



Special Day Runs and Testing

As discussed in the RBHA/IT and Encounter Workgroup meetings, DBHS will only be accepting special day runs every Wednesday. This is being done to ensure DBHS/IT can focus on other projects through the remainder of the week.

If a RBHA wishes to perform a special day run, they must coordinate it through their designated RBHA Representative by doing the following:

√ Provide an electronic request, by Noon on Tuesday, including encounter volumes and specific details of what is being submitted and why. OPS will either approve or deny the request per an electronic response that will be sent out by COB on Tuesday.

√ Ensure that files are submitted to the FTP server by 10:00am on Wednesday. Please do not post files to the server, for a day run, prior to Wednesday as they may be picked up in the nightly process.

NPI Testing

As you all know, DBHS officially started the NPI testing process on March 1, 2007. The May 1, 2007, CIS NPI implementation is now here. The Office of Program Support (OPS) would like to express appreciation to all the RBHAs for their dedication and hard work in making the NPI Testing process a success over the past two months!

OPS urges the RBHAs to ensure providers are obtaining NPIs and submitting them to AHCCCS in the proper fashion.

NPI Taxonomy codes

Confused about Taxonomy Codes? Go to:
http://www.wpc-edi.com/taxonomy/more_information

Need to see a list of Taxonomy Codes? Go to:
<http://www.wpc-edi.com/content/view/515/229>

Submission of Form CMS-1500 (08-05)

CMS is instructing contractors to reject Form CMS-1500 (12-90) claims received starting July 2, 2007. Providers will now be required to begin submitting the Form CMS-1500 (08-05) beginning July 2, 2007. For more information on this matter, please click on the following link:

<http://www.cms.hhs.gov/transmittals/downloads/R1274CP.pdf>

Coding Q & A

Q

Can a provider bill Individual counseling and Level I Residential on the same day?

A

Yes. Based on the B2 and B5 Matrixes, as well as the Covered Services Guide. There are no billing limitations, which would prevent those two codes being billed together on the same day. As always, documentation is key when billing any service.

Q

Where should one encounter the Diagnosis Code for a client?

A

The Diagnosis Code should be encountered from the most recent assessment. If however, during the course of an audit, the assessment falls after the date range in question the Diagnosis Code should then be taken from the most current assessment for the date range in question. Please note that if a Diagnosis Code is present, it must be signed and dated by an individual who meets the applicable requirements A.A.C. R9-20-209 (i.e. a Psychiatrist or a Behavioral Health Medical Practitioner).

FFS Rate Change

Effective April 1, 2007, two previously "By Report" procedure codes have rates established by AHCCCS.

99358-Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); first hour - \$94.43

99359-Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes - \$45.50



!! Edit Alerts !!

An Edit alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again with the following monthly publication of the Tidbits.

New/Changed Edit Alert

Tracking Number: 67

Implemented:

Reference Title Pre-processor Edit N181 - UB Encounter Spanning

Notification Date: April 3, 2007

Expected Implementation Date: April 2, 2007

ADHS will provide the RBHA's with 90 days notice when possible

Change Description: DBHS has completed SSR 2075 which enhances CIS to accept UB encounters where dates of service span across months, as long as the number of days billed coincides with the number of units for the appropriate bill type.

Previously, UB encounters rejected for pre-processor edit N181 (Service dates overlap span) if the encounter spanned from one month to the next, with the exception of encounters where the discharge day was the first day of the next month.

AHCCCS currently accepts UB encounters that span across months, therefore CIS has been enhanced to accept these encounters as well.

Description: CIS has been enhanced, per SSR 2075, to accept UB encounters where dates of service span across months, as long as the number of days billed coincides with the number of units for the appropriate bill type. Previous to this enhancement, UB encounters would reject for pre-processor edit N181 (Service dates overlap span), if the service dates spanned across months.

New/Changed Edit Alert

Tracking Number: 68

Implemented:

Reference Title Same Day Admit Discharge - REVISED

Notification Date: May 9, 2007

Expected Implementation Date:

ADHS will provide the RBHA's with 90 days notice when possible

Change Description: DBHS has initiated SSR #2133 requesting CIS pre-processor edit N110 (Unit of service accommodation days not valid for date of service span) be modified to accept UB92 inpatient encounters with the same Start and End Date, where the accommodation day revenue code is billed as non-covered charges, and the ancillary charges are billed as 'Net Paid' or 'Special Net Value'.

AHCCCS currently accepts this encounter scenario; therefore CIS will be enhanced to accept this scenario as well.

Scenarios (if Applicable):						Edit Function:
Line	Rev Cd	Units	Billed	NonCov Chg	Paid	Description
01	134	1	1200.00	1200.00	0.00	Psych3&4 Bed
02	251	1	450.00	0.00	450.00	Drugs/Generic
03	301	32	400.00	0.00	400.00	Lab/Chemistry
04	302	1	150.00	0.00	150.00	Lab/Immunology
05	305	1	150.00	0.00	150.00	Lab/Hematology
			Total 2350.00		1150.00	Total paid for claim

Description: DBHS has initiated SSR #2133 requesting CIS pre-processor edit N110 (Unit of service accommodation days not valid for date of service span) be modified to accept UB-92 inpatient encounters with the same Start and End Date, where the accommodation day revenue code is billed as non-covered charges, and the ancillary charges are billed as 'Net Paid' or 'Special Net Value'.

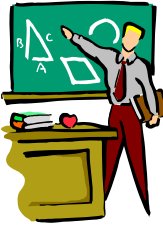
AHCCCS currently accepts this encounter scenario; therefore CIS will be enhanced to accept this scenario as well.



User Access Request Forms

The Corporate Compliance Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution system, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions or more information, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.



Training

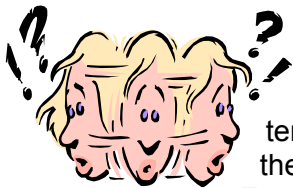
The Office of Program Support is offering training to the RBHAs for CIS pre-processor edits and AHCCCS pended encounter errors. The training is to instruct RBHA staff how to research claims/encounters using CIS and PMMIS. If interested, the RBHAs are encouraged to contact their RBHA Representative for more information. The RBHAs should also contact their RBHA Representative with suggestions for other training they would like offered.



Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative:

Eunice Argusta	NARBHA Gila River Navajo Nation Pascua Yaqui	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	CPSA 26 & 27	(602) 364-4715 higuera@azdhs.gov
Gary Szymanski	Cenpatico 02 & 22	(602) 364-4677 szymang@azdhs.gov
Renee Chavez	ValueOptions	(602) 364-4734 chavezr@azdhs.gov



CORRECTION!!!

It has been brought to our attention that there was an error in the March 2007 edition of the Encounter Tidbits. A new website had been provided, for updating an AHCCCS recipient's Third Party Liability information, and the link was misspelled. Please use the following web address when updating TPL information:

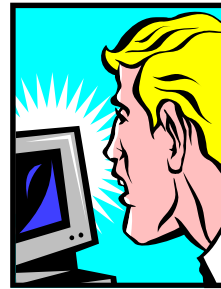
<https://cmts.hmsy.com/tplreferrals>

We apologize for any inconvenience this may have caused.

System Update

The following error codes will be sanctionable, by AHCCCS, effective May 1, 2007:

- R290** – Medicare Coverage Indicated But Not Paid on Outpatient UB82
- R580** – Recipient Has Other Coverage That Must Be Billed First
- Z800** – Exact Duplicate Found
- Z805** – Exact Duplicate From Different Health Plans



Reporting Program Fraud and Abuse

The Fraud and Abuse Unit (FAU), formerly located in the Bureau of Financial Operations, is now the Office of Program Integrity (OPI) and is located in the Office of the Deputy Director. OPI still investigates suspected fraud and program abuse and continues to be responsible for the Corporate Compliance Program (Fraud and Abuse). Only their name and organizational location have changed. All contact numbers and staff are the same.

As always, if you suspect fraud or program abuse, please contact OPI.

If you need assistance with reporting an incident of suspected Fraud, Waste and/or Abuse, please contact:

Tim Stanley	Manager	(602) 364-4781 stanleti@azdhs.gov
Stacy Mobbs	Auditor	(602) 364-4708 mobbss@azdhs.gov
Sandra Reyes	Auditor	(602) 364-4426 reyess@azdhs.gov

If you wish to remain anonymous, you may make a report through the Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-563-4927 (toll free). You can also send an e-mail to: ReportFraud@azdhs.gov

If you prefer, you may write to:

Tim Stanley, Manager, Office of Program Integrity
Arizona Department of Health Services/BHS
150 N. 18th Ave., 2nd Floor
Phoenix, Arizona 85007