AHCCCS
Arizona Health Care Cost Containment System

REPLACEMENTS AND VOIDS

June 8, 2017
HRD Room
2:00 p.m. – 3:30 p.m.

Please Welcome

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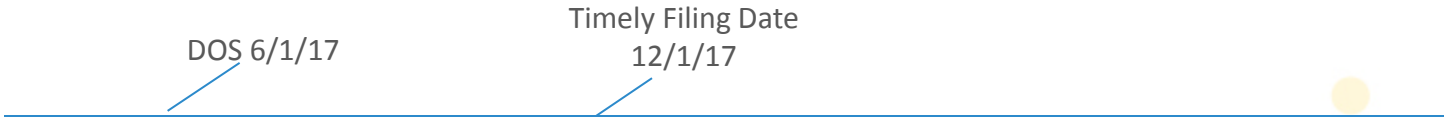
Provider Training Officer
Please refer questions to:
ProviderTrainingFFS@azahcccs.gov
Claims Customer Service Line 602-417-7670

Timely Claim Submission

- **Timelines for claim submissions:**

  - Fee-for-Service claims are considered timely if the initial claim is received by AHCCCS no later than 6 months from the date of service.



  - IHS/638 claims should be submitted within 12 months from the date of service.

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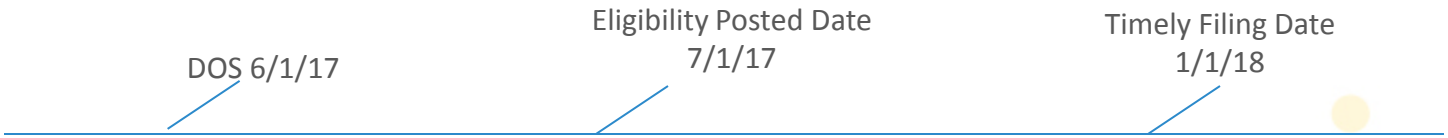
Retro-Eligibility & Hospital Inpatient Submission

- **Timelines for retro eligibility claim submissions:**
  - Retro-eligibility claims should be submitted 6 months from the eligibility posted date.



  - For hospital inpatient claims, “date of service” means the date of discharge.

Timely Claim Submission

- Originally received within 6 months
  Provider has **up to 12 months** from the date of service to achieve a clean claim status by submitting a replacement.
- If a claim does not achieve clean claim status or is not adjusted correctly within 12 months, AHCCCS is not liable for payment.
- This time limit does not apply to recoupments, which would decrease the original AHCCCS payment.

Note: As defined by ARS §36-2904 (G)(1) a "clean claim" is:
A claim that may be processed without obtaining additional information from the provider of service or from a third party but does not include claims under investigation for fraud or abuse or claims under review for medical necessity.

Reconsideration

Reconsideration - a request for a review of a claim that a provider feels was incorrectly paid or denied because of processing errors, with no changes (as it was originally submitted).

AHCCCS will correct any AHCCCS system errors and re-process the original claim.

No changes will be accepted on the copy of the original claim coming in as a reconsideration.

You can mail the claim to AHCCCS with the following information:

- ✓ A copy of the original claim (reprint or copy is acceptable)

Reconsiderations for CLAIMS are mailed to:

AHCCCS Claims Department
Attn: Resubmission & Reconsideration
701 E. Jefferson MD 8200, Phoenix, AZ 85034

Resubmission

Resubmission - a claim originally denied because of missing documentation, incorrect coding, etc., which is now being resubmitted with the required information ***or*** after appropriate changes have been made to the claim and the claim still meets the submission timeliness guidelines.

Note: *The original claim has been denied. Option, submit a brand new claim with corrections as long as the claim meets timely filing guidelines.*

Void

Void – only used to recoup an entire claim submitted in error. This option is for a claim that should not have been submitted.

When a claim is voided, all paid lines are recouped.

- ❑ This process should only be used when there is no other alternative.
- ❑ Only the provider who submitted the original claim can void the claim.
- ❑ The claim becomes completely voided in the system.
- ❑ If you want to void individual lines, you must use the replacement process by omitting the lines you want recouped.

If a provider received overpayment, the provider must notify AHCCCS and must initiate recoupment.

Replacement

Replacement - an adjustment to a denied or paid claim, in order to achieve a clean claim status (denied: correct typos. Paid: correct codes, units, etc.)

A Replacement can be submitted in the following manner:

1. Online AHCCCS web portal,
   Below is the link to the AHCCCS web portal:
   https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
2. As an 837 transaction or
3. Mailing the paper claim.

Note: When submitting the replacement, its important to remember to use the Claim Reference Number (CRN) associated with the original claim you want to replace. Otherwise, the system will not be able to link the claim you are replacing and deny the replacement claim.

Replacement:CMS 1500, ADA, UB

DENIED CLAIMS:

- ✓ Correct the claim.
- ✓ Resubmit the claim in its entirety, including all lines of the original claim. Failure to include all lines in a multi-line claim will result in a recoupment on paid lines not accounted for on resubmitted claims.
- ✓ If the original claim denied anything on the claim can be changed.

RULE OF THUMB – Bill as you originally intended to bill.

PAID CLAIMS:

- ✓ Make changes and or add lines to the new claim.
- ✓ Resubmit all lines from the original claim for which you are requesting reimbursement, even if they contain no changes.
- ✓ If any previously paid lines are omitted, the AHCCCS system will assume that those lines should not be considered for reimbursement and payment will be recouped.
- ✓ Anything can be changed except the provider.
- ✓ For Inpatient claims the Bill Type can not be changed.

Non-IHS/638 Paid Claims

PAID CLAIMS:

If the claim was paid and it is now over six (6) months, if the claim is adjusted DO NOT VOID the claim.

Voiding the claim will result in the recoupment of the payment.

Replacement: KEY WORD "UNMATCHED KEY FIELD"

If a replacement denies for "unmatched key field", the replacement failed. The original claim has not been replaced.

Correct the errors, and submit a new replacement claim and reference the original CRN number.

If replacement denies for any other reason, the replacement was successful and the original is now voided. If the replacement needs subsequent corrections, the replacement becomes the original claim.

Use the CRN of the replacement claim.

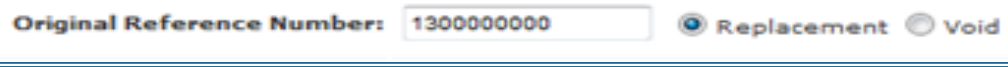
How the Replacement process works

The original claim comes in and is assigned a CRN (i.e. 130000000000), the claim has two service lines, line 1 paid and line 2 denied for invalid procedure code.

CRN	130000000000	Status	(Mix's)			
1	08/30/15 – 08/30/15	99	A0120 $14.54	2	$14.54	Paid
2	08/30/15 – 08/30/15	99	A0215 $70.38	46	$0.00	Denied

Replacement Claim

Key the replacement claim as a new claim with corrections, mark the claim as a replacement and enter the original CRN of the claim you want to replace (adjust) (i.e. 130000000000). Make sure you enter both lines from the original claim, any omitted lines will result in the recoupment of those line/s.



If billing online

When the replacement claim is submitted the system will assign it a new CRN (i.e 130000000033) and will void the original claim (130000000000). You will no longer be able to adjust or add attachments to the original claim (130000000000). If another adjustment is needed, you must adjust the Replacement claim (130000000033).

CRN	**130000000033**					
01	**08/30/15 – 08/30/15**	**99**	**A0120**	**$14.54**	**2**	**$14.54**
02	**08/30/15 – 08/30/15**	**99**	**S0215**	**$70.38**	**46**	**$70.38**

Replacements/Void
Online AHCCCS Web-Portal.

Professional (1500's) Claims

Replacement/Voids

Correct the claim and resubmit the claim in its entirety, all original lines if the claim contained more than one line.
Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim

Professional Claim Submission

Help

* Indicates a required field.

Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines

Claim Information

Original Reference Number: 129999999999 (Replacement) (Void)
Prior Authorization Number:
* Patient Control Number: A99999999
Medical Record ID Number:
Initial Treatment Date:
Date of Current Injury: (Accident)
** Patient's Condition Related To: Employment | Other Accident | Auto Accident
*** Place in which accident occurred: (State)
Special Program Indicator:
* Provider Signature on File: Yes | No
* Provider Accept Assignment: Assigned | Accepted on Clinical Lab Services Only | Not Assigned
* Benefit Assignment: Yes | No | Not Applicable
* Release of Information Consent: Informed Consent | Yes
EPSDT Screening Referral: Yes | No (Mutually Defined)
Condition Indicator: 1, 2, 3

** Required ONLY if "Date of Current Injury" is entered.
*** Required ONLY if "Auto Accident" selected.

Submit | Cancel

Enter the CRN of the claim you want to Replace (adjust) or Void (Recoup) then click Replacement or Void

Note: Complete all the required tabs making changes/corrections as you go along paying close attention to the fields with a red asterisk.

ADA (Dental) Claim

Dental Claim Submission

Help

* Indicates a required field.

Submitter | Providers | Patient/Subscriber | Other Payer | Attachments | Tooth Status | Claim Information | Service Lines

Claim Information

Original Reference Number: 120000000001 (•) Replacement ( ) Void

Prior Authorization Number:

* Patient Control Number: A00000000

* Place of Service: 11 - OFFICE

Date of Current Injury: (Accident)

** Patient's Condition Related To: [ ] Employment [ ] Other Accident [ ] Auto Accident

*** Place in which Accident Occurred: (State)

* Provider Signature on File: (•) Yes ( ) No

* Provider Accept Assignment: (•) Assigned ( ) Not Assigned

* Benefit Assignment: ( ) Yes ( ) No (•) Not Applicable

* Release of Information Consent: (•) Informed Consent ( ) Yes

Special Program Code:

Service Date:

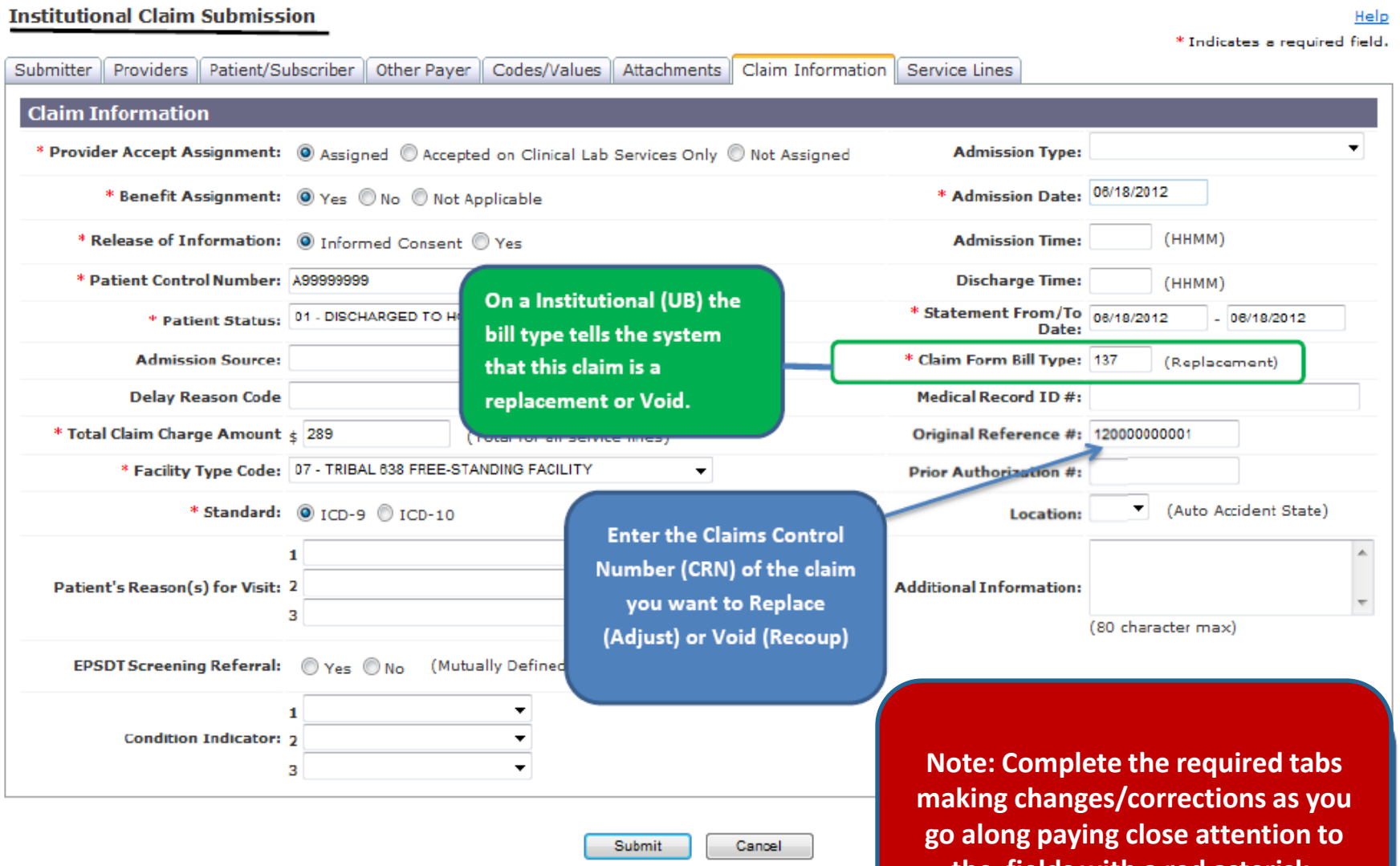
** Required ONLY if "Date of Current Injury" is entered.

*** Required ONLY if "Auto Accident" selected.

Submit | Cancel

Same process as the Professional (1500)

Institutional (UB's) Claims



On a Institutional (UB) the bill type tells the system that this claim is a replacement or Void.

Enter the Claims Control Number (CRN) of the claim you want to Replace (Adjust) or Void (Recoup)

Note: Complete the required tabs making changes/corrections as you go along paying close attention to the fields with a red asterisk.

Must use a Bill type when doing a replacement/void on an Institutional UB Claim

CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD
110	HOSP, INPATIENT, ZERO PAY	01/01/08	99/99/99	08/14/07
111	HOSP, INP, ADMT THRU DISCH	10/01/82	99/99/99	03/20/90
112	HOSP,INP, INTERIM, 1ST CLAIM	10/01/82	99/99/99	03/20/90
113	HOSP, INP INTERIM, CON'T CLAIM	10/01/82	99/99/99	03/20/90
114	HOSP, INP ,INTERIM, LAST CLAIM	10/01/82	99/99/99	03/20/90
115	HOSP, INP, LATE CHARGE(S), ONLY CLAIM	10/01/82	99/99/99	10/07/02
116	HOSP, INP, ADJ, PRIOR CLAIM	10/01/82	10/01/03	05/09/07
117	HOSP, INP, REPLACEMENT OF PRIOR CLAIM	10/01/82	99/99/99	12/01/05
118	HOSP, INP, VOID/CANC PRIOR CLAIM	10/01/82	99/99/99	03/20/90
120	HOSP, INP, M/C B ONLY, ZERO PAY	10/01/82	99/99/99	08/14/07
121	HOSP, INP, M/C B ONLY ADMIT THRU DISCH	10/01/82	99/99/99	03/19/91
122	HOSP, INP, M/C B ONLY INTERIM, 1ST CLAIM	10/01/82	99/99/99	03/20/91
123	HOSP, INP, M/C B ONLY INTERIM, CONT CLAIM	10/01/82	99/99/99	03/20/91
124	HOPSP, INP, M/C B ONLY INTERIM LAST CLAIM	10/01/82	99/99/99	03/19/91
125	HOSP, INP, M/C B ONLY LATE CHG(S) ONLY CLM	10/01/82	99/99/99	09/02/92
126	HOSP, INP, ADJ, M/C B ONLY PRIOR CLAIM	01/01/08	10/01/03	05/09/07
127	HOSP, INP, M/C B ONLY REPLACE OR PRIOR CLM	10/01/82	99/99/99	12/01/05
128	HOSP, INP, VOID/CANC PRIOR CLAIM, M/C B ONL	10/01/82	99/99/99	03/19/91
129	HOSP, INP M/C B ONLY, FINAL HM HLT PPS	01/01/08	99/99/99	08/14/07
130	HOSP, OUTPATIENT, ZERO PAY	01/01/08	99/99/99	08/14/07
131	HOSP, OP, ADMT THRU DISCH	10/01/82	99/99/99	03/20/90
132	HOSP, OP INTERIM, 1ST CLAIM	10/01/82	99/99/99	03/20/90

ARS §36-2904 (G),

Link to Arizona Revised Statute - Claims Payment :
http://www.azleg.gov/ars/36/02904.htm

G. The administration shall not pay claims for system covered services that are initially submitted more than six months after the date of the service for which payment is claimed or after the date that eligibility is posted, whichever date is later, or that are submitted as clean claims more than twelve months after the date of service for which payment is claimed or after the date that eligibility is posted, whichever date is later, except for claims submitted for reinsurance pursuant to section 36-2906, subsection C, paragraph 6. The administration shall not pay claims for system covered services that are submitted by contractors for reinsurance after the time period specified in the contract. The director may adopt rules or require contractual provisions that prescribe requirements and time limits for submittal of and payment for those claims. Notwithstanding any other provision of this article, if a claim that gives rise to a contractor's claim for reinsurance or deferred liability is the subject of an administrative grievance or appeal proceeding or other legal action, the contractor shall have at least sixty days after an ultimate decision is rendered to submit a claim for reinsurance or deferred liability. Contractors that contract with the administration pursuant to subsection A of this section shall not pay claims for system covered services that are initially submitted more than six months after the date of the service for which payment is claimed or after the date that eligibility is posted, whichever date is later, or that are submitted as clean claims more than twelve months after the date of the service for which payment is claimed or after the date that eligibility is posted, whichever date is later. For the purposes of this subsection:

1. "Clean claims" means claims that may be processed without obtaining additional information from the subcontracted provider of care, from a non-contracting provider or from a third party but does not include claims under investigation for fraud or abuse or claims under review for medical necessity.
2. "Date of service" for a hospital inpatient means the date of discharge of the patient.
3. "Submitted" means the date the claim is received by the administration or the prepaid capitated provider, whichever is applicable, as established by the date stamp on the face of the document or other record of receipt.

Please submit all questions to

ProviderTrainingFFS@azahcccs.gov

Thank You.