



AHCCCS

CLAIMS CLUES

A Publication of the AHCCCS Claims Department
OCTOBER 2011

IMPORTANT FES CHANGES

Effective 10/01/11:

AHCCCS will no longer be covering ER codes 99281 and 99282 when billed for services rendered to FES members.

In addition to the above change: pursuant to ARS R9-22-217 effective 9/1/11, AHCCCS DFSM will no longer require concurrent review for inpatient FES member admissions. DFSM may only reimburse for emergencies and complete retrospective review will be necessary to determine whether assessment and treatment meet federal criteria for emergency status.

For purposes of this rule, an emergency medical or behavioral health condition for a FES member means:

A medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the member's health in serious jeopardy,
2. Serious impairment to bodily functions,
3. Serious dysfunction of any bodily organ or part, or
4. Serious physical harm to another person.

"Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition.

Clinical documentation for FES members should be submitted directly to the FFS Claims Department, along with the FES claim.

IDENTIFICATION OF ORDERING PROVIDER TO BE REQUIRED

Effective 1/1/12 the AHCCCS Administration will require the identification of the ordering provider, for certain CPT/HCPCS codes, when submitting CMS 1500 claim forms. Ordering providers can be an M.D., D.O., Optometrist, Physician Assistant, Registered Nurse Practitioner, Dentist, Podiatrist, Psychologist or Certified Nurse Midwife.

Claim submissions will be edited to ensure that the ordering provider is present for the following types of services:

- Laboratory
- Radiology
- Medical and Surgical Supplies
- Respiratory DME
- Enteral and Parenteral Therapy
- Durable Medical Equipment
- Drugs (J-codes)
- Temporary K codes
- Orthotics
- Prosthetics
- Temporary Q codes
- Vision codes (V-codes)
- 97001-97546

Fee for Service claims submitted to the AHCCCS Administration for dates of service 1/1/12 for the above mentioned services will be **denied** if the ordering provider is not submitted.

Paper claim submissions:

Providers submitting paper claims should identify the ordering provider in form locator 17, with the providers NPI in form locator 17b.

Electronic claim submissions:

Providers submitting electronic claims (837P) should identify the ordering provider in the 2310A loop (referring provider).

Web claim submissions:

Providers submitting claims via the AHCCCS on-line system should identify the ordering provider name and NPI in the spaces provided on the 1500 claims drop down menu.

SAVE TIME-USE THE PA WEB PORTAL

The FFS Prior Authorization Dept. would like to remind Providers that the preferred method of submission of prior authorization requests is online using the **Web Portal**. Providers can follow these steps to use the web portal:

1. Log on to www.azahcccs.gov
2. Locate the quick link to "AHCCCS Online" under the "most popular" tab on the left side of the screen, and click on it.
3. Locate the link to "Prior Auth Inquiries" and click on it. This will take you to the "sign in screen".
4. Sign in using your existing account information or click on the link that says "click here to create an AHCCCS Online User Account".

It is suggested that Providers review the "AHCCCS Online User Manual" prior to initiating an online authorization request. The **blue link** to the AHCCCS Online User Manual is located *above the sign in boxes*. Providers do not need to enter any user account information in order to access the AHCCCS Online User Manual.

****Note**** If a web authorization is entered and, it is later determined that **the auth was *entered in error***, you must contact the Prior Authorization Dept. in order to *revoke* the authorization. The Claims Department is unable to pay a claim when the associated authorization remains in a "pended" status. Failure to revoke an authorization when necessary, *will delay claim payment*.

Providers are encouraged to attend the **Provider Training on Prior Authorization and Website Inquiries** that is scheduled for **November 14th, 2011 1-3pm**. To register for this training please contact cesle.bustillos@azahcccs.gov or call: 602-417-4081.

Immediate assistance is available by contacting the PA Dept. at 602-417-4400 **Monday through Friday from 9-11:30am and from 12:30-4:00pm**. The PA Dept. is closed on weekends and holidays.

DOCUMENTATION SUBMISSION FOR PERM

Did you know that this year you will have three methods of submitting medical documentation requested by the PERM Review Contractor? You may use one of the following: (1) Mail paper documentation, (2) Fax the documentation or (3) Electronically submit the documentation. CMS calls this new electronic submission Electronic Submission of Medical Documentation (esMD). If one of your claims is sampled for review, the PERM Request Letter will include language describing esMD and direct you to a website for more information.

Electronic records need to be submitted through a Gateway. CMS hired QSSI to be its esMD gateway contractor. Any provider that wants to electronically submit medical documentation to a CMS Review Contractor must either build a gateway or procure gateway services from a Health Information Handler (HIH). An HIH is any organization that handles health information on behalf of a provider. Many providers already use HIHs to submit claims and provide electronic health record systems. These HIHs are often called claim clearinghouses, release of information vendors, Health Information exchanges or Electronic Health Record vendors. Some HIHs are beginning to offer Electronic Submission of Medical Documentation (esMD) gateway services as well. For more information on Electronic Submission of Medical Documentation and Health Information Handlers be sure to check out the CMS website:

<http://www.cms.gov/ESMD>

CLAIMS TIPS & REMINDERS....

- ✓ Please be sure to use the Medical Documentation submission forms & to list the appropriate CRN number of the claim that you want your documentation linked to. Without the CRN number AHCCCS cannot determine the correct CRN and your documentation will be returned to you, thus delaying your claims review. This includes documentation submitted to research & pre-grievance review.

Allowable Payments for Emergency Room Care vs. Urgent Care

By definition, CPT codes 99281-99285 are only appropriately billed for services provided in a hospital Emergency Department. Arizona hospital licensure requirements state that emergency services are services which are provided 24 hours a day in a designated area of the hospital. A.A.C. R9-10-216.

Please Note:

- Only Emergency Rooms which are open 24 hours per day, 7 days per week; subject to EMTALA; and licensed as Emergency Rooms can bill CPT codes 99281-99285.

- Urgent Care Centers - even those that are hospital-affiliated, may not bill CPT codes 99281-99285 as these codes are, by definition, only appropriate when billed for services in an ER.

This is not an AHCCCS change to billing protocol, but is a clarification of current coding guidelines.

Submission of a claim using these codes for services provided outside of the 24 hour Emergency Department is a prohibited act under A.R.S. 36-2918 and constitutes the knowing presentation of a claim for medical services that were not provided as claimed. AHCCCS will be monitoring these codes and will disallow payment for any inappropriately billed codes from urgent care centers. Providers submitting such claims are subject to civil monetary penalties and/or criminal prosecution.

In addition, be advised that non-emergency outpatient services in Urgent Care settings may be denied by the patient's health plan if the provider is not in the health plan's network.

AHCCCS ANNOUNCES THE DEPARTURE OF DR JENNIFER AMEN

The Division of FFS Management sadly announces the departure of our division Assistant Director and Medical Director Dr. Jennifer Amen. Dr Amen has decided to move back to her home state of Oklahoma to be closer to her family. Her departure is effective November 4, 2011. We wish her well in her new adventure. We appreciate her friendship, compassion & leadership we have come to know over the past year. Safe travels Dr Amen!