We have recently received a number of questions related to required reporting of Values Codes on Inpatient claims.

To clarify -
AHCCCS billing policy as reflected in the FFS Provider Billing manual states that values codes should be reported by providers when applicable.

AHCCCS separately requires the MCOs to report covered days through the use of applicable values codes, not the providers, this way we know what days the MCO covered and paid. We do not, and the MCO's should not, require the reporting of the covered day value code by providers and thus our billing requirements are silent on this.

AHCCCS does not view this as an alteration of the claims by the MCO, as the intent of this data is that it tells us how the MCO covered the days. And, technically, you are not altering the claim; you are adding information that explains your payment.

Please let us know if you have any questions/concerns, etc. Thanks!