

## Admission Source Update

Per Version 2.00 of the 2008 edition of the National Uniform Billing Committee's (NUBC) official UB-04 Data Specifications Manual, Admission Source 3 (HMO [Health Plan] Referral) has been discontinued with an effective date of 10/01/2007. This change can also be referenced via the PMMIS admission source Code screen (RF703).

While other admission source codes have been revised and given different descriptions, with the same effective date, admission source code 3 has been completely discontinued and is being reserved for assignment by the NUBC. Please be advised: inpatient encounters submitted to ADHS, with Admission Source code 3, will reject for preprocessor error N10 – (source of admission is Not Valid). If inpatient encounters, previously submitted and accepted, with admission source code 3 are voided from the ADHS system, a replacement encounter cannot be submitted with the same admission source code.

## Coding Q & A



Can you please explain Medicare's three person rule in relation to documentation?



If after handing the documentation over to three different persons it cannot be read, the service cannot be billed.

Several years ago, a Texas jury fined a cardiologist \$225,000 in a case that drew national attention to the implications of a doctor's illegible handwriting in relation to documentation and prescription medication. The cardiologist's prescription was misread by the pharmacist and the patient, who took an overdose of the wrong medication picked up from the pharmacy, died of a myocardial infarction attributed to the high dose of the wrong medication he took as prescribed.

The consequences of this and related cases, although it's unknown how many are attributable to poor handwriting, have sharpened standards and programs that address legibility in physician documentation.

## !! 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: 118

Implemented:

Reference Title: "F" Override Change

Notification Date: May 5, 2008

Expected Implementation Date: May 2, 2008

ADHS will provide 90 days notice when possible

#### Change Description:

(SSR 2254) ADHS has updated CIS to allow the use of the "F" override to bypass billing limitations on procedure codes T1019, S5110, H0038, H2014, H2014HQ and H2017 billed in conjunction with S5109HA, S5109HB, S5109HC, H0018 or H0019, as well as all accommodation revenue codes.

ADHS has updated CIS to allow the use of the "F" override to bypass billing limitations on certain procedure codes billed in conjunction with a few select codes and accommodation revenue codes. Review the Edit Alert for specific codes.

### New/Changed Edit Alert

Tracking Number: 119

Implemented:

Reference Title: 2nd zip code edit

Notification Date: May 19, 2008

Expected Implementation Date: May 15, 2008

ADHS will provide 90 days notice when possible

#### Change Description:

(SSR 2559) ADHS has added a zip code preprocessor edit to the CIS encounter process. The first five digits of the zip code on the intake covering the encounter dates of service, will be checked for validity. If the zip code is invalid, the encounter will be rejected. An intake change will be required to correct the zip code before the encounter may be successfully resubmitted.

ADHS has added a zip code preprocessor edit to the CIS encounter process. The first five digits of the zip code on the intake, covering the dates of service, will be checked for validity.

## New/Changed Edit Alert

Tracking Number: 120

Implemented: 

Reference Title: Medical conference and phone calls - old and new codes

Notification Date: May 20, 2008

Expected Implementation Date: January 1, 2008

ADHS will provide 90 days notice when possible

### Change Description:

The following is a list of codes end dated by AHCCCS 12/31/07 and the replacement codes which are effective 1/1/08:

#### END-DATED CODE:

99361 Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes

#### NEW CODES:

99367 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by a physician

99368 Participation by non-physician qualified health care professional (Team conference services of less than 30 minutes duration are not reported separately)

#### END-DATED CODES:

99371 Telephone call by a physician to patient or for consultation or medical management or for coordination medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)

99372 Telephone call, intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem)

99373 Telephone call, complex or lengthy (e.g., lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services)

#### NEW CODES:

99441 Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure with the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion

99442 [Same as above]; 11-20 minutes of medical discussion

99443 [Same as above]; 21-30 minutes of medical discussion

List of codes end dated on 12/31/07 and their replacements as of 1/1/08. View Edit Alert for codes.

## NPI

Providers with NPIs – All providers with NPIs (including atypical providers) must submit claims/encounters with an NPI only and no other ID.

Atypical providers - If an AHCCCS identified atypical provider type does not have an NPI, they must submit claims/encounters with an AHCCCS ID.

A list of NPI Provider Types, descriptions and an indicator which states whether the Provider Type requires an NPI can be found on the AHCCCS website at:

[http://www.ahcccs.state.az.us/HIPAA/Documents/PDF/s/NPIDocuments/NPI\\_ProviderType.pdf](http://www.ahcccs.state.az.us/HIPAA/Documents/PDF/s/NPIDocuments/NPI_ProviderType.pdf)

## Bilateral Procedures

AHCCCS billing rules for dates of service on and after 01/01/2008, require that providers (both professional and OPFS) bill bilateral procedures as a single line with the “50” modifier and the appropriate # of units per the example below.

*Line 1 of the claim – Procedure #####, with a “50” (bilateral service) modifier, 1 unit, and full charges. Fee Schedule Amount is \$100.00.*

This service would then value at 150% of the fee schedule for the single unit of service or \$150.00.

In the event that there are two bilateral procedures on the same claim, the primary bilateral procedure and the secondary bilateral procedure would be reported and processed as noted in the example below.

*Line 1 of the claim – Procedure #####, with a “50” (bilateral service) modifier, 1 unit, and full charges. Fee Schedule Amount is \$100.00.*

This service would then value at 150% of the fee schedule for the single unit of service or \$150.00.

*Line 2 of the claim – Procedure #####, with a “50” (bilateral service) modifier and a reported or systematically inferred “51” (multiple procedure) modifier, 1 unit, and full charges. Fee Schedule Amount is \$50.00*

Assuming this is the secondary procedure, this service would then value at 50% of 150% of the fee schedule for the single unit of service or \$37.50.

## PMMIS Updates

### Provider Type

Effective with dates of service on or after January 1, 2007, the provider type 43 (Ambulatory Surgical Center) can report the code 11603 (Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 2.1 To 3.0 CM).

**Category of Service (COS)**

Effective with dates of service on or after April 1, 2008, the codes S5111 (Home care training, family; per session) and S5116 (Home care training, non-family; per session) have been changed to Category of Service 47 (Mental Health Services).

**Limit(s)**

Effective with dates of service on or after April 30, 2008, the daily maximum limits have been changed to 32 for the following codes:

- S5108 (Home care training to home care client, per 15 minutes)
- S5115 (Home care training, non-family; per 15 minutes)

**Modifier(s)**

Effective with dates of service on or after January 1, 2007, the modifier 80 (Assistant Surgeon) can be reported on the following codes:

- 15002 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children).
- 15004 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children).

Effective for dates of service on or after January 1, 2008, the following modifiers have been added to the CPT code 96125 (Standardized cognitive performance testing (e.g., Ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report):

- GN (Services delivered under outpatient speech language pathology)
- GO (Services delivered under an outpatient occupational therapy plan)
- GP (Services delivered under an outpatient physical therapy plan of care)

**Procedure codes**

Effective for dates of service on or after January 1, 2008, the CPT codes below have the coverage code changed to 01 (Covered Service/Code Available) and the Medicare indicator is now "N":

- 99441 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)
- 99442 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion)
- 99443 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion)
- 99367 (Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician)
- 99368 (Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional)

**Place of Service (POS)**

Effective for dates of service on or after June 30, 2008, the CPT code 99058 (Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service) can not be reported at POS 20 (urgent care facility).

## PMMIS Table Change

Effective May 1, 2008, the PMMIS screens RF773 (Revenue Codes to Procedure Codes) and RF774 (Revenue Codes to Bill Types) will only contain one-to-one code relationships. 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.

## NPI News for Medicare FFS Providers

As of May 23, 2008, Medicare FFS will require and send NPI-Only in ALL provider identifier fields for all HIPAA and paper transactions where a provider identifier is required. If a provider sends Medicare a transaction with a Medicare legacy identifier in any of the provider fields, the claim will be rejected. These transactions include all electronic and paper claims (837I, 837P, NCPDP, DDE and paper CMS-1500 and UB-04), the 276/277 claims status transaction, the 270/271 eligibility transaction, 835 remittance advice and SPR paper remittance.

## Correcting Claims for TRBHAS

How to correct claims submitted directly to AHCCCS: Providers are encouraged to use the Claims Correction Request Form to correct many common errors without resubmitting the claim. This form may be faxed to the AHCCCS Claims Research Unit at 602-417-4430.

The completed Claims Correction Request Form must include the provider's name and ID #, a contact person's name SIGNATURE and date the request was sent. Do not use this means to submit medical records.

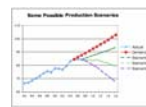
How to resubmit claims submitted directly to AHCCCS:

If the provider chooses to submit a "new" or "corrected" version of a previously submitted claim, the original AHCCCS Claim Reference Number (CRN) must be included on the resubmission (in BLACK ink) to enable the AHCCCS system to identify the claim being resubmitted. Otherwise the claim will be entered as a new claim and may be denied for being received beyond the initial submission time frame. Providers do NOT need to resubmit documentation unless specifically requested to do so. Mark the claim being resubmitted clearly with "RESUBMISSION" in BLACK ink. For consistency purposes, indicate the original CRN in

- Field 22 (Original Ref. No) on the CMS 1500
- Field 79 (Remarks) of the UB04 form (be sure to use XX7 bill type)
- Field 35 (Remarks) of the ADA form

## Coding "Cheat Sheets" Posted on the wall

There is nothing per se inappropriate about coders having "cheat sheets" for them to do their jobs more efficiently; however, an OIG investigator might have a significant problem if the "cheat sheet" next to your desk only reflects high level codes. For example, if you are listing new patient evaluation and management codes on your "cheat sheet," make sure you list all five levels of new patient evaluation and management codes. Be certain to include all options and not just ones that pay you the most money.



## BHS Encounter Production Schedule – Key Dates and Events

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

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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
<b>AHCCCS Processing</b>			
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, more cost effective than manual data entry.

CRS contacts for electronic claims filing information:

Luz Valle	Yuma CRS	(928) 336-7362 <a href="mailto:LValle@yumaregional.org">LValle@yumaregional.org</a>
Russ Zaucha	Tucson CRS	(520) 324-3209 <a href="mailto:Russ.Zaucha@tmcaz.com">Russ.Zaucha@tmcaz.com</a>
Debi Ford	Phoenix CRS	(602) 364-4708 <a href="mailto:mobbss@azdhs.gov">mobbss@azdhs.gov</a>
Josie Vaughan	Flagstaff CRS	(928) 773-2054 x14202 <a href="mailto:vaughaj@nahealth.com">vaughaj@nahealth.com</a>

## TPL Website Correction

The web address for submission of AHCCCS recipient Third Party Liability (TPL) information updates for verification is:

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



## 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](mailto:mobbss@azdhs.gov).



## 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

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

Tim Stanley	Chief	(602) 364-4781 <a href="mailto:stanleti@azdhs.gov">stanleti@azdhs.gov</a>
Bobby Rivera	Manager	(602) 364-4702 <a href="mailto:riveraro@azdhs.gov">riveraro@azdhs.gov</a>
Stacy Mobbs	Analyst	(602) 364-4708 <a href="mailto:mobbss@azdhs.gov">mobbss@azdhs.gov</a>
Sandra Reyes	Analyst	(602) 364-4426 <a href="mailto:reyess@azdhs.gov">reyess@azdhs.gov</a>
Stephanie Ortiz	Admin	(602) 364-4437 <a href="mailto:ortizs@azdhs.gov">ortizs@azdhs.gov</a>

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).

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](mailto:ReportFraud@azdhs.gov)

**All reports are kept confidential and may be reported to other agencies.**



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