These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).
What is Claims Clues?

Claims Clues Newsletter

*Claims Clues* is a newsletter produced periodically by the AHCCCS Division of Fee-for-Service Management (DFSM).

It is available online and provides information about the following:

- Claims and billing updates
- Billing policies and requirements
- System changes
- Changes to program benefits
- Past issues are available [here](#)
How Does This Benefit Providers?

Benefits of Reading

- Stay up-to-date on AHCCCS updates
- Stay current on upcoming training opportunities
- Stay current and informed on claims and billing updates
- Stay up-to-date on business updates
- Contact information for questions readily available
How Do We Decide What is in Claims Clues?

What else is in the Claims Clues newsletter?

DFSM looks at drivers of change, trends in claims errors, common questions from providers, and AHCCCS initiatives and incorporates those findings into the Claims Clues newsletters.

By reading Claims Clues on a monthly basis you will receive:

- Assistance with challenging claims
- Effectively learn how to make claims corrections and to best manage your time (less time on phone by not needing to call Claims Customer Service)
- Increase your percentage of claim submissions that are correct the first time for faster payment turn around times
- Become your office EXPERT!
Provider Participation Agreement

Provider Participation Agreement (PPA)

Additionally, reading AHCCCS Claims Clues is vital for providers, since AHCCCS providers agree to the Provider Participation Agreement upon registering with AHCCCS. The PPA states that providers are responsible for knowing the information within Claims Clues.

“Therefore, for an in consideration of mutual covenants, promises, representations and assurances contained in this Agreement, and for good and valuable consideration, AHCCCS and the Provider do hereby acknowledge and expressly agree as follows:

B. General Terms and Conditions

2. All AHCCCS guidelines, policies and manuals, including but not limited to the AHCCCS Medical Policy Manual, AHCCCS Fee-For-Service Manual, AHCCCS Claims Clues, and Reporting Guides are hereby incorporated by reference into this Agreement. Guidelines, policies and manuals are available on the AHCCCS website. “
Sign Me Up!

Where to Find Claims Clues

1. Visit the AHCCCS website https://www.azahcccs.gov
Sign Me Up!

Where to Find Claims Clues

2. Scroll down to “DFSM Claims Clues Newsletter”

DFSM Claims Clues Newsletter

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- Billing policies and requirements
- System changes
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Where to Find Claims Clues


AHCCCS Claims Clues

*Claims Clues* is a newsletter produced periodically by the AHCCCS Claims Department for Fee-For-Service (FFS) providers. It provides information about the following:

- Changes to the program
- System changes and updates
- Billing policies and requirements

Additional information can be found in the *Encounter Keys* newsletter.

Select A Year

2021

March/April 2021

- Upcoming APEP training sessions
Sign Me Up!

Where to Find Claims Clues

4. You can review past issues of Claims Clues by selecting past years under “Select a Year”

AHCCCS Claims Clues

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Select A Year

2021

March/April 2021

- Upcoming APEP training sessions
DFSM Provider Education and Training Unit
DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

• How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).

• Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.
Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

• Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov

• Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
  o NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider’s professional coder/biller.

• ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov
Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov
Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

**NOTE:** Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.
Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

• AHCCCS Online Provider Portal:
  o [Link to AHCCCS Online Provider Portal](https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/)

• DFSM Prior Authorization Web Page:
  o [Link to DFSM Prior Authorization Web Page](https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html)

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.
Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

**NOTE:** Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.
Policy Information

AHCCCS FFS Provider Billing Manual:
• https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

AHCCCS IHS/Tribal Provider Billing Manual:
• https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html

AHCCCS Medical Policy Manual
• https://www.azahcccs.gov/shared/MedicalPolicyManual/
Questions?
Thank You.