



AHCCCS

## CLAIMS CLUES

A Publication of the AHCCCS Claims Department  
NOVEMBER 2013

### NEMT TRIP REPORT REVISED

The AHCCCS Non-emergency Medical Transportation (NEMT) trip report has been revised to add a field for the recipient's Date of Birth. This revised trip report has been published in both the FFS and IHS/638 Provider Billing Manuals as of 11/5/2013. AHCCCS will accept submission of either format until Date of Service **01/01/2014**. From this service date forward, AHCCCS will only accept submission of the revised NEMT trip report.

### SEPTEMBER 2013 NEMT CLAIM AUDIT RESULTS

An audit was recently conducted for paid non-emergency medical transport claims with service dates in September 2013. Claims were randomly selected and audited against the attached trip reports.

Effective with service date 8/1/2013 AHCCCS requires the Standard Trip Report form to be completed and submitted with each transport claim. Failure to use the specified AHCCCS form will result in claim denial.

The audit has identified several common error categories.

#### Mileage Errors

Most mileage errors fall into three different types:

- 1) Miles billed are more than the odometer miles on the trip report.
- 2) Odometer miles are more than the billed miles.  
If billed miles are less than 100 miles but the odometer miles are 100 miles or more, the whole transport will be denied for not being prior authorized.

- 3) Mileage for the first trip is different than the mileage for the return trip and no explanation is given. In most cases, these mileage differences also had transport time differences which would indicate that another stop was made and not documented.

Example: from home to clinic was 9 miles and 15 minutes; the return trip from the clinic to the same home address was 16 miles and 38 minutes. The mileage allowance for the return trip will be reduced to 9 miles as there is no explanation for the variance and no additional trip/stop was documented.

### Trip Reports Incomplete

There are a number of problems that cause this error to be charged:

- Wrong trip report attached to wrong claim
- Trip report DOS does not match claim DOS
- Wrong recipient's trip report is attached to the claim
- No odometer readings as required
- No recipient signature and no explanation
- Signature is not the same name as the recipient (unescorted)
- Only page 1 of 2 was attached
- Round trip billed but only 1 way trip report
- Trip report is a blank page

### Wait Time

Wait time is not appropriate:

- When more than 1 driver/vehicle is involved in the round trip
- When the driver *leaves* the location after dropping the recipient at the appointment
- Wait time is less than 30 minutes
- To bill for each recipient when all share the same transport trip

### TN modifier

The TN modifier is not to be billed when the loaded mileage trip originates in the Phoenix or Tucson area.

All errors identified will be recouped and providers with error patterns will have a focused audit performed on their claims.

### ***Reminders:***

The empty box at the top left of the AHCCCS Trip Report should be completed with the provider's name, address and contact numbers. Do not submit trip reports with a blank space.

Wait time unit is 30 minutes, not 15 minutes.

AHCCCS Provider Billing Manuals for both Fee For Service (FFS) and IHS/638 are available online at [www.azahcccs.gov](http://www.azahcccs.gov) and contain chapters for Transportation and the AHCCCS required trip report form.

## **REMINDERS FROM THE UM/CM UNIT'S PRIOR AUTHORIZATION UNIT**

**Authorization Status** - Please use the online system to check the status of your authorization requests. You can check authorization status by using the following link: <https://azweb.statemedicaid.us/Home.asp>

Providers are strongly encouraged to use the online system when requesting authorizations. Provisional authorization numbers are given at the time of online authorization entry and are then reviewed by Prior Authorization staff.

**Member Referrals for Specialty Care** - If your office is referring a member out of area for specialty services, please be sure to inquire to see if the member has personal transportation to and from their appointments. Though FFS members can receive services from any registered provider, transport will only be covered to the nearest appropriate facility when AHCCCS is covering the cost of the transport.

**99601 and 99602** - Are codes indicated for the home infusion/administration of "specialty drugs" and should not be used to bill for enteral nutrition administration.

Please fax in MD authorization requests with supporting documentation for review prior to scheduled procedures. You can fax in the documentation using the FFS Prior Authorization Request Form.

**CRS Applications**- Providers no longer need to wait until a member has been discharged from a facility to submit a CRS application. The application can now be submitted immediately. Please use the following link to view eligible CRS conditions, CRS application, and CRS application instructions: <http://www.azahcccs.gov/Commercial/CRS.aspx>

## MEDICARE LIABILITY

As a Medicare provider, a provider must accept Medicare allowable as total compensation for services rendered. AHCCCS will reimburse up to the Medicare deductible, coinsurance, or co-pay for services rendered to recipients with Medicare coverage, including recipients enrolled with a Medicare HMO. Contact the Medicare HMO for information regarding covered services and prior authorization.

Services that are not Medicare-covered services but are AHCCCS-covered services (e.g., non-emergency transportation) may be reimbursed by AHCCCS if they are medically necessary and meet AHCCCS reimbursement requirements. However, **Medicare-covered services that are disallowed by Medicare because they were not medically necessary or were not delivered in an appropriate setting will not be reimbursed by AHCCCS.**