

## CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

JULY 2016

### KidsCare is Re-Instated Effective September 1, 2016

AHCCCS offers health insurance through KidsCare for eligible children (under age 19) who are not eligible for other AHCCCS health insurance. For those who qualify, there are monthly premiums.

Applications for KidsCare will be accepted beginning July 26, 2016 for coverage that will begin September 1, 2016.

Further details are available on the AHCCCS website at:

<https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html>

Claims for KidsCare must be submitted on:

- CMS 1500 (837P for electronic claims) with appropriate HCPCS coding for physician and practitioner services;
- ADA 2012 form (837D) with CDT coding for dental services;
- UB-04 (837I for electronic claims) with appropriate revenue codes, HCPCS codes and attending provider for outpatient hospital services
- Prescription claims must be submitted electronically at the point-of-sale to the AHCCCS contracted Pharmacy Benefits Manager (PBM), currently OptumRx

Verify eligibility and enrollment for KidsCare children to determine where to submit the claim. Claims for children eligible in KidsCare must be submitted to the enrolled health plan.

If the child is enrolled in a managed care plan and receives services from an IHS/638 provider, the IHS/638 provider must bill the services to the managed care health plan, not to AHCCCS Fee-For-Service or the American Indian Health Program (AIHP).

## Prior Authorization Request Timeframes

AHCCCS endeavors to review all authorization requests as expeditiously as possible, but may take up to 14 calendar days to make a determination on an authorization request per A.A.C R9-34-306.

For requests that meet the criteria for an expedited decision per A.A.C R9-34-306, the decision will be issued not later than 3 working days after receipt of the request. AHCCCS will review requests for expedited decisions in order to determine whether following the 14 calendar day review timeframe could seriously jeopardize the member's life or health, or ability to attain, maintain, or regain maximum function. Expedited requests that do not meet the criteria for an expedited decision will be processed in accordance with the 14 calendar day time frame.

When an extension is requested by the member, or if AHCCCS requires additional information to make a determination, AHCCCS may extend the timeframes for both expedited and non-expedited requests up to an additional 14 calendar days.

For authorization requests in which service delivery has already occurred, the above timeframes are not applicable.

## Provider Registration Required for Licensed Board Certified Behavior Analysts (BCBA)

AHCCCS is now accepting applications from licensed Board Certified Behavior Analysts. This new AHCCCS provider type will be effective October 1, 2016 and will be designated as "BC" in the AHCCCS Provider Registration system.

### *Provider Registration and Other Requirements*

#### *1. BCBAs currently providing services through AHCCCS-registered providers*

Licensed and credentialed BCBAs who are currently working under an AHCCCS-registered provider through a contract with an AHCCCS Managed Care Organization (MCO) will need to submit a provider registration packet no later than **August 15, 2016** to AHCCCS Provider Registration. The Provider Registration application can be found at:

[www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html](http://www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html).

Providers will not be able to submit claims beginning with date of service October 1, 2016 for BCBA services unless there is an active AHCCCS-registered BCBA provider submitted as the rendering/service provider.

Licensed BCBA's who are currently working under an AHCCCS-registered provider and providing services through AHCCCS Fee for Service will need to submit a provider registration packet no later than August 15, 2016 to AHCCCS Provider Registration. Providers will not be able to submit claims beginning with date of service October 1, 2016 for BCBA services unless there is an active AHCCCS-registered BCBA provider submitted as the rendering/service provider.

2. *BCBA's not currently employed by an AHCCCS-registered provider who wish to practice independently starting on October 1, 2016*

Licensed BCBA's who wish to practice independently starting on October 1, 2016 will need to submit a provider registration packet no later than **August 15, 2016** to AHCCCS Provider Registration. The Provider Registration application can be found at [www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html](http://www.azahcccs.gov/PlansProviders/CurrentProviders/packet.html). In order to submit claims for AHCCCS Fee for Service programs, an active unrestricted license in the state of Arizona and an active AHCCCS provider registration number is required. In order to submit claims for AHCCCS managed care programs, BCBA's will need to be credentialed and contracted with AHCCCS MCO's in addition to being registered through AHCCCS provider registration. Credentialing requirements for BCBA's are outlined in AHCCCS Medical Policy Manual (AMPM) [Chapter 900](#).

For additional questions regarding the provider registration process please contact Angelica Quezada, Health Program Manager II within the Provider Registration section at (602)417-4098 or [Angelica.Quezada@azahcccs.gov](mailto:Angelica.Quezada@azahcccs.gov). Applications can be faxed to Angelica Quezada's attention at (602)256-1474.