFSM through email at ProviderTrainingFFS@azahcccs.gov

- Prior Authorization Questions FFS PA Line (602) 417-4400
- Claims Customer Service Billing Questions (602) 417-7670 - Option 4
- Provider Registration Process Questions (602) 417-7670 - Option 5

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Provider Registration – Fax Applications (602) 256-1474

Electronic Payment Sign Up (Remittance Advice Sign Up/835)

ELECTRONIC PAYMENT SIGN UP

(Remittance Advice Sign Up/835) Contact: ISDCustomerSupport@azahcccs.gov –OR- call (602) 417-4451

COVID FAQ

FAQs COVID Fact Sheet.

Missing Remittance Requests

Paper Remit/Paper Explanation of Benefits

The Division of Business Finance DBF only supports providers that are receiving paper copies of the remittance advice and can be reached at 602-417-5500

Electronic Remittance Advice (ERA) 835

Providers that are receiving the 835/ERA, HIPPA compliant detailed explanation of how AHCCCS processed the claims. If you need a to request a copy of the 835/ERA, providers must open a ticket to servicedesk@azahcccs.gov. Providers should also include in their request to assign the service ticket to the Data Security team.

Reminder: Electronic Visit Verification

For dates of services beginning January 1, 2023, the hard claim edits will be in effect.

During the soft claim edit period (through 12/31/2022), providers can still receive reimbursement for services even if there is no EVV visit to match to a claim or the EVV visit data is incomplete. Providers should use this period to incorporate EVV into day-to-day business practices, including developing operational procedures, training administrative personnel, onboarding members and caregivers, and logging visits.

More importantly, this is an opportunity for providers to self-monitor agency compliance in order to avoid billing challenges when the hard claim edit period begins on January 1, 2023. Once the hard claim edits begin, providers will not receive payment unless all the required EVV visit data is present.

It is critical that Providers familiarize themselves and practice the steps outlined in the EVV Billing Checklist to ensure readiness for the claims enforcement period beginning January 1, 2023.

Reminder: Common PA Submission Errors

Incorrect Event Type: Selecting the incorrect Event Type based on the type of service and the provider type.

PA Activity Type: Fail to complete the PA request entry. Providers entering authorization requests online must enter CASE, EVENT, and ACTIVITY levels for each authorization request entered.

Missing / Not Submitting Documentation: When it is known that supporting documentation is required for a PA determination, documentation should be submitted at the time of the initial authorization request. This may include but not limited to documentation required from the medical doctor, face-to-face or the prescription order.

Durable Medical Equipment: Submitting PA requests for DME rental equipment that overlap a month span, for example incorrect entry 10/01/2022 - 01/30/2023 on a single PA event.

Adult Orthotics: Missing letter of medical necessity/least costly statement for adult orthotics.

FFS Rate Changes: Submitting PA request that overlap different rate periods. AHCCCS Fee-For-Service (FFS) rates are effective for dates of service beginning October 1 – September 30.

By-Report Procedure: Not submitting the charge price for the equipment or procedure when it is not listed on the AHCCCS FFS rates.

How to Submit a Prior Authorization Training

Reminder: Paper Claim Submission Errors

Adherence to the following reminders will ensure effective submission of claims and timely payment. Providers should not use staples, stamps or correction tape on claims. All submitted claims should adhere to the clean claims best practices and requirements.

Claims that contain unreadable / misaligned information in the data fields will be returned to the submitter as un-processable.

When submitting paper claim forms to AHCCCS, the following are the general rules that apply to the CMS-1500 claim form:

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.
3) Any behavioral health service billed with a DSM-4 diagnosis code will be denied.
4) The following should not be included on the claim form:
   - White Out paper correction fluid,
   - Correction tape,
   - Labels and stamps except for stamped signatures.
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) Handwriting is not permitted on any part of the claim form. The only exception to this is the signature field, where a written signature will be accepted.

Reminder: Billing Per Diem Codes

BILLING PER DIEM CODES

The Per Diem code is billed for each day the member receives a service. If the units submitted do not match the date of service range, the claim will deny.

Denial Code: AD357 Daily Service Limit Exceeded.

835/Electronic Remittance Advice (ERA)

The AHCCCS Information Services Division (ISD) EDI Customer Support is the first point of contact for all questions related to submission of electronic transactions and data. Providers that have signed up to receive the 835/ERA using the secure server if you are missing a copy of an 835/ERA and would like to request a copy, please submit a service ticket via email at servicedesk@azahcccs.gov and request the service ticket to be assigned to **ISD Finance.** All inquiries/requests will result in a Customer Support Ticket Number assignment.

The service ticket must include the check/EFT number, invoice number, payment amount, and payment date in your request. The Division of Business Finance (DBF) can only assist providers that receive Paper Remittance advice and providers may contact DBF at **602-417-5500** for assistance.

Accessing the 835 File

Filenames that start with AZD835 are the electronic remittance advice files. Providers that have signed up to receive the 835 may access Secure File Transfer Server (SFTS), and select SFTP/EFT EDI-OUT directory. Please note there is a 90-day retention period for the 835 file to be accessible on the secure server.

AHCCCS To Start 10-Month Process to Disenroll Non-Compliant Providers

In April 2022, AHCCCS reinstated provider enrollment requirements that had been suspended during the COVID-19 public health emergency. Beginning in October, AHCCCS will start a 10-month process of disenrolling providers who have not complied with multiple re-registration requests.

Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, providers must respond and take action, following specific actions outlined in the letter, within the noted time frames. Failure to complete these actions result in disenrollment and claim denials.

What AHCCCS Providers Need to Know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers that have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization, are asked to contact APEPTrainingQuestions@azahcccs.gov.