

Status Code B

Overview:

Separate payments for services designated with Status Code "B" on the Medicare Physician Fee Schedule should not be made when other services are provided by the same service provider, for the same recipient, on the same date of service.

While these services are appropriately reported for utilization, these services are not separately paid under the AHCCCS fee schedule when provided with another service. The AHCCCS fee schedule is derived from the Medicare Fee Schedule, so payments for other services anticipates that these services in these situations will be bundled and not paid separately.

All Contractors must implement logic to identify these services and disallowance of the separate payment by no later than January 1, 2012.

This change will result in a reduced payment to providers where applicable for Status Code B procedures.

Outline of AHCCCS Implementation:

- 1.1 A new table containing the Status Code B procedures with effective dates was created (RFC25). *This table will also be added to the Contractor bi-monthly Reference extracts.*
- 1.2 A new status Code B claims/encounter history table was also created to capture claims/encounters processed against the status code B logic for ease of processing. This table includes the Provider ID, Recipient ID, DOS as the keys for processing and tracking use.
- 1.3 Claims and encounters valuation processes were updated to include processing with consideration of the new table for status code B procedures.
- 1.4 Logic was changed to read the claim or encounter lines to determine if a procedure billed either is designated as a status Code B procedure on the table or not.
 - 1.4.1 If procedure billed is designated on the table as a status code B procedure, and there is another service approved for that provider, recipient and date of service in either history or within the current claim, the status Code B procedure valuation is set to NPY (No pay) and valued at \$0.00.

- 1.4.2 If procedure billed is designated on the table as a status code B procedure, and there is not another service approved for that provider, recipient and date of service in either history or within the current claim, then the information from the claim/encounter is added to the new history table, and the CRN with the status code B procedure is valued per the applicable fee schedule amounts.
- 1.4.3 If the procedure code billed on the on the current line is not designated on the table as a status code B procedure, this history table will be checked to determine if a status B has been paid for the same provider, recipient and date of service. If it has, then the status code B service claim must be adjusted and the valuation for that claim/encounter set to NPY (No pay) and valued at \$0.00.
- 1.5 This process applies to Professional claims only.
- 1.6 There are no new claims or encounter pend or denial conditions associated with this change as it is solely a reimbursement related process.