

OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Office of Program Support  
150 North 18th Avenue, Suite 280, Phoenix, Arizona 85007  
<http://www.azdhs.gov/bhs/tidbits>

## OPS Mailbox

Contractors must send in all inquiries to OPS' email box at [ops@azdhs.gov](mailto:ops@azdhs.gov). However, it is not necessary to **copy** others when submitting questions to this mailbox. The OPS mailbox will forward the email to the appropriate OPS Representative(s).

Please make a note that Contractors should not contact the OPS Representatives directly, any and all requests should be sent to [ops@azdhs.gov](mailto:ops@azdhs.gov) and **copy** only your internal staff. In turn, the request/email will be forwarded on to the appropriate individual(s).

As the Covered Services Guide is updated quarterly, the Tidbits and Edit Alerts will be utilized as a current process to notify RBHAs of policy/coding/editing changes.

## Contractors' Deliverables

**Requests for extensions to deadlines for OPS Deliverables.** If the Contractor requires an extension, a request must be submitted to [ops@azdhs.gov](mailto:ops@azdhs.gov) **prior** to the due date. OPS will make every attempt to approve extension requests. Please note that not all requests will be able to be accommodated due to time sensitive deadlines.

**Encounter Reconciliation Log (formerly Override/Deletion Log).** The next Encounter Reconciliation Log is due to OPS on or before COB April 3, 2009. Requests for the log were sent out on Wednesday, March 25, 2009. It is important that OPS is notified, via OPS mailbox, when the Log is placed on the FTP Server.

**Check Register Review FY09.** 2<sup>nd</sup> Qtr FY09 - Final results have been sent out via regular mail and email to all Contractors and this has included the 2<sup>nd</sup> Qtr Check Register Review. 3<sup>rd</sup> Qtr FY09 - Request for the 3<sup>rd</sup> Qtr FY09 Check Register will be sent out Wednesday, April 1, 2009 and check registers are due to OPS, via [ops@azdhs.gov](mailto:ops@azdhs.gov), on or before close of business Wednesday, April 15, 2009. Contractors must be reminded that screen prints from their system will no longer be accepted for omissions.

**Intakes without Encounters.** Contractors must make sure that they are cleaning up the Intakes without Encounters. The numbers are rising. This report is on the RBHA FTP folder every Monday.

**Claims Dashboard.** Request for the 3<sup>rd</sup> Qtr FY09 Claims Dashboard will be emailed out to all Contractors on Wednesday, April 1, 2009. The due date for the Claims Dashboard is due to OPS from the RBHA's on or before COB Thursday, April 30, 2009, and due from the CRS Site on or before COB on the 10<sup>th</sup> day of each month. Please submit report to [ops@azdhs.gov](mailto:ops@azdhs.gov). This deliverable is a quarterly report for RBHA's and monthly for CRS Site. If the Contractor requires an extension, a request must be submitted to [ops@azdhs.gov](mailto:ops@azdhs.gov) prior to the due date.

## Encounter File Processing Schedule April 2009 – June 2009

FTP PROCESSING ACTIVITIES Contractor Submission Deadlines	April 2009	May 2009	June 2009
Deadline for New Day Encounter File Sub- mission to ADHS by 12:00 p.m.	Monday 3/30/09	Friday 5/01/09	Friday 5/29/09
Deadline for Cor- rected Pend Encoun- ters by 12:00 p.m.	Tuesday 3/31/09	Monday 5/04/09	Monday 06/01/09
New Day and Cor- rected Pends Due to AHCCCS by 12:00 p.m.	Wednesday 4/1/09	Tuesday 5/05/09	Tuesday 6/02/09
AHCCCS PROCESSING			
Files Available from AHCCCS by 5:00 p.m.	Friday 4/10/09	Friday 5/15/09	Friday 6/12/09
Pended and Adjudi- cated Encounters Available to Regional Contractors by 5:00 p.m.	Monday 4/13/09	Monday 5/18/09	Monday 6/15/09

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

## Coding Q & A

The following question appeared in February's issue of Tidbits. A clarification has been made to the original answer.



If direct care clinics, whose staff works in multiple co-located sites, provide additional services beyond what the clinic itself offers, how would these co-located services be encountered? Are they considered in-office services or out-of-office services?



If the provider has two (or more) offices and is performing the services in these offices then all should be billed using POS 11 (Office).

### Clarification on Ordering Lab Tests

The information provided reflects which provider types were able to perform the laboratory tests as opposed to ordering the laboratory tests.

Any medical practitioner, including nurse practitioners and physician assistants, can order laboratory tests within their scope of license. With few exceptions, the tests are performed at laboratories, which are paid for performing those tests regardless of the provider type ordering them. There are some tests (commonly referred to as "CLIA waived tests") that are simple and do not require complex calibrated laboratory equipment that may be performed at the provider's office. These tests may be performed by an MD, DO, NP or PA. AHCCCS will be updating the list of CLIA waived laboratory tests for all provider types in the near future. Please note that one of the tests on the list submitted (86585) has not been an AHCCCS covered service since January 1, 2006.

**AHCCCS Coding Tips.** The following are coding tips from the American Medical Association:

- Diagnostic or treatment procedures that are reported as part of evaluation and management services (e.g., otoscopy, anterior rhinoscopy, tuning fork tests, and removal of nonimpacted cerumen) are not reported separately.
- Modifier 59 (distinct procedural service) billed in conjunction with microbiology codes should be used when separate results are reported for different species or strains that are described by the same CPT code.

## OPS Pend Corner

### AHCCCS Listing Of All Pend Codes

The following link has been provided by AHCCCS to identify all current pend codes and descriptions: [http://www.ahcccs.state.az.us/Encounters/EditStatusYStatus12\\_11\\_08.xls](http://www.ahcccs.state.az.us/Encounters/EditStatusYStatus12_11_08.xls).

### Certain Z305 Pend Overrides Performed by OPS

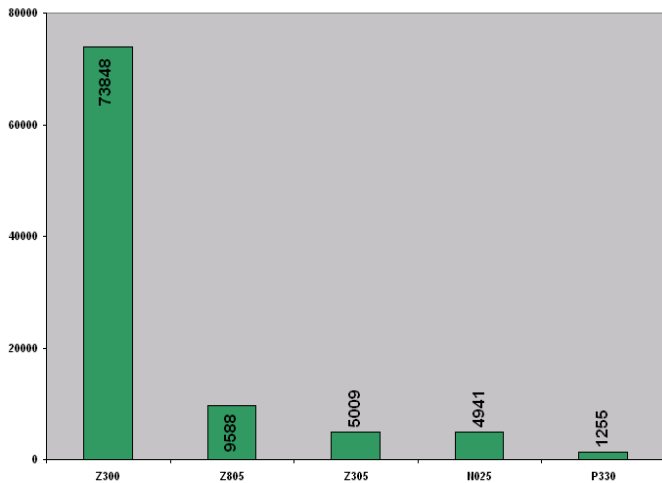
According to the instructions of Edit Alert 103 (distributed 12/3/07), the Office of Program Support (OPS) continues to perform monthly overrides of RBHA encounters, pending at AHCCCS for Z305 (Date of Service Overlap), when procedure codes related to case management and transportation have been billed. Please see Edit Alert 103 for additional details.

On a monthly basis, OPS identifies the case management and transportation Z305 pending encounters to be marked for override and provides an Excel file to ADHS ITS. ITS uses this file to mark the AHCCCS pends with an "A" (Approve/Override Duplicate) action code in the file that will be submitted to AHCCCS for batch processing.

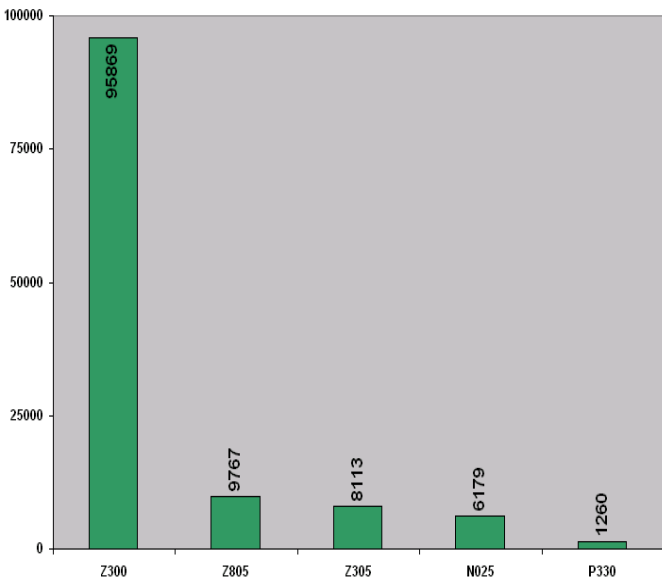
Detail files listing all Z305 records that have been marked for override are also provided to the RBHAs on a monthly basis. OPS places detail files on the Sherman Server, in respective OPS FTP folders, and provides email notification to all RBHAs of their availability when the overrides have been completed in the CIS system. Filenames are formatted as follows: "yymmdd\_Z305-xx" ('xx' = RBHA ID).

All other encounters pending for Z305, which are not for case management or transportation services, must be researched by the RBHAs and resolved via the monthly deldup file process.

Top 5 AHCCCS Pends February 2009 (Statewide)



Top 5 AHCCCS Pends March 2009 (Statewide)



1. Z300 (Exact Duplicate: CMS) – Access PMMIS screen EC270C to identify the encounter that the pended encounter is duping against. Verify that the Provider, Member ID, DOS, Procedure Code and Modifier are an exact duplicate to the CRN found in PMMIS. If the encounter has been submitted twice void the pended encounter.
2. Z805 (Exact Dup from Diff HPs: NCPDP) – OPS is advising the RBHAs to contact the other Health Plans that their encounter is pending against to work out these pend errors.
3. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
4. N025 (Drug Not Available on DOS) – Access PMMIS screen RF319 and enter the NDC Code to identify if it is valid at AHCCCS. If the

NDC code is unavailable for the dates of service on the encounter, the RBHA should void the encounter.

5. P330 (Provider Not Eligible for Category of Service on Service Date) – Access PMMIS screen PR035 and enter the provider's six digit AHCCCS Provider ID to identify if the provider is eligible for the Category of Service in question. If not, the RBHA may either void the encounter or have the provider contact AHCCCS Provider Registration, if it is believed that the provider should be eligible.

It is OPS' hope that this information can be used in the ongoing effort to correct AHCCCS pends. Please contact the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov), if further clarification is necessary.

### Client Name Changes

The Office of Program Support recently received a question regarding client name changes and how they are handled (*maybe updated?*) between AHCCCS' PMMIS System and ADHS' Client Information System (CIS). Please see below for an explanation of this process and when the client's name change should be reflected on the Statewide Roster:

- Data on clients currently enrolled in the AHCCCS system is updated daily by a file provided to AHCCCS from DES. If the client needs pertinent information (name, date of birth, etc.) changed in PMMIS, the client must work directly with DES to get this information updated.
- ADHS utilizes the 834 Intake transactions, submitted by the contractors, to create and update a client's information. To get the name changed on the ADHS Statewide Roster, the contractors must send an 834 Change Intake transaction (Action Code "C") with the appropriate updated information.

Please do not hesitate to forward any questions on the above subject or any other eligibility/enrollment related matters to the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov).

**PMMIS Changes**

**Age Change**

- o **L2050** – Hip, knee, ankle, foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated the minimum age has changed to zero (0) effective February 17, 2009
- o **J0702** – Injection, Betamethasone Acetate 3mg and Betamethasone Sodium Phosphate 3mg minimum age has been changed to zero (0) effective February 17, 2009
- o **90378** – Respiratory syncytial virus immune globulin (RSV-IGIM), for intramuscular use, 50 Mg, each the maximum age is now 3 years of age and the daily maximum is now 4 effective March 4, 2009

**Modifier(s)**

Procedure Code/Description	Modifier Added	Effective Date
93541 – Injection procedure during cardiac catheterization, for pulmonary angiography	51 (Multiple Procedures)	10/01/1982
93542 – Injection procedure during cardiac catheterization, for selective right ventricular or right atrial angiography	51 (Multiple Procedures)	10/01/1982
93543 – Injection procedure during cardiac catheterization, for selective left ventricular or left atrial angiography	51 (Multiple Procedures)	10/01/1982
93620 – Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with right atrial pacing and recording right ventricular pacing and recording, HIS bundle recording	51 (Multiple Procedures)	03/01/1989

93641 – Electrophysiologic evaluation of single or dual chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement, with testing of single or dual chamber pacing cardioverter defibrillator pulse generator	51 (Multiple Procedures)	01/01/1994
L3763 – Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	NU (New Equipment) LT (indicates left side) RT (indicates right side)	01/01/2007
93620 – Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia, with right atrial pacing and recording right ventricular pacing and recording, HIS bundle recording	51 (Multiple Procedures)	03/01/1989
93641 – Electrophysiologic evaluation of single or dual chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or	51 (Multiple Procedures)	01/01/1994

replacement, with testing of single or dual chamber pacing cardio-verter0defibrillator pulse generator		
L3763 – Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	NU (New Equipment) LT (indicates left side) RT (indicates right side)	01/01/2007

### Place of Service (POS)

Procedure Code/Description	POS Added	Effective Date
<b>93307</b> – Echocardiography, Transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	32 Nursing Facility	7/01/2008
<b>93320</b> – Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging), complete	32 Nursing Facility	7/01/2008
<b>94760</b> – Noninvasive ear or pulse oximetry for oxygen saturation, single determination	71 State or Local Public Health Clinic	7/01/2008
<b>76377</b> – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation	11 Office	1/01/2008
<b>77003</b> – Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous	11 Office	1/01/2008

Procedure Code/Description	POS Added	Effective Date
diagnostic or therapeutic injection procedures (epidural, Transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction		
<b>77081</b> – Dual-energy X-ray absorptiometry (Dxa), bone density study, 1 or more sites, appendicular skeleton (peripheral) (E.g. Radius, wrist, heel)	11 Office	1/01/2008
<b>77082</b> – Dual-Energy X-ray absorptiometry (Dxa), bone density study, 1 or more sites; vertebral fracture assessment	11 Office	1/01/2008
<b>57280</b> – Colpopexy, abdominal approach	22 Outpatient Hospital	1/01/2008
<b>52000</b> – Cystourethroscopy (separate procedure)	23 Emergency Room	1/01/2008
<b>D0220</b> – Intraoral-periapical first film 4	24 Ambulatory Surgical Center	9/01/2008
<b>D0230</b> – Intraoral-periapical each additional film	24 Ambulatory Surgical Center	9/01/2008
<b>D2391</b> – Resin-based composite- one surface, posterior	24 Ambulatory Surgical Center	9/01/2008
<b>D2930</b> – Prefabricated stainless steel crown-primary tooth	24 Ambulatory Surgical Center	7/01/2008
<b>D2932</b> – Prefabricated resin crown	24 Ambulatory Surgical Center	9/01/2008
<b>D3220</b> – Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	24 Ambulatory Surgical Center	7/01/2008

Procedure Code/Description	POS Added	Effective Date
<b>58563</b> – Hysteroscopy, surgical, with endometrial ablation (e.g. endometrial resection, electrosurgical ablation, thermoablation)	11 Office	3/01/2009
<b>90655</b> – Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	22 Outpatient Hospital	7/03/2008

### Coverage Code(s)

- **15788** – Chemical peel, facial, epidermal, Effective on or after March 1, 2009 procedure now covered (01-covered service/code available) with Prior Authorization required for both Acute and LTC
- **15789** – Chemical peel, facial, dermal, Effective on or after March 1, 2009 procedure now covered (01-covered service/code available) with Prior Authorization required for both Acute and LTC
- **15792** – Chemical peel, non-facial, epidermal, Effective on or after March 1, 2009 procedure now covered (01-covered service/code available) with Prior Authorization required for both Acute and LTC
- **15793** – Chemical peel, non-facial, dermal, Effective on or after March 1, 2009 procedure now covered (01-covered service/code available) with Prior Authorization required for both Acute and LTC
- **67041** – Vitrectomy, mechanical, pars plana approach, with removal of preretinal cellular membrane (e.g. macular pucker) has been added to revenue code 0360 (OR services), 0361 (OR/Minor) and 0490 (Ambul Surg) for dates of service on or after October 1, 2008
- **67042** – Vitrectomy, mechanical, pars plana approach, with removal of internal limiting membrane of retina (e.g. for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e. air, gas or silicone oil) has been added to revenue code 0360 (OR services), 0361 (OR/Minor) and 0490 (Ambul Surg) for dates of service on or after October 1, 2008
- **67043** – Vitrectomy, mechanical, pars plana approach, with removal of subretinal membrane (e.g. choroidal neovascularization), includes, if performed, intraocular tamponade (i.e. air, gas or silicone oil) and laser photocoagulation has been added to revenue code

0360 (OR services), 0361 (OR/Minor) and 0490 (Ambul Surg) for dates of service on or after October 1, 2008

- **49450** – Replacement of gastrostomy or ceceostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report has been added to revenue code 0360 (OR services) and 0361 (OR/Minor) for dates of service on or after October 1, 2008

### Provider Type (PT)

Procedure Code/Description	Provider Type Added	Effective Date
<b>20690</b> – Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	10 (Podiatrist)	01/01/2007
<b>27646</b> – Radical resection of tumor, bone, fibula	10 (Podiatrist)	07/01/2008
<b>G0008</b> – Administration of influenza virus vaccine	18 (physicians assistant) 31 (DO-Physician Osteopath)	10/01/2008
41899 – Unlisted procedure, dentoalveolar structures	43 (Ambulatory Surgical Center)	10/01/2008

### Timeframes for Completion of Transfers

The ADHS/DBHS Provider Manual, 3.17.7-D continues to state that, “When an Inter-T/RBHA transfer occurs, the person must be disenrolled from the home T/RBHA and enrolled in the receiving T/RBHA contingent upon the date the person expects to relocate to the receiving T/RBHA’s geographic service area, but no later than 30 days of the referral by the home T/RBHA (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)). This timeframe allows sufficient time for the receiving T/RBHA to arrange for services and plan the person’s transition.”

Adherence to these timeframes will help ensure continuous care for the client. They will also allow the transfers to be made electronically in the CIS system without special handling by ADHS/DBHS and ensure

there is no loss of AHCCCS behavioral health eligibility segments due to late submission.

### **State Roster**

The ADHS Administrative Counsel's Office determined that HIPAA does not authorize disclosure of the State Roster to providers. While a provider could argue that access is related to treatment/payment for a specific member, the vast majority of Protected Health Information (PHI) that is being disclosed belongs to clients who will never see the provider accessing the State Roster information. Because access allows disclosure of the PHI of the other eligible members, the provider would have to obtain authorization from all of the eligible members before the information can be disclosed. For these reasons, the disclosure of the State Roster information to RBHA providers is a HIPAA violation. It is ADHS/DBHS's position that the RBHAs cannot provide the State Roster to their providers.



### **DES Contact Number**

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

#### DES Communications Center

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



### **ADHS Encourages Electronic Claims**

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.



### **Security IDs for All DBHS 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 Compliance Division, Contracts Development 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, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at [Stacy.Mobbs@azdhs.gov](mailto:Stacy.Mobbs@azdhs.gov).



### **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>
Sandra Reyes	Investigative 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 to:

*Mr. 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.**