

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

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Reminder: Claim Status – Pending

Fee-For-Service and IHS/Tribal providers: If you have submitted a claim and want to check the status, you may do so using the AHCCCS on-line tool.

If your claim is showing as pending please *do not* resubmit the claim to the AHCCCS Administration. Claim resubmissions create additional work for staff resources and can cause a delay in payment.

Reminder: Transition from ICD-9 to ICD-10 effective 10/1/2015

On April 1, 2014 the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which states The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD-10 code sets as the standard for code sets under section 1173(c) of the Social Security Act (42 U.S.C. 1320d-2(c)) and section 162.1002 of title 45, Code of Federal Regulations.

ICD-10 codes will provide better support for patient care and improve management, since ICD-10 codes are more specific than ICD-9, allowing providers to capture more detailed information.

For dates of service prior to 10/01/2015:

Electronic claims submitted to the AHCCCS Administration with ICD-10 codes will be rejected from our validation system and will not be accepted into our claims system. Therefore, timely filing will not begin until a claim is submitted that is compliant with the national standard HIPAA code set transaction.

Paper claims submitted to the AHCCCS Administration with ICD-10 codes will be returned to the provider and timely filing will not begin until a claim is submitted that is compliant with the national standard HIPAA standard code set transaction.

Coding Changes/Updates

In October 2014, Medicare payment mechanisms were changed for HCPCS Code L8680 and CPT Code 63650, the disposable lead expense (L8680) was factored into the non-facility expense (63650). Effective 3/1/15, AHCCCS will be adopting the same structure and will be end dating HCPCS Code L8680.

- CPT 63650 is reported for each lead insertion procedure.
- The CMS non-facility practice expense RVUs for 63650 are valued to include payment for the leads and other practice expenses associated with office based trials.
- HCPCS code L8680 will no longer be reported for the device component in conjunction with office based trials.

On January 1, 2015, CPT Code 99188 (Application of Fluoride Varnish by a Physician) was added to PMMIS as covered and available. This code will replace HCPCS Code D1206 (Topical Application of Fluoride Varnish) effective 4/1/2015 for provider types 08, 18, 19 and 31. Provider Type 07 (Dentists) will continue to utilize HCPCS Code D1206 when billing for the Application of Fluoride Varnish.

Prior to the end dating of CPT Code 99188 for Provider Types 08, 18, 19 and 31, the providers may submit with either CPT Code 99188 or HCPCS Code D1206 but not both.

On January 1, 2015, CPT Code 99188 (Application of Fluoride Varnish by a Physician) was added to PMMIS as covered and available (EPSDT). This code will replace HCPCS D1206 (Topical Application of Fluoride Varnish) effective April 1, 2015 for provider types 08, 18, 19 and 31. Provider type 07 (Dentists) will continue to utilize HCPCS Code D1206 when billing for the Application of Fluoride Varnish.

Prior to end dating HCPCS Code D1206 for provider types 08, 18, 19 and 31, the providers may submit with either CPT Code 99188 or HCPCS Code D1206 but not both.