

October 2018

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The AHCCCS Provider Training division has a series of presentations and open house events available for providers to attend regarding AHCCCS Complete Care. As a friendly reminder, the AHCCCS Complete Care presentations are by WebEx ONLY. There will be no in-person option available. The Open House training sessions will be by appointment only, and must be confirmed with a confirmation email response from AHCCCS. We thank you for your understanding.

AHCCCS Complete Care Overview

Thursday, October 11, 2018

10:00am – 12:00pm

AHCCCS Complete Care Open House

Wednesday, October 10, 2018

9:00am – 10:00am

10:00am – 11:00am

11:00am - 12:00pm

Wednesday, October 22, 2018

9:30am – 10:30am

10:30am – 11:30am

11:30am – 12:30pm

Telephonic Services and Place of Service Reminder

Place of Service (POS) 02 is used for
telephonic services.

ACRONYMS

As a reminder, AHCCCS has a list of [AHCCCS Related Acronyms](#) available on the AHCCCS website.

Example: ACC = AHCCCS Complete Care

REGARDING PROVIDER ACC QUESTIONS

For questions about registration:

AHCCCS Provider Registration Unit

In Maricopa County: 602-417-7670 and select option 5

Outside Maricopa County: 1-800-794-6862

Out-of-State: 1-800-523-0231

For questions about Enrollment Verification of members

refer to the [Eligibility And Enrollment Verification flyer](#) on our website.

For questions about the American Indian Health Program:

Prior authorization technical assistance: 602-417-4400

Claims customer service: 602-417-7670, option 4

azahcccs.gov/AmericanIndians/AIHP/

For questions about the ACC health plans:

Available Health Plans

Care1st Health Plan (ID 010254)

www.care1staz.com

Steward Health Choice Arizona (ID 010497)

www.StewardHealthChoiceAZ.com

Magellan Complete Care (ID 010500)

www.mccofaz.com

Mercy Care (ID 010306)

www.mercycareaz.org

Banner-University Family Care (ID 010314)

www.bannerufc.com/acc

UnitedHealthcare Community Plan (ID 010158)

www.uhccommunityplan.com

Arizona Complete Health Complete Care Plan (ID 010422)

www.azcompletehealth.com/providers.html

ELECTRONIC PAYMENT SIGN UP

Contact: ISDCustomerSupport@azahcccs.gov

-OR-

Call 602-417-4451

Technical Assistance with Online Web Portal Please email

ProviderTrainingFFS@azahcccs.gov

Crisis Services

Q: What services are considered a crisis service, and when are the RBHA and ACC Plans/AIHP responsible?

A: AHCCCS recognizes that the processes and practices currently in place may be different depending on the area, hospital, crisis service provider and/or RBHA.

Please refer to the table below for behavioral health services/assessment responsibility by specific service codes, by population and within various settings.

Please note that this table includes common crisis service codes, but is not meant to serve as a comprehensive listing of potential services delivered by a crisis provider (including, but not limited to, Medication Assisted Treatment).

Service	Population	Setting	Codes	Responsible Party
Crisis services within first 24 hours	Medicaid, KidsCare and State Only	All providers/settings permitted to bill these codes except observation crisis stabilization units	H2011, S9484, S9485	RBHA
Crisis services within first 24 hours	Medicaid, KidsCare and State Only	Observation crisis stabilization units	S9484, S9485, H0031, H0038, 90791, T1002, T1016	RBHA
Crisis phones	Medicaid, KidsCare and State Only	Telephonic	T1016	RBHA
Assessments	Medicaid, KidsCare	ED/Medical Floor	H0031, 90791, 90792	ACC/AIHP or RBHA for integrated member with SMI
ED visits	Medicaid, KidsCare	ED	99281 -99285 (Not considered "crisis services")	ACC/AIHP or RBHA for integrated member with SMI
ED visits	State Only	ED	99281 -99285 (Are considered "crisis services")	RBHA
Assessments for pre-petition screening (for consideration for COE referral)	Medicaid, KidsCare and State Only	All		County or county designation
SMI assessments for SMI determination	Medicaid, KidsCare	All		ACC/AIHP
SMI assessments for SMI determination	State Only	All		RBHA

Crisis Services Continued

Q: Will the crisis system change for American Indian/Alaskan Native (AI/AN) members?

A: No, the crisis system will remain the same for American Indian/Alaskan Native (AI/AN) members.

Q: Where can I find out more about Crisis Services?

A: A Crisis Services FAQ is available on the AHCCCS website and can be found [here](#).

Did you know that the RBHA names are changing on Monday, October 1st, 2018?

When 1.5 million AHCCCS members move into integrated ACC health plans on Monday, October 1st, 2018, they will receive behavioral health services through their chosen ACC plan instead of from a Regional Behavioral Health Authorities (RBHA).

However, the RBHAs and Tribal RBHAs will continue to serve:

- Foster children enrolled in the Comprehensive Medical and Dental Program (CMDP), including those CMDP members who have a CRS condition

- Members enrolled with DES/DDD
- Individuals determined to have a Serious Mental Illness.

There will be no changes to RBHA-covered services for these members. RBHAs will also continue to provide crisis, grant funded and state-only funded services.

To align with their respective ACC health plans in each geographic service area, the names of the existing RBHAs will change on October 1st, 2018.

Geographic Service Area	Current RBHA Name	RBHA Name
North	Starting October 1, 2018	Steward Health Choice Arizona
Central	Mercy Maricopa Integrated Care (MMIC)	Mercy Care
South	Cenpatico Integrated Care (CIC)	Arizona Complete Health – Complete Care Plan

See the [current and ACC RBHA maps](#) on the AHCCCS website.

AHCCCS Online Claim Disputes

Effective August 16, 2018, AHCCCS Online users have the option of submitting claim disputes to the AHCCCS Office of Administrative Legal Services (OALS). Please keep in mind that there are no changes to the claim dispute requirements. The claim dispute must state in detail the factual and legal basis for the claim dispute and the relief requested (e.g., payment, specific claim denial, quick pay discount, etc.). Claim disputes lacking specificity will be denied. The provider should include any documents which support the facts of the case.

A claim dispute **is not** a venue for submitting corrected claims, documentation requested by DFSM, or to file resubmissions or reconsiderations.

Please refer to Chapter 28 of the AHCCCS Fee-For-Service Provider Billing Manual for additional information regarding claim disputes.

Billing Reminders for the CMS 1500 and UB-04 Claim Forms

When either the CMS 1500 or UB-04 claim form is filled out, **the applicable ICD indicator must be entered.** If the ICD indicator is not entered, the claims' system is unable to identify which version of the ICD codes is being report.

In regards to field 21 of the CMS 1500 claim form, the below billing manual update will appear on 10/1/18 in the CMS 1500 chapter of the [FFS Provider Billing Manual](#):

21. Diagnosis Codes Required

Enter at least one ICD diagnosis code describing the member's condition. Behavioral health providers must **not** use DSM-4 diagnosis codes. Up to twelve diagnosis codes in priority order (primary condition, secondary condition, etc.) may be entered.

ICD Ind. Field: Enter the applicable ICD indicator to identify which version of ICD codes is being reported.

0 = ICD-10-CM

9 = ICD-9-CM (no longer accepted)

- If this field is left blank the claim will be returned to the provider for correction. Please ensure it is filled out correctly.

Enter the ICD indicator between the vertical, dotted lines in the upper-right hand area of the field.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)			ICD Ind.
A. _____	B. _____	C. _____	D. _____
E. _____	F. _____	G. _____	H. _____
I. _____	J. _____	K. _____	L. _____

In regards to field 66 on the UB-04 claim form, the applicable ICD indicator must be entered in the indicated area below (it is indicated by an X highlighted in green).

66. DX	67	A	B	C	D	E	F	G	H
X	I	J	K	L	M	N	O	P	Q

Paper Claim Reminders

When submitting paper claims please remember the following:

1. Claims that are not legible or that are not submitted on the correct form will be returned to providers without being processed.
2. Black and white paper copies of the CMS-1500 and UM-04 Claim Forms will be returned to the provider.
3. Claims that contain the following are **not** legible on the imaging system and cannot be read:
 - Highlighter marks,
 - Copy overexposure marks, and/or
 - Color marks,
 - Dark edges.

4. Blurred font is not legible. AHCCCS has been receiving a large number of claims where the font is blurred.
5. Stamps should not be placed in the claim fields. This can prevent the imaging system from reading the claim correctly.
6. Resubmissions do not need to have the word resubmission written on them. The claims system will mark it as a resubmission based on the included CRN.
7. Information must be aligned in the proper box/field on the claim form. Claims that are not aligned correctly cannot be read by the claims imaging system, and the submitted claim may not be read correctly. Aligning fields correctly allows for expedient and correct claims processing and reduces errors.
 - Personal printing of claim forms may result in claim fields not aligning correctly.
 - Misaligned printers can result in claim fields not aligning correctly.

Example of a misaligned claim:

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSON Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER														
1	01	01	18	01	01	18			CPT				100		1		#####	
	01	01	18	01	01	18			CPT				100		1		#####	
2																	NPI	

8. Please do not staple claims forms and documentation together.
9. On the CMS 1500 Claim Form:
 - The diagnosis box, field 21, on the CMS 1500 claim form must be filled out correctly. One example that has been seen frequently and recently is diagnosis A will be filled out and diagnosis C will be filled out, but diagnosis B is skipped. Diagnosis B should be filled out before moving on to diagnosis C.
 - The applicable ICD indicator must be entered in field 21 in the ICD Ind. Field on the upper right portion of the box.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)												ICD Ind.	
A.	_____	B.	_____	C.	_____	D.	_____						
E.	_____	F.	_____	G.	_____	H.	_____						
I.	_____	J.	_____	K.	_____	L.	_____						

10. On the UB-04 Claim Form:

The diagnosis box, field 66, on the UB-04 claim form must be filled out correctly. The applicable ICD indicator must be entered in the indicated area below (it is indicated by an X highlighted in green).

66. DX	67	A	B	C	D	E	F	G	H
X	I	J	K	L	M	N	O	P	Q