AHCCCS
Arizona Health Care Cost Containment System

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CLAIMS CLUES

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Re-enrollments for NEMT and Group Billing Providers

At this time the Office of the Inspector General – Provider Registration with AHCCCS is completing the re-enrollments for Non-Emergency Transportation and Group Billing Providers.

FQHC AND RHC PAYMENT PROCESS CHANGE

Effective January 1, 2015, AHCCCS and its contracted Managed Care Organizations (MCOs) will begin paying the all-inclusive per visit PPS rate on a per claim basis, replacing the current method of reimbursing claims by the capped fee-for-service fee schedule and annually reconciling to the PPS rate. The method for calculating the all-inclusive per visit PPS rates will not change.

AHCCCS will continue to perform annual reimbursement reconciliations. Additionally, AHCCCS anticipates that quarterly supplemental payments will continue, though in amounts appropriate to the expectation that the MCOs will, in most cases, be paying the PPS rate. MCOs may continue to establish sub-capitated reimbursement arrangements

AHCCCS has established a provider type for FQHCs and FQHC Look-Alikes (C2) and a provider type for RHCs (29).

FQHC/RHC Billing and Procedure Codes

Beginning 01/01/2015, all FQHC, FQHC-LA, and RHC visits must be billed using the Form 1500 or the ADA form. For purposes of reimbursing visits beginning 01/01/2015, AHCCCS has adopted the five 'G' procedure codes listed below as recently established by CMS for medical and behavioral health services reporting on a Form 1500 and the five CDT codes listed below for Dental services on the ADA form. Claims must include all appropriate procedure codes describing the services rendered in addition to the visit code. A visit will be identified by, and reimbursement for the visit will be associated with previously outlined 'G' code or the 'D' code; all other services reported on the claim will be bundled into the visit and valued at $0.00.

The five codes that will identify a visit on Form 1500 are:

- G0466 FQHC visit, new patient
- G0467 FQHC visit, established patient
- G0468 FQHC visit, IPPE or AWV
- G0469 FQHC visit, mental health, new patient
- G0470 FQHC visit, mental health, established patient

The five codes that will identify a visit on the ADA form are:

- D0120 Periodic oral evaluation - established patient
- D0140 Limited oral evaluation - problem focused
- D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive oral evaluation - new or established patient
- D0180 Comprehensive periodontal evaluation - new or established patient

Further billing instructions will be published in the AHCCCS FFS Provider Billing Manual in the near future.

PERM Audit Reminder

CMS requires AHCCCS to report all Fee-For-Service claims from October 1, 2013 through December 31, 2013. From this claims "universe" a CMS contractor will select a random sample to review. The Review Contractor, A+ Government Solutions, has received the sample and is sending letters to the AHCCCS providers requesting medical records and documentation that support their claim.

Providers must send this documentation to the Review Contractor, A+ Government Solutions, *even if* the same documentation was submitted with the claim to AHCCCS. Failure to provide the documentation to A+ Government Solutions will result in the claim being cited as an error and AHCCCS recovering the funds that were paid to you. **AHCCCS is mandated by CMS to recover the funds.**

Please make sure AHCCCS Provider Registration has the most current information for your correspondence, payment and service addresses so that the Review Contractor can contact you.