

Multiple NPI's to One AHCCCS provider ID number

AHCCCS has clarified the process for Providers billing with multiple NPI's linked to one AHCCCS provider ID. Questions have been posed to OPS with regards to how Providers should bill for claims when the Provider has multiple NPI's linked to one AHCCCS Provider ID. Which NPI should the Provider be billing the claim under? AHCCCS is now prepared to recognize when multiple NPI's point to a single AHCCCS ID. This is the many to one situation that AHCCCS made the system changes for in December 2007. Providers have the choice of billing with either (some have even more than 2) and AHCCCS will locate the internal AHCCCS ID for processing and they will track the NPI submitted to return on the 835 as applicable.

Comments Needed for the ADHS/OPS Edit Resolution Document

The Office of Program Support is currently working to update and revise the ADHS/OPS Edit Resolution Document (ERD) and is looking for comments from all ADHS contractors. The ERD will be a working document listing all AHCCCS, DBHS, and CRS encounter edits as well as the possible solutions for resolving them. When completed, this document will be available to all contractors via the ADHS website. Any comments or suggestions for improving this document are welcomed by OPS and encouraged from all ADHS contractors. This review process is viewed as a good means for becoming familiar with the various encounter edits found in these systems, and as a means for ensuring all encounter editing questions or concerns are examined and addressed.

Please contact your respective OPS representative to obtain a working draft of the ERD and for assistance with any questions concerning this revision process. To ensure this document is completed and available to all contractors as soon as possible, please have all ERD comments, questions, or concerns returned to the Office of Program Support by no later than April 15, 2008.

Coding Q & A

Q

Can H2014 HQ Group Skills Training and Development be billed by 2 BHT's during a Group Counseling session (H0004 HQ)? In this scenario the group would average 10 to 15 clients and the BHT's would be used to redirect clients during the session; while the BHP is running the Group Counseling session (H0004 HQ)?

A

Per Clinical Leadership, it is not appropriate to bill H2014 HQ for the entire session. The clinician should only bill for the actual time spent providing skills training to clients on an individual basis.

Q

What place of service should be billed when administering a supply of medication for a patient to take at home?

A

Even though the patient will be taking the medication at home, all the medication was administered at the office and therefore should be billed with place of service 11 (office).

Q

Is there a PMMIS screen that indicates the date changes for units?

A

The RF113 historic table does list all procedure code indicator and value updates that have occurred in the PMMIS system. From the RF113 screen NTR line, enter RF113H. This will bring up the original unit limits in the PMMIS system and all listed Updates ("UPD:") in the upper right hand corner of the screen. You can see what the different unit limits have been at different times by pressing the F8 key and scrolling through the different Updates leading to the current "Add" date limits on the regular RF113 screen.

PMMIS Table Change

Effective May 1, 2008, the PMMIS screens RF773 (Revenue Codes to Procedure Codes) and RF774 (Revenue Codes to Bill Types) will contain a one-to-one code relationship only. The current code ranges will no longer populate these tables. This means the H5 (RF774) and H6 (RF773) records provided by AHCCCS in the Refer01.zip files will be larger.

PMMIS Changes

Place of Service (POS)

Effective for dates of service on or after January 1, 2008, POS 49 (Independent Clinic) has been added as acceptable for the following codes:

- 95810 (Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist)
- 95811 (Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist)

Provider Type

- Effective with dates of service on or after January 1, 2007, provider type 12 (Certified Registered Nurse Anesthetist) can report service 94002 (Ventilation assist and management, initiation of pressure).
- Effective with dates of service on or after January 1, 2008, provider type 40 (Attendant care) can report the HCPCS code A0130 (Non-emergency transportation: wheel-chair van).

Modifier(s)

Effective for dates of service on or after December 31, 2007, the following modifiers have been end dated.

- QA (FDA investigational device exemption)
- QR (Item or service provided in a Medicare specified study)
- QV (Item or service provided as routine care in a Medicare qualifying)

Coverage Code

Effective with dates of service on or after January 1, 2008, CPT code 99477 (Initial hospital care, per day, for the evaluation and management) has been changed from coverage code 04 (Not covered service/code not available) to 01 (Covered service/code available).

Place of Service (POS)

- Effective with dates of service on or after January 1, 2008, HCPCS code Q9953 (Injection, iron-based magnetic resonance contrast agent) and Q9954 (Oral magnet resonance contrast agent, per ml) can be reported at POS 11 (Office).
- Effective with dates of service on or after July 1, 2007, CPT code 90658 (Influenza virus vaccine, split virus, when administered) can be reported at POS 60 (Mass immunization center)

Limits

- Effective with dates of service on or after January 1, 2008, CPT code 97110 (Therapeutic procedure, one or more areas, each 15 minutes) has a procedure daily maximum of 4.
- Effective with dates of service on or after February 20, 2008, CPT code 27756 (Percutaneous skeletal fixation of tibial shaft fracture) has a procedure daily maximum of 2.

Age

Effective with dates of service on or after February 19, 2008, the age limit has been lowered to 0 for the following codes:

- L1930 (Ankle foot orthosis, plastic or other material, prefab)
- L1686 (Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment)

!! Edit Alerts !!

An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit alerts 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 in the following monthly publication of Tidbits.

New/Changed Edit Alert

Tracking Number: 113

Implemented:

Reference Title: Patient Status Code 62

Notification Date: March 19, 2008

Expected Implementation Date: March 19, 2008

ADHS will provide 90 days notice when possible

Change Description:

ADHS will add 62 (DISCHARGE/TRANS TO REHAB FAC INC REHABIL) as a valid value for Patient Status on UB billing. (SSR 2532)

ADHS will add 62 (discharge/transfer to rehab facility) as a valid value for patient status in UB billing.

BHS Encounter Production Schedule Key Dates and Events

BHS Encounter Production Schedule – Key Dates and Events

Events / Cycle	April 2008	May 2008	June 2008
Run H74603 New Day	Wed	Thurs	Wed
IT submit bba notifications to AHCCCS for acceptance	03/26/08	05/01/08	05/28/08
Deadline for DelDup File submission to OPS (12 noon)	Mon	Thurs	Fri
	03/31/08	05/01/08	05/30/08
Deadline for RBHA CIS on-line pend corrections & deletes to OPS.	Mon	Mon	Mon
	03/31/08	05/05/08	6/02/08
Run H74609 Create Pend correction file for AHCCCS	Tues	Tues	Tues
IT submit bba notification to AHCCCS for acceptance	04/01/08	05/06/08	06/03/08
New Day & Corrected Pends due to AHCCCS (12 noon)	Fri	Fri	Fri
	04/04/08	05/09/08	06/06/08
AHCCCS Processing			
Files available from AHCCCS (5pm)	Fri	Fri	Fri
	04/11/08	5/16/08	06/13/08
Receive AHCCCS notification			
Run H74614 Pend Reset			
Run H74607 Pend Load	Mon	Mon	Mon
Run H74611 Adjudication	04/14/08	05/19/08	06/16/08
Cycle Completed – Files available from BHS			

Note: Any date change on the part of AHCCCS will result in a BHS date change.

CRS Encounter Production Schedule – Key Dates and Events

CRS Encounter Production Schedule – Key Dates and Events

FTP Processing Activities Contractor Submission Deadlines:	April 2008	May 2008	June 2008
1. Deadline for New Day Encounter File Submission to ADHS/CRSA - 12:00 P.M.	Mon 03/31/08 12:00 PM	Fri 05/02/08 12:00 PM	Mon 06/02/08 12:00 PM
2. Deadline for corrected Pend Encounters	Tues 04/1/08 12:00 PM	Mon 05/05/08 12:00 PM	Tues 06/03/08 12:00 PM
3. New Day & Corrected Pends due to AHCCCS (12 noon)	Fri 04/04/08	Fri 05/09/08	Fri 06/06/08
AHCCCS Processing			
Files available from AHCCCS (5pm)	Fri 04/11/08	Fri 05/16/08	Fri 06/13/08
Pended & Adjudicated Encounters Available to CRS Regional Contractors by 5:00 p.m.	Mon 04/14/08	Mon 05/19/08	Mon 06/16/08

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

ADHS Encourages Electronic Claims

The Arizona Department of Health Services requests all CRS Contractors and RBHAs to encourage their providers to submit claims electronically. The benefits of electronic claim submissions include:

- Faster claims processing
- More accurate claims entry
- Less expensive than manual data entry

**Security IDs for All BHS Secure Systems**

Any person, needing access to the PMMIS system, must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any 'sharing' of user names and/or passwords. Currently there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Office of Program Integrity 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, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4736.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.

Who Do I Call??

If you need assistance please contact your assigned Office of Program Support Representative:

Eunice Argusta	Gila River Navajo Nation Pascua Yaqui White Mountain	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	CPSA 26 & 27	(602) 364-4715 higuerj@azdhs.gov
Gary Szymanski	Magellan ValueOptions	(602) 364-4677 szymang@azdhs.gov
Renee Chavez	NARBHA Flagstaff CRS	(602) 364-4734 chavezr@azdhs.gov
Jerri Gray	Cenpatico 02 & 22	(602) 364-1479 grayj@azdhs.gov
Dustin Jackson	Phoenix CRS	(602) 364-4711 jacksod@azdhs.gov
Donna Logan	Yuma CRS Tucson CRS	(602) 364-4716 Logannd@azdhs.gov

If you prefer, you may write at:

Tim Stanley, Chief, Bureau of Audit Standards
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Or Email us at:

ReportFraud@azdhs.gov

All reports are kept confidential and may be re-reported to other agencies

DES Contact Number

For any changes in member enrollment (i.e. name changes, demographic changes, etc.)

DES Communications Center

Maricopa County: (602) 542-9935
Statewide: 1-800-352-8401

Office of Program Integrity Staff

If you need assistance or to report an incident of suspected Fraud, Waste, and/or Abuse, please contact us at:

Tim Stanley	Chief	stanleti@azdhs.gov (602) 364-4781
Bobby Rivera	Manager	riveraro@azdhs.gov (602) 364-4702
Stacy Mobbs	Analyst	mobbss@azdhs.gov (602) 364-4708
Sandra Reyes	Analyst	reyess@azdhs.gov (602) 364-4426
Stephanie Ortiz	Admin	ortizs@azdhs.gov (602) 364-4437

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at 602 364-3758 (locally) or 1 866 569-4927 (toll free).