10/1/2011 Benefit Limitations - Systems Impact Matrix

DRAFT - Revised 7/22/2011

Benefit	Policy	Target Implementation Date				
Inpatient Days	Limit 25 Days per Contract Year (*Contract year to which each day of the claim is allocated is determined by the claim dates of service*)	**10/1/2011**				
	Criteria	**1. Adult Recipients age 21 and >;**	**2. Who are Non-QMB dual Medicare members (recipient does not have QMB Medicare as indicated by a Medicare type of C and a rate code XX2X); Members who are QMB dual Medicare members are not considered for this limit.**	**3. Claims and encounters for Acute Hospital (Provider type 02) Inpatient Form Type;**	**4. and claims/encounters for Acute Hospital (Provider type 02) Outpatient Form Type for Observation Services (G0378 or G0379) in excess of 24 hours/units.**	

10/1/2011 Benefit Limitations - Systems Impact Matrix
DRAFT - Revised 7/22/2011

	Exceptions to Limit	**A. Maricopa Burn Unit Services - AHCCCS provider 020107, with any diagnosis of 940 - 949.XX, 906.5 - 906.9X, 987.9 or 682.82;**	**B. Claims/encounters from American Indian/638 facilities.**	**C. Days qualified/paid at the Psychiatric Tier, or with a primary diagnosis in the range of 290 thru 316.99 including; all days paid for the Arizona State Hospital - AHCCCS provider 029331; all days submitted by ADHS/BHS (079999), or processed on behalf of the TRBHA's by AHCCCS FFS.**	**D. Transplant related days identified with a CN1 code of 09 and a recipient exception code 25 for encounters: or paid through the Reinsurance system for Claims.**	**E. and Same Day Admission/Discharge claims/encounters.**
	Notes	**Count - Paid Accommodation Days Only; Claims will be applied against limits in the order adjudicated as paid/approved;**	**Non-QMB Medicare primary claims/encounters should count and allow the entire stay in which the 25th day occurs regardless of the length of that stay;**	**Observation Counting should be based on the number of paid units for procedure codes G0378 and G0379 on a single claim; count each 24 units as 1 day.**	**After the limit is met; subsequent outpatient observation claims are only paid up to 23 units and remaining units are disallowed.**	

10/1/2011 Benefit Limitations - Systems Impact Matrix

DRAFT - Revised 7/22/2011

Benefit	Policy	Target Implementation Date				
Respite	600 Hours per Contract Year (*Contract year to which the claim is allocated is determined by the claim dates of service*)	**10/1/2011**				
	Criteria	**1. Applies to all eligible recipients, both Adults and Children.**	**2. Claims/encounters for procedure codes S5150 and S5151.**			
	Exceptions to Limit	**A. None**				
	Notes	**Count - Paid units Only; Claims will be applied against limits in the order adjudicated as paid/approved;**	**Count S5150 - each paid unit should count as .25 of an hour**	**Count S5151 - each paid unit should count as 12 hours**		

10/1/2011 Benefit Limitations - Systems Impact Matrix

DRAFT - Revised 7/22/2011

Benefit	Policy	Target Implementation Date				
ED Visits (not resulting in an admission)	12 Visits per Contract Year (*Contract year to which each visit is allocated is determined by the claim dates of service*)	**Will not implement at this time per CMS direction.**				
	Criteria	**1. Applies to Adult Recipients age 21 and >;**	**2. Who are Non-QMB dual Medicare members (recipient does not have QMB Medicare as indicated by a Medicare type of C and a rate code XX2X); Members who are QMB dual Medicare members are not considered for this limit.**	**3. and claims/encounters for Acute Hospital (Provider type 02) Outpatient Form Type for ED Services (Revenue codes 0450, 0451, 0452 or 0459).**		
	Exceptions to Limit	**A. Claims/encounters from American Indian/638 facilities.**				

10/1/2011 Benefit Limitations - Systems Impact Matrix

DRAFT - Revised 7/22/2011

	Notes	**Counting should be based on the presence of a paid line for revenue codes 0450, 0451, 0452 or 0459; Count only up to 1 visit per claim or encounter; Claims will be applied against limits in the order adjudicated as paid/approved.**				

10/1/2011 Benefit Limitations - Systems Impact Matrix
DRAFT - Revised 7/22/2011

Benefit	Policy	Target Implementation Date				
Emergency Room visits for which presenting problem(s) are usually minor or self limited.	Full Claims/encounters which meet the criteria are not covered.	**On Hold - Will not implement at this time per CMS direction.**				
	Criteria	**1. Applies to Adult Recipients age 21 and >;**	**2. Who are Non-QMB dual Medicare members (recipient does not have QMB Medicare as indicated by a Medicare type of C and a rate code XX2X); Members who are QMB dual Medicare members are not considered for this limit.**	**3. and claims/encounters for Acute Hospital (Provider type 02) Outpatient Form Type for procedure code 99281.**		
	Exceptions to Limit	**A. Claims/encounters from American Indian/638 facilities.**				
	Notes	**The entire Claim/encounter billed with a 99281 procedure code will be denied.**				

10/1/2011 Benefit Limitations - Systems Impact Matrix

DRAFT - Revised 7/22/2011

Benefit	**Policy**	**Target Implementation Date**				
Transportation	Eliminate for AHCCCS Care and TANF Expansion Adults enrolled in Maricopa and Pima Counties.	**TBD - No current timeline set. Evaluations and discussions with CMS in progress.**				
Benefit	**Policy**	**Target Implementation Date**				
Office Visits	TBD	**TBD - No current timeline set. Possible future consideration.**				