

N004 – NDC CODE NOT ON FILE – Pend Resolution Process

- Verify the National Drug Code (NDC) was correctly keyed on the claim.
- Review PMMIS RF319 – Pharmacy Item Coverage screen to confirm the NDC code is not listed.
- Review current Redbook or MediSpan resources and validate the code is a valid NDC.
- Provide a spreadsheet listing the NDC codes which are validated in Redbook or MediSpan to your OPS Representative. The following information must be included in the spreadsheet for each NDC code pending:
 - Source (Redbook or MediSpan)
 - Year of book
 - Page number
 - NDC #
 - Description of the NDC
 - Manufacturer or labeler
 - Package quantity
 - Price
- After NDC information is research by ADHS, OPS will forward the spreadsheets to AHCCCS requesting the NDC codes be added to PMMIS.
- AHCCCS will make a determination if the NDC codes are to be added to PMMIS. If added to PMMIS, these codes will be on PMMIS screen RF333 - Alternative NDC List.
- Encounters pending for N004 should adjudicate and be accepted for NDC codes that have been approved by AHCCCS and placed on the RF333 – Alternative NDC List.

Coding Q & A

Q

What is the best way to document the number of units in a progress note?

A

The best way to document units is to have the start and end time documented. If the start and end times are not listed you would then have to look at the duration (if noted) and finally look at the unit number listed. Note, it is crucial that the documentation in the progress notes supports the number of units billed.

Q

If a provider travels to a clients home to provide case management services and on the scheduled date and time the client is not at home, can the staff bill for travel?

A

Contrary to the information provided in the December Tidbits, travel is no longer a billable service under these circumstances. The methodology used in the development of the fee-for-service rates compiled all costs associated with delivering services, including mileage, and then divided the cost by the number of units able to be delivered. In calculating the number of units able to be delivered, a factor for missed appointments was included. Other factors accounted for include travel time, time for notes/medical records, down time (phone calls, etc.), and training. Effective December 1st 2007, providers will no longer be able to encounter for mileage of missed appointments. A corresponding change to the guide will be forthcoming.

!! 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: 89

Implemented:

Reference Title CRS Provider Registration Change - UPDATE

Notification Date: September 26, 2007

Expected Implementation Date: March, 2008
ADHS will provide 90 days notice when possible

Change Description:

Implementation of this SSR has been postponed until March, 2008

CRS provider registration will be eliminated effective January 1, 2008. Providers will be required to register directly with AHCCCS. ADHS will use data supplied by AHCCCS to verify provider registration. (SSR 2323)

Providers requiring a National Provider ID (NPI) will be required to use their NPI to bill CRS encounters. Providers not requiring a NPI will use their AHCCCS provider ID to bill encounters or may use their NPI if they elect to apply for one.

Encounters submitted after December 31, 2007 with a CRS provider ID will no longer be accepted.
Encounters submitted after December 31, 2007 with both a NPI and an AHCCCS provider ID will not be accepted.

Edit Alert 89 postponed until March 2008.

CRS provider registration will be eliminated effective January 1, 2008. Providers will be required to register directly with AHCCCS. ADHS will use data supplied by AHCCCS to verify provider registration.

Providers requiring an NPI will be required to use it to bill CRS encounters. Providers not requiring an NPI will use their AHCCCS Provider ID to bill encounter or may use their NPI if they elected to apply for one.

Encounters submitted after December 31, 2007 with a CRS Provider ID will no longer be accepted.

Encounters submitted after December 31, 2007 with both a NPI and an AHCCCS provider ID will not be accepted.

New/Changed Edit Alert

Tracking Number: 104

Implemented:

Reference Title UB - Attending physician edit change - BHS - IMPLEMENTED

Notification Date: January 8, 2008

Expected Implementation Date: January 1, 2008
ADHS will provide 90 days notice when possible

Change Description:

Currently the system edits require that the attending physician have an NPI and be a registered AHCCCS provider. (SSR 2392)

Effective 1/1/08, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS. Please change our system edits accordingly.

BHS: Effective 1/1/2008, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS.

New/Changed Edit Alert

Tracking Number: 105

Implemented:

Reference Title UB - Attending physician edit change - CRS - IMPLEMENTED

Notification Date: January 8, 2008

Expected Implementation Date: January 1, 2008
ADHS will provide 90 days notice when possible

Change Description:

Currently the system edits require that the attending physician have an NPI and be a registered AHCCCS provider. (SSR 2393)

Effective 1/1/08, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS. Please change our system edits accordingly.

CRS: Effective 1/1/2008, the attending physician will be required to have an NPI but will no longer be required to be registered with AHCCCS.

New/Changed Edit Alert

Tracking Number: 106

Implemented:

Reference Title CASII Functional Measures - UPDATE

Notification Date: January 9, 2008

Expected Implementation Date: July, 2008
ADHS will provide 90 days notice when possible

Change Description:

ADHS will incorporate CASII (Child and Adolescent Intensity Instrument) into Demographics. (SSR 2336) This element will replace Functional Outcome Measures for persons ages 6-17. RBHAs will be notified of specific implementation date as soon as available. Implementation will be in July 2008. Specifications should be available in March

ADHS will incorporate CASII (Child and Adolescent Intensity Instrument) into demographics. This element will replace Functional Outcome Measures for persons ages 6-17. RBHAs will be notified of specific implementation dates as soon as they are available.

New/Changed Edit Alert

Tracking Number: 108

Implemented:

Reference Title Rate/Unit Changes

Notification Date: January 8, 2008

Expected Implementation Date: As Indicated Below
ADHS will provide 90 days notice when possible

Change Description:

The following rate/unit changes were effective 11/2/2007:

Code	New Units	New Rate
90847	1	\$110.79
96101	6	\$89.94
96102	6	\$46.05
96119	6	\$71.39
A0382	999	No change
A0398	999	No change
A0422	999	No change
80101	9	No change
70460	2	No change
70470	2	No change

The following rate/unit changes will be effective 2/1/2008:

Code	New Units	New Rate
H0031	3	\$140.00
96103	2	No change
96111 provider type 11	1	\$250.00
96111 all other provider types	1	\$165.00
96116	2	No change
96118	3	No change

New rate/unit changes effective 11/2/2007 and 02/01/2008.

New/Changed Edit Alert

Tracking Number: 109

Implemented:

Reference Title Insurance Dollars on Void Encounters

Notification Date: January 18, 2008

Expected Implementation Date: ASAP
ADHS will provide 90 days notice when possible

Change Description:

The following edit will be added as a result of the implementation of the AHCCCS Validator:

An edit will be added to reject voids that have an amount greater than zero in any of the Medicare fields or the Other Insurance field. (SSR.2447)

An edit will be added to reject voids that have an amount greater than zero in any of the Medicare fields or other insurance field.

NPI

As of January 1, 2008, all primary providers (for provider types that require an NPI) must submit encounters with an NPI. Also, as of January 1, 2008, ADHS will no longer allow edits for NPI to be softened.

AHCCCS will accept and update NPI information for providers whose current enrollment status is inactive.

PMMIS screen PR082 (Provider Alternate ID) is where you can find the effective dates for a provider's NPI.

Did you know...?

AHCCCS has reported the addition of two new eligibility key codes effective 10/1/2007. These are being added to the ADHS/DBHS AHCCCS Title XIX/XXI Behavioral Health Eligibility Key Code Index. The two new codes are:

- **840 SLMB** (Specified Low Income Medicare Beneficiary – Part of the Medicare Cost Sharing Population)
- **850 QI-1** (Qualified Individual– Part of the Medicare Cost Sharing Population).

Please note that these two groups are only eligible for Medicare Part B premium payments, not Medicaid coverage. Although clients with these key codes will not be eligible for behavioral health services, these codes will still be added to the DBHS eligibility key code index.

UB04 Requirement

All claims involving inpatient admission to general acute care hospitals or other facilities that are subject to a law or regulation (e.g., Deficit Reduction Act of 2005) are required to collect and report "present on admission" information.

"Present on admission" is defined as present at the time the order for inpatient admission occurs-conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission. The Present on Admission indicator is assigned to the principal and secondary diagnoses and the external cause of injury codes.

The present on admission indicator is reported in the 8th position of the diagnosis code (the shaded area in 67A-Q on the UB04 form.) The following are valid indicators to be used:

Reporting Definitions:

Code	Definition
Y	= Present at the time of inpatient admission
N	= Not present at the time of inpatient admission
U	= Documentation is insufficient to determine if condition is present on admission
W	= Provider is unable to clinically determine whether condition was present on admission or not

POS 11 (Office) vs. POS 99 (Other) for Telephone Calls

A decision has been made by the DBHS Clinical Leadership regarding billing for telephone calls. The cell phone has been determined to be an extension of the provider's office. All procedure codes performed via telephone will be billed using place of service code 11 (office).

H0004 HQ and H2014 HQ Billing Clarification

Clarification has been requested regarding the appropriateness of billing group skills training and development (H2014 HQ) for 2 BHTs during a group counseling session (H0004 HQ). In the scenario provided the group would average 10 to 15 clients and the BHTs would be used to redirect clients during the session.

Per clinical leadership, it is not appropriate to bill H2014 HQ for the entire duration of the session and the clinician should only bill for actual time spent providing skills training to clients on an individual basis.

Code Changes

AHCCCS reported the following information in a communication distributed on 1/17/2008.

- Effective immediately the minimum age has been removed from the HCPCS code J0180 (Injection, Agalsidase Beta, 1 Mg) and J1950 (Injection, Leopold Acetate (For Depot Suspension)).
- Effective immediately the coverage code has been changed for the HCPCS code J1931 (Injection, Laronidase, 0.1 Mg) to 01 (Covered Service/Code Available). The previous coverage was 04 (Not Covered Service/Code Not Available).

Same Day Billing for H2011 and H2011 HT

Same day billing has been approved by the DBHS Clinical Leadership for H2011 (Crisis Intervention Services, per 15 minutes) and H2011 HT (Crisis Intervention Services via 2 person team, per 15 minutes).

Effective January 18, 2008, same day billing restrictions will be removed from the Procedure and Transportation Codes Billing Limitations (B-5 Matrix) for procedure codes H2011 and H2011 HT.

BHS Encounter Production Schedule Key Dates and Events

Events / Cycle	Jan 2008	Feb 2008	Mar 2008
Run H74603 New Day	12/28/07	01/25/08	02/29/08
IT submit bba notifications to AHCCCS for acceptance			
Deadline for Del/Dup File submission to OPS (12 noon)	12/27/07	01/31/08	02/28/08
Deadline for RBHA CIS on-line pend corrections & deletes to OPS.	12/31/07	02/05/08	03/04/08
Run H74609 Create Pend correction file for AHCCCS	01/02/08	02/06/08	03/05/08
IT submit bba notification to AHCCCS for acceptance			
New Day & Corrected Pends due to AHCCCS (12 noon)	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing			
Files available from AHCCCS (5pm)	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Receive AHCCCS notification			
Run H74614 Pend Reset	Mon 14-Jan-08	Mon 18-Feb-08	Mon 17-Mar-08
Run H74607 Pend Load			
Run H74611 Adjudication			
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

FTP Processing Activities	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008
Contractor Submission Deadlines:						
1. Deadline for New Day Encounter File Submission to ADHS/CRSA - Monday at 12:00 P.M.	Fri 09/28/07 12:00 PM	Mon 11/05/07 12:00 PM	Mon 12/03/07 12:00 PM	Mon 12/31/07 12:00 PM	Mon 02/04/08 12:00 PM	Mon 03/03/08 12:00 PM
2. Deadline for corrected Pend Encounters	Fri 09/28/07 12:00 PM	Fri 11/02/07 12:00 PM	Fri 11/30/07 12:00 PM	Fri 12/28/07 12:00 PM	Fri 02/01/08 12:00 PM	Fri 02/29/08 12:00 PM
3. New Day & Corrected Pends due to AHCCCS (12 noon)	Thurs 10/04/07	Thurs 11/08/07	Thurs 12/06/07	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing						
Files available from AHCCCS (5pm)	Mon 10/15/07	Fri 11/16/07	Fri 12/14/07	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Pended & Adjudicated Encounters Available to CRS Regional Contractors by 5:00 p.m.	Tues 10/16/07	Mon 11/19/07	Mon 12/17/07	Mon 01/14/08	Mon 02/18/08	Mon 03/17/08

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

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

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

Provider Q & A

Q Since the implementation of NPI, would out-of-state Providers be required to have an AHCCCS ID when submitting a claim for a Title XIX/XXI patient?

A Yes, all providers submitting claims for a Title XIX/XXI patient must have an AHCCCS ID. The AHCCCS PMMIS Provider Tables are based on the internal AHCCCS ID numbers. When a claim/encounter is received and processed, the NPI submitted on the claim/encounter is cross-referenced to the AHCCCS ID for payment.

Providers must register with AHCCCS to obtain AHCCCS Provider IDs; however, if a non-excluded out-of-state provider is providing services on a one-time-only basis, they can obtain a temporary ID by requesting a one-time-only waiver of registration requirements.

Q Who qualifies as a non-excluded out-of-state provider?

A AHCCCS has a list of cities and towns in bordering states where providers in these cities and towns **cannot** request a waiver of registration. The excluded locations list can be found on the AHCCCS website.

<http://www.ahcccs.state.az.us/PlansProviders/ProviderRegistration.asp>

Q Does a non-excluded out-of-state provider have to provide their NPI to AHCCCS?

A No, if an out-of-state provider qualifies and is approved by AHCCCS for a one-time-only waiver of registration requirements, the provider will be registered with AHCCCS as a provider type 73 (out-of-state Enc or 1 Tim). An NPI is not required by AHCCCS.

Q What does a one-time-only waiver of registration requirements mean?

A Any non-excluded out-of-state provider who provides a covered service to a Title XIX/XXI recipient can submit a request for waiver of registration requirements by submitting the following items to the AHCCCS:

Hospitals, home health agencies, hospice or nursing homes:

- ◆ Copy of facility license (state)
- ◆ Copy or proof of Medicare Certification
- ◆ AHCCCS Provider Participation Agreement – signed by the CEO, CFO or administrator
- ◆ W-9 form
- ◆ UB-92 claim form

Individual providers (professional or mid-level practitioners):

- ◆ AHCCCS Provider Participation Agreement – signed by the provider
- ◆ W-9 form
- ◆ CMS 1500 claim form

The above requirements can be faxed to the AHCCCS Provider Registration at (602) 256-1474 or mailed to:

AHCCCS
P.O. Box 25520
Mail Drop 8100
Phoenix, AZ 85002-5520

Facilities that qualify and are approved by AHCCCS for a one-time-only waiver of registration are registered with a temporary ID as active providers for the dates of service only. Individual providers who qualify and are approved for this waiver are registered with a temporary ID for 30 days. If a provider must provide services to an AHCCCS recipient for more than 30 days, the provider must complete the full registration process, unless there are extenuating circumstances.

Providers previously registered with the AHCCCS program are excluded from registering under this waiver policy and must submit a complete registration packet.

For further questions regarding registration, please call the AHCCCS Provider Registration Unit at (602) 417-7670, option #5. The in-state toll free number is 1-800-794-6862. The out-of-state toll free number is 1-800-523-0231.

The Excluded Locations List, AHCCCS Provider Participation Agreement, Provider Registration Form and instructions, and additional information regarding AHCCCS provider registration can be found on the AHCCCS website at:

<http://www.ahcccs.state.az.us/PlansProviders/ProviderRegistration.asp>

Respite and Flex Fund

Q

When respite and flex fund claims are denying for over the limit, but some were adjusted out and then resubmitted, are the hours or units credited back to the RBHA?

A

Yes, when a Flex Fund or Respite Claim is voided or adjusted, there is an edit in the void process to automatically credit the funds or units back to the RBHA.



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

Additional Provider Types Requiring NPI

Effective 3/1/2008 the following BHS provider types will be added to the list of provider types that **are required** to have an NPI number:

01	Group-Payment ID
74	Level II Behavioral Health Residence (non IMD)
97	Air Transportation



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.

Reporting Program Fraud and Abuse

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

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 our Fraud and Abuse Hotline at 602 364-3758 (locally) or 1 866 569-4927 (toll free) or email at ReportFraud@azdhs.gov.

If you prefer, you may write at:

Tim Stanley, Manager, Office of Program Integrity
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007