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## CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

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### NEMT Coverage & Limitations

Non-emergency transportation is limited to the cost of transporting the recipient to the nearest provider capable of meeting the recipient's medical or behavioral health needs. Non-emergency transportation is further limited to transport of the recipient to and from an AHCCCS covered service.

Also be advised that offering gift cards, free lunches, food or other inducements to have the recipient select their transportation services are prohibited by Federal Criminal Penalties Statute 42 USC 1320a-7b(b)(2).

This law prohibits individuals from (knowingly and willfully) offering or paying any remuneration, whether it is cash or in kind, to anyone for the purpose of inducing that individual to order or arrange for any service or item for which payment may be made by a federal health care program, including Medicaid. The offer or payment may be direct or indirect. Such conduct is considered a felony with the possibility of imprisonment up to 5 years as well as a fine not to exceed \$25,000.

Refer to the FFS Provider Manual, Chapter 14 Transportation, pages 14-6 through 14-12 for AHCCCS requirements, coverage and limitation details.

### Prior Authorization Submission

For maximum efficiency in processing prior authorization requests, providers are reminded and encouraged to use the on line web portal (<https://azweb.statemedicaid.us>) to submit prior authorization requests and to check prior authorization status. Callers using the prior authorization line to check status or to submit a prior authorization request may be redirected to the web portal or prior authorization fax line as appropriate.

Please be advised that it may take up to 3 days after the date of receipt to process a prior authorization request. Please do not submit a duplicate request as it may delay processing.

## Continuous Glucose Monitoring (CGM)

### Professional CGM

Short-term (3-7 days) continuous glucose monitoring by a healthcare provider for diagnostic purposes is a covered service for members with diabetes and does not require prior authorization.

### Personal CGM

Effective 10/1/15, long-term continuous glucose monitoring for personal use at home is a covered service as a supplement to self-monitoring of blood glucose for type 1 diabetes if coverage criteria are met. Personal CGM requires prior authorization for purchase of the equipment.

## Home Infusion of Inotropic Medications

Effective 10/1/15, administration of parenteral inotropic therapy (dobutamine, milrinone and/or dopamine) using an external infusion pump at home is a covered service for members with congestive heart failure if coverage criteria are met. Prior authorization is required.

## Provider Training Email Address

AHCCCS has an email address for providers to contact the Provider Training Unit with FFS *technical* billing issues, billing problems and questions related to training needs.

Please use this email address and discontinue emailing directly to the individuals in the Provider Training Unit. [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

This email address is **not** to be used for claim status or claim processing questions – continue to contact the FFS Customer Service at:

Phoenix area: (602) 417-7670 (Option 4)

All Others: 1-800-654-8713 (in AZ)

1-800-523-0231, ext. 77670 (out of state)

## Mandated Hospice Rate Changes Effective 01/01/2016

AHCCCS was recently notified of an upcoming Hospice Rate Change effective 1/1/2016. Hospice Final Rule replaces the single "Routine Home Care" (RHC) per diem rate with two different RHC payment rates:

- A higher payment rate for the first 60 days of hospice care
- A reduced payment rate for 61 days and over of hospice care

A 60 day gap in hospice services is required to reset the counter that determines if a patient is qualified for the 1-60 day payment category. Note that counting to determine if the member is within the first 60 days of hospice care vs. day 61 and after includes all levels of care (i.e. Routine Home Care, Continuous Home Care, General Inpatient Care, and Inpatient Respite Care).

Additionally the Rule identifies a Service Intensity Add-on (SIA) payment in addition to the per diem RHC rate when all of the following criteria are met:

- The day is an RHC level of care day; and
- The day occurs during the last 7 days of the patient's life, and the patient is discharged expired; and
- Direct patient care is furnished by a registered nurse (RN) or social worker that day.

New G-codes will be used to identify RN versus LPN visits.

AHCCCS is in the process of finalizing our approach to remediation of our systems and will share this information for those interested in our approach as soon as it is available.

## Fee-for-Service Claims Payment Questions?

The State of Arizona implemented a new financial system as of July 1, 2015. This change impacted Fee-for-Service provider payments in that State warrants (checks) are mailed on Thursday and remits are mailed a day later on Friday.

If you have questions regarding your payment, please email [AHCCCSWarrantInquiries@azahcccs.gov](mailto:AHCCCSWarrantInquiries@azahcccs.gov) and include the warrant number, check amount, Tax ID, and provider number in your email. The email address is also listed under Agency Contact in the top portion of the warrant.

Please do not call the State General Accounting Office with your questions as they will not be able to answer your questions and will refer you to the above email address.