

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. 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 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

Contractor Email Addresses. Due to the high volume of emails being sent out from the OPS email box, we are requesting that all Contractors provide one primary contact for any and all deliverables being sent out from the OPS mailbox. It will be up to the Contractor to determine who within your organization will be the primary contact for deliverables from the OPS mail box. Please provide this primary contact as an email address to the OPS email box at ops@azdhs.gov by or before close of business June 12, 2009. Please insert "Deliverable Primary Contact" in the subject line of this email. **This change will go into effect on Monday, June 15, 2009.**

Requests for extensions to deadlines for OPS Deliverables. If the Contractor requires an extension, a request must be submitted to 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 3rd Qtr FY09 Encounter Reconciliation Log is complete and results have been distributed to the Contractors.

The 4th Qtr FY09 Encounter Reconciliation Log will be due on July 30, 2009. A reminder will be sent out one week prior to the 4th Qtr end. It is important that OPS is notified, via OPS mailbox, when the Log is placed on the FTP Server.

Check Register Review FY09. The 3rd Qtr FY09 is currently under preliminary reviews. Preliminary results will be distributed as they are completed. 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. The 3rd Qtr FY09 Claims Dashboard is currently under the review process. This deliverable is a quarterly report for RBHAs and monthly for the CRS Site. If the Contractor requires an extension, a request must be submitted to ops@azdhs.gov prior to the due date.

Please feel free to contact the Office of Program Support at OPS@azdhs.gov with any questions, comments or concerns.

Eligibility Enrollment

Members with SSN Data in the AHCCCS ID Field. OPS has received questions regarding members where the Social Security Number (SSN) is listed as the AHCCCS ID. In the instance examined, this caused new intakes submitted for the client to reject with an error message indicating the "AHCCCS ID is invalid." In researching such instances, it is important to note that when a new intake on an existing client (one who already has a CIS client ID) is submitted to ADHS, the data submitted in the AHCCCS ID field must match what is on the most current intake in the Client Information System (CIS). If the AHCCCS ID is the SSN on the old intake, it is because at one time AHCCCS was using the client's SSN as their AHCCCS client ID. With the advent of HIPAA, AHCCCS made these SSN client IDs the secondary ID and issued the client a new primary ID beginning

with the letter "A." When an intake is submitted to ADHS with the AHCCCS SSN client ID, and ADHS forwards it to AHCCCS, AHCCCS will send the AHCCCS Behavioral Health eligibility segment back to ADHS with the new AHCCCS ID. ADHS will use the new ID that AHCCCS sent ADHS to update the RBHAs' intake. If the AHCCCS ID does not get updated it is because the client is not AHCCCS eligible at this time. ADHS will continue to send such intakes to AHCCCS until six months after closure and if the client becomes eligible, the AHCCCS ID will be updated at that time.

Diagnosis Codes

ICD-9-CM diagnosis codes must be used when submitting claims and encounters. While each claim or encounter must include at least one valid ICD-9 diagnosis code describing the person's condition, all applicable diagnosis codes should be reported. For Behavioral Health, inpatient UB04 (837Institutional) encounters/claims for revenue codes submitted by inpatient providers must be submitted indicating a principal diagnosis code in the range of 290.00 to 316.99. AHCCCS has advised the department that they will be adding diagnosis code 648.43 to the codes available for inpatient claims sometime in the near future.

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: 146 Implemented:

Reference Title: Edit F125 to be discontinued

Notification Date: May 1, 2009

Expected Implementation Date: May 1, 2009
ADHS will provide 90 days notice when possible

Change Description:
ADHS plans to discontinue the current practice that suspends all encounter processing on clients for whom the RBHA has not submitted a timely initial (type 1) demographic record to ADHS. Edit F125 (Encounter suspended due to no type 1 demographic) will be turned off.

In lieu of the edit, ADHS will be instituting a mechanism to address un-timely client demographic record submissions. Monthly reports will be made available to the RBHAs for identifying those clients who do not have an initial (type 1) demographic record within 55-days of the clients intake. RBHAs who do not meet established benchmarks for timeliness will be subject to sanctions.

More details will be forthcoming on the sanction policy.

Scenarios (if Applicable): Edit Function:

This change will enable ADHS/DBHS to be more in sync with AHCCCS system and will decrease the number of encounters pending at AHCCCS.

New/Changed Edit Alert

Tracking Number: 144 Implemented:

Reference Title: "F" Override Program Changes - UPDATE

Notification Date: May 13, 2009

Expected Implementation Date: June 1, 2009
ADHS will provide 90 days notice when possible

Change Description:
(SSR 266) Use of the "F" override in bypass BS billing encounters will be changed as follows:

The BS billing encounter for -

T1019
F2014
F2014 HQ
SS110
F2017

when billed in conjunction with -

S5140
S5145
S5109 FA
S5109 FB
S5109 FC

will be bypassed when the following conditions are met:

The first encounter submitted must have MO override. If an encounter is submitted with an override and a corresponding encounter does not already exist in the system, the encounter will be rejected. Example: T1019 is submitted and there is no S5140, S5145 or S5109 H/A/B/C already in the system, the T1019 encounter will be rejected for "9999-No BS billing. Incomplete encounter data requiring 'F' override"

After the first encounter is accepted, all subsequent encounters must be submitted with an override. Example: T1019 is submitted and accepted. Next S5109 FA is submitted with an override and accepted. Next F2014 is submitted without an override, the F2014 will be rejected for "1006-New encounter prior code cannot bill on same day as existing encounter prior code"

Two of the above codes is billed on the same file for the same day, the encounter above will apply. They will be accepted as existing encounters if only in the system and, if none are found in the system, in the order listed on the same file

Scenarios (if Applicable): Edit Function:

Coding Q & A



How is "group" defined?



According to the Arizona Administrative Code "group" is defined as, "The therapeutic interaction between more than one client and a behavioral health professional or technician intended to improve, eliminate, or manage one or more of the clients' behavioral health issues." In addition, BHS Clinical management has added, "This therapeutic interaction takes place in a safe, confidential, and appropriate environment."



What services can be encountered while simultaneously providing transport to a client?



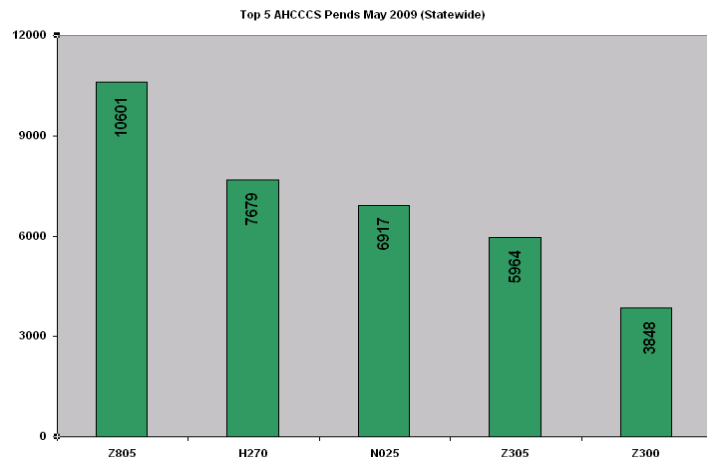
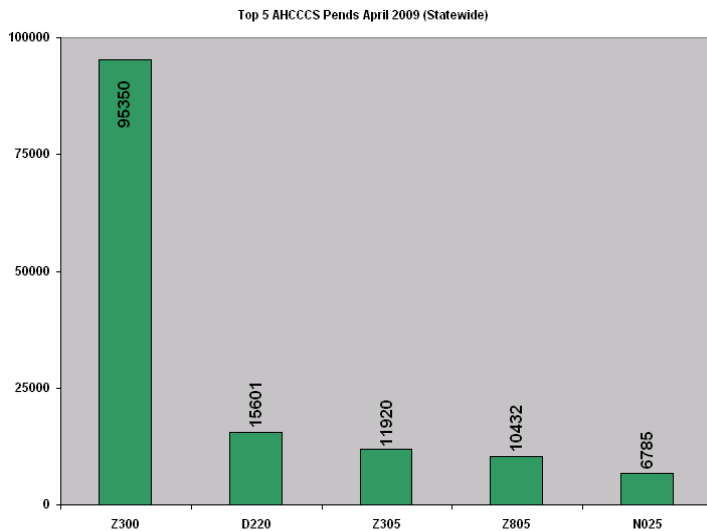
Additional services cannot be encountered by a single provider while driving. In the Covered Services Guide revision, effective October 1, 2009, new language will be added to reflect this clarification.

The proposed clarification will be added to the Core Billing Limitation #13 and will state, **“A single provider cannot bill for any covered service while providing transportation to client(s).”** For example, a case manager cannot bill for providing case management while transporting a client.

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.



1. 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.
2. H270 (Prior CRN Not Found or Mismatched – Void and Resubmit) – These pends accrued due to a change in AHCCCS’ void logic. OPS and ADHS ITS will run a special process with

AHCCCS to ensure that these pends clear from the June Pend Cycle.

3. 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. If there is a replacement code for the pending NDC Code; the RBHA should void the encounter and resubmit with the replacement NDC.
4. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
5. 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.

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 if further clarification is necessary.

PMMIS Updates

The following changes have been made to AHCCCS PMMIS tables and may affect either BHS or CRS encounters/claims.

RF773-Revenue Code to Procedure Code Table Updated

Revenue Code	HCPCS Code	HCPCS Description	Effective Dates
0360-OR Services 0361-OR/Minor	32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	10/1/08-99/99/99
0360-OR Services 0361-OR/Minor	32422	Thoracentesis with insertion of tube, includes water seal (eg. For Pneumothorax), when performed (separate procedure)	10/1/08-99/99/99
0360-OR Services 0361-OR/Minor	32440	Removal of lung, total pneumectomy	10/1/08-99/99/99

0360-OR Services 0361- OR/Minor	32551	Tube thoracostomy, includes water seal (eg. For abscess, hemothorax, empyema), when performed (separate procedure)	10/1/08-99/99/99
0360-OR Services 0361- OR/Minor	32560	Chemical pleurodesis (eg. For recurrent or persistent Pneumothorax)	10/1/08-99/99/99
0360-OR Services 0361- OR/Minor	33257	Operative tissue ablation and reconstruction of atrial, performed at the time of other cardiac procedure(s), limited (eg. Modified maze procedure) list separately in addition to code for primary procedure)	10/1/08-99/99/99
0360-OR Services 0361- OR/Minor	33258	Operative tissue ablation and reconstruction of atrial, performed at te time of other cardiac procedure(s), extensive (eg. Maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	10/1/08-99/99/99
0360-OR Services 0361- OR/Minor	33259	Operative tissue ablation and reconstruction of atrial, performed at the time of other cardiac procedure(s), extensive (eg. Maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	10/1/08-99/99/99
0360-OR Services 0361- OR/Minor	33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg. David procedure, Yacoub procedure)	10/1/08-99/99/99

Provider Type

Code	Procedure Description	Provider Type	Provider Description	Effective Date
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components; a problem focused history, a problem focused examination, and straight forward medical decision making	09	Certified Nurse Midwife	9/1/08
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history, an expanded problem focused examination; and medical decision making of low complexity	09	Certified Nurse Midwife	9/1/08
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history, and expanded problem focused examination, and medical decision making of moderate complexity	09	Certified Nurse Midwife	9/1/08

Place of Service

Code	Procedure Description	POS	POS Description	Effective Date
93282	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report, single lead implantable cardioverter-defibrillator system	21	Inpatient Hospital	1/1/09
93284	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report, multiple lead implantable cardioverter-defibrillator system	21	Inpatient Hospital	1/1/09

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.



Office of Program Integrity

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Robert Rivera	Manager	(602) 364-4702 riveraro@azdhs.gov
Sandra Reyes	Investigative Analyst	(602) 364-4426 reyess@azdhs.gov
Stephanie Ortiz	Administrative Assistant	(602) 364-4437 ortizs@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).

If you prefer, you may write to:

*Mr. Robert Rivera
Manager, Office of Program Integrity
Arizona Department of Health Services
Office of the Deputy Director
1740 W. Washington, Room 409
Phoenix, Arizona 85007*

Or email us at:

ReportFraud@azdhs.gov

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

2009 ADHS/DBHS Holiday Schedule

The ADHS/DBHS office will be closed on the following days this year.

- ★ Friday, July 3
- ★ Monday, September 7
- ★ Monday, October 12
- ★ Wednesday, November 11
- ★ Thursday, November 26
- ★ Friday, December 25



**National Flag Day
June 14**