

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

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 currently under review. Results for the files submitted will be distributed as completed. 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.

Coding Q & A

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



Can a case manager, who is with a client, engaged in a telemedicine appointment with a doctor and client, bill case management?



The case manager would be able to bill case management, **as long as the case manager is not the sole provider of the service.** The documentation should support how the case manager participated in the discussion between client and the physician during the telemedicine appointment.



What are crisis intervention services?



Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially deleterious behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings including, but not limited to, a person's place of residence, other community sites, OBHL licensed facilities or over the telephone. These intensive and time limited services may include screening, (e.g., triage and arranging for the provision of additional crisis services) assessment, evaluation or counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive

services to prevent, reduce or eliminate a crisis situation. Complete crisis information can be found in the ADHS/DBHS Covered Services Guide beginning on page 121.



A provider rents office space at a school or has multiple office locations. These offices are sometimes referred to as “satellite” locations or “HUB” locations. What Place of Service (POS) should be used for the billing? Is POS 99 (Other) appropriate?



No, using POS 99 is not correct. The correct POS that should be used for billing is POS 11 (Office). If a provider rents office space at another location such as a school or a “HUB” location, it is still an extension of the “main” office. This follows along the same guidelines as case management and cell phone use in the field.

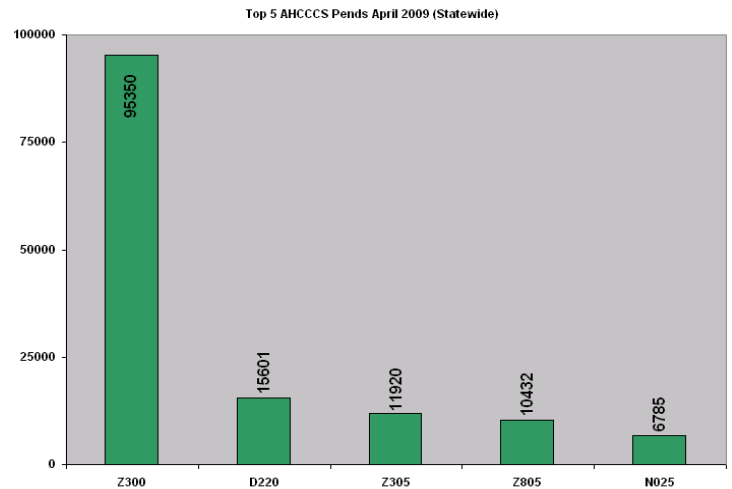
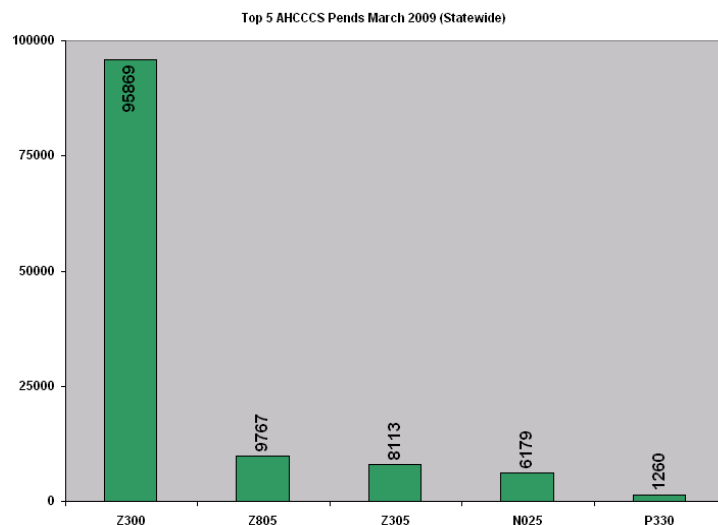
OPS Pend Corner

Pend Alert:

ADHS received a communication from AHCCCS on April 16, 2009, stating that a logic fix is underway, at AHCCCS, for the D220 pend error. Invalid D220 pends will clear in the May encounter adjudication cycle.

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. Z300 (Exact Duplicate: CMS) – Access PMMIS screen EC270C to identify the encounter that the pending 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 pending encounter.
2. D220 (DX Not Covered for Family Planning) – Please see **Pend Alert** above.
3. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
4. 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.
5. 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.

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

Medicare Indicator Changes:

The Medicare indicator has been changed from Y to N for all of the following procedure codes (can be viewed on PMMIS screen RF113)

Procedure Description

Code

J0135	Injection, Adalimumab 20 mg
J0630	Injection, Calcitonin Salmon up to 400 units
J1324	Injection, Enfuvirtide 1 mg
J1438	Injection, Etanercept 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1562	Injection, Immune Globulin (Vivaglobin) 100 mg
J1650	Injection, Enoxaparin Sodium 10 mg
J1652	Injection, Fondaparinux Sodium 0.5 mg
J1675	Injection, Histrelin Acetate 10 mcg
J1815	Injection, Insulin per 5 units
J1817	Insulin for administration through DME (i.e. insulin pump) per 50 units
J1830	Injection Interferon Beta 1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J2170	Injection, Mecasermin 1 mg
J2354	Injection, Octreotide non-depot from fro subcutaneous or intravenous injection 25 mcg
J2440	Injection, Papaverine Hcl up to 60 mg
J2940	Injection, Somatrem 1 mg
J2941	Injection, Somatropin 1 mg
J3030	Injection, Sumatriptan Succinate 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J3110	Injection, Teriparatide 10 mcg
J3140	Injection, Testosterone Suspension up to 50 mg
J3150	Injection, Testosterone Propionate up to 10 mg
J3490	Unclassified drugs
J3590	Unclassified biologics
J9212	Injection, Interferon Alfacon-1, recombinant 1 mcg
J9213	Injection, Interferon alfa-2a, recombinant 3 million units
J9216	Injection, Interferon Gamma 1-B 3 million units
J9218	Leuprolide acetate, per 1 mg
Q0515	Injection, Sermorelin Acetate 1 mcg

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

MCO Procedure Maximum Allowable Charge (RF142) Table Update(s)

Note: MCO – Managed Care Organization (the plans and program contractors)

<u>Code</u>	<u>Description</u>	<u>Effective (on or after)</u>	<u>Rate</u>
C9249	Injection, Certolizumab Pegol 1 mg	4/1/09	\$0.00
K0739	Repair or non routine service for durable medical equipment other than oxygen requiring the skill of a technician	4/1/09	\$0.00
K0740	Repair or non routine service for oxygen equipment requiring the skill of a technician	4/1/09	\$0.00
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	4/1/09	\$0.00
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy	4/1/09	\$0.00
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay	4/1/09	\$0.00

Limit

D7111 – Extraction, coronal remnants-deciduous tooth
Effective on or after March 27, 2009 the daily maximum has changed to 10 and the maximum age has changed to 20 years of age.

Modifier(s)

<u>Code</u>	<u>Description</u>	<u>Effective (on or after)</u>	<u>Modifier</u>
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	7/1/08	NU New Equipment
11055	Paring or cutting of benign hyperkeratotic lesion (eg,.	7/1/08	Q8 2 class A findings

11056	corn or callus) single lesion Paring or cutting of benign kyperkeratitic lesion (eg. Corn or callus) 2-4 lesions	7/1/08	Q8 2 class A findings
11720	Debridement of nail(s) by any method(s) 1 to 5	7/1/08	Q8 2 class A findings
11721	Debridement of nail(s) by any method(s) 6 or more	7/1/08	Q8 2 class A findings

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: 145 Implemented:

Reference Title Encounter suspend exception for voids - REISSUED

Notification Date: April 14, 2009

Expected Implementation Date: April 14, 2009

ADHS will provide 90 days notice when possible

Change Description:

SSR 2946

ADHS will change the 'F125-Encounter Suspended due to No Type 1 Demographic' edit to bypass void encounters. Void encounters will be accepted regardless of Suspend flag status. All encounters other than voids will be rejected if the Suspend flag is set to Y.

New/Changed Edit Alert

Tracking Number: 146 Implemented:

Reference Title Edit F125 to be discontinued

Notification Date: April 29, 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 REHA 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 REHAs for identifying those clients who do not have an initial (type 1) demographic record within 55-days of the clients intake. REHAs 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:

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:

Tim Stanley	Chief	(602) 364-4781 stanleti@azdhs.gov
Bobby Rivera	Manager	(602) 364-4702 riveraro@azdhs.gov
Sandra Reyes	Investigative Analyst	(602) 364-4426 reyess@azdhs.gov
Stephanie Ortiz	Admin	(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. 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 reported to other agencies.

2009 ADHS/DBHS Holiday Schedule

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

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



Memorial Day

In remembrance for those who have died in our nation's service.