

September 2017

Home Health Services

Face to face requirements for home health services, medical equipment, and supplies.

Prior to certifying a patient's eligibility for the home health benefit, the certifying physician must document that he or she, or an allowed non-physician practitioner (NPP) has had a face-to-face encounter with the patient.

The face-to-face requirement ensures that the orders and certification for home health services are based on a physician's current knowledge of the patient's clinical condition.

A physician, nurse practitioner, physician assistant or clinical nurse specialist must document they have written the order for DME pursuant to a face-to-face encounter with the



patient. The encounter must occur within the 6 months before the order is written for the DME.

[More information](#)

DFSM BILLING TIPS

Common Occurrences Seen With Claim Submittals

Handwriting and White Out

Paper claims or copies that contain highlighter or color marks, copy overexposure marks, or dark edges are not legible on the imaging system. Liquid paper correction fluid ("White Out") may NOT be used. Claims may

NOT be handwritten when correcting a claim. A new clean claim must be submitted.

Medical Documentation

Please remember to verify that the medical documentation being submitted with claims pertains to the correct member. AHCCCS is seeing an increase in member mismatch when submitting medical documentation.

Alignment

When submitting claims, please insure that the information entered is aligned to the claim spaces provided. If a claim is not aligned correctly, it may cause the claim to reject.

PROVIDER EDUCATION DATES

- Medicare Deductible, Coinsurance, or Co-pay
9/7/2017
2:00-3:00 pm
- Targeted Investments Program
9/14/2017
2:00-3:00 pm
- Third Party Liability (TPL)
9/21/2017
2:30-3:30 pm
- Podiatry
9/28/2017
2:00-3:00 pm

UPCOMING HOLIDAY

- 9/4/17 Labor Day

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

DID YOU KNOW?

Documentation is required when resubmitting claims if the documentation was submitted with an earlier version of the claim and the claim number is referenced on the resubmitted claim.

SPORTS PHYSICALS

Are sports physicals covered?

Physical examinations for sports or exercise activities are not covered for adults (age 21 and older). For recipients under age 21, if the certification for sports activity is performed during an EPSDT well visit, then that service is included in the EPSDT well visit and is not separately billable.

To read more on this, please see [FFS Provider Manual Chapter 10](#)

DID YOU KNOW?

AHCCCS will key revenue and procedure codes billed with zero charges. However, revenue codes with zero charges will not be considered for reimbursement

NAME THAT POLICY!

AHCCCS covers immunizations as appropriate for age, history and health risk, for adults and children.

AHCCCS follows recommendations as established by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Covered immunizations for adults include, but are not limited to:

1. Diphtheria-tetanus
2. Influenza
3. Pneumococcus
4. Rubella Measles
5. Hepatitis-B
6. Pertussis, as currently recommended by the CDC or ACIP
7. Zoster vaccine, for members 60 and older
8. HPV vaccine, for females and males up to age 26 years. Covered immunizations for children are identified in AMPM Chapter 400.

Note: Immunizations for passport or visa clearance are not covered by AHCCCS.

AMPM Policy: 310-M Immunizations

For more information on the policy, see the [Medical Policy Manual](#).

Assistance

FFS PA staff is available to assist providers rendering services to FFS plan members.

Note: Prior to calling the FFS PA line for assistance, please verify member eligibility and health plan enrollment [via the web](#).

For assistance with authorizations for non-FFS AHCCCS members, please view [medical and behavioral health plan contact information](#).

