

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

October 2016

Genetic Testing Requires Prior Authorization - Correction

AHCCCS Fee-For-Service has identified an increase in claim denials for laboratory providers billing for genetic testing.

The AHCCCS Medical Policy Manual (AMPM) Policy 310-N advises that:

“All genetic testing requires prior authorization. Prior authorization requests must include documentation regarding how the genetic testing is consistent with the genetic testing coverage limitations.

Genetic testing is only covered when the results of such testing are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such diagnoses would not definitely alter the medical treatments of the member.”

Refer to Policy 310-N for further coverage limitations, available online at:
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>

Correction: The *laboratory provider* must request prior authorization. The laboratory provider’s claim for the genetic testing will be denied unless the prior authorization is on file with AHCCCS. The request must include the clinical documentation from the ordering provider that supports the medical necessity per Policy 310-N.

Note: initial article in May 2016 Claims Clues

Reinstatement: Coverage of Podiatry Services Performed by a Licensed Podiatrist

Effective service dates on and after October 1, 2016 AHCCCS covers medically necessary podiatry services for adults age 21 and older, when provided by a licensed podiatrist and ordered by a recipient's primary care provider, attending physician or primary care practitioner.

Billing requirements are included in the Fee-For-Service and the IHS/Tribal Provider Billing Manual.

Refer to the Fee-For-Service-Provider Manual, Chapter 10, Professional and Technical Services, under the Foot and Ankle Care on pages 10-15 through 10-17:

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf

Refer to the IHS/Tribal Provider Billing Manual, Chapter 8, Individual Practitioner Services, under the Foot and Ankle Care on pages 8-16 through 8-18:

<https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap08IndivPractitionerSvcs.pdf>

ALTCS Dental Reinstatement

- Restoration of the ALTCS Dental Benefit was approved (HB 2704) in the 2016 Legislative Session. The updated policy is effective 10/1/2016.
- Coverage is prospective; that is for dates of service on and after 10/1/16.
- Highlights of the ALTCS Dental Benefit are:
 - For ALTCS members age 21 years and older and at risk for institutional level of care
 - Benefit limit up to \$1,000.00 per contract year
 - Contract year is defined as 10/1 through 9/30
 - Benefit coverage is member-specific and remains with the member if transferring between MCO's or between FFS and managed care
 - Unused benefits will not roll over into the next contract year
 - Reimbursement is subject to the Dental FFS Rates and Codes
 - General anesthesia is included as part of the \$1,000 benefit limit per contract year

Refer to the Fee-For-Service-Provider Manual, Chapter 10: Professional and Technical Services, under the Professional Services on pages 10-7 through 10-9.

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf

Refer to the IHS/Tribal Provider Billing Manual Chapter 14, ALTCS Dental Services, on pages 14-11 and 14-12.

<https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap14ALTCS.pdf>

For ALTCS dental benefit facts, refer to the AHCCCS website at:

<https://www.azahcccs.gov/shared/Downloads/ALTCSDentalFactSheet.pdf>

Third Party Liability (TPL)

The initial claim *must* be submitted to AHCCCS within six months of the date of service, even if payment from Other Insurance has not been received.

The claim must be resubmitted with the primary coverage payment Remit/EOB within 12-months of the date of service (clean claim time frame). (Refer to Chapter 4 General Billing Rules for timely filing requirements.)

- EOB means explanation of benefits by First- and Third-Party payor
- RA means remittance advice

Each of these above mentioned documents must show payment details of a provider's claim for services.

Providers must submit a separate RA/EOB with each claim form. If a provider submits multiple claims for a recipient but includes only one copy of the RA or EOB, the payment document will be attached to the claim with highest coinsurance and deductible amount. The other claims in the package will be denied for lack of a Medicare RA or Other Coverage RA/EOB.

Note: failure to submit the remark/reason code key page(s) with the RA/EOB are considered incomplete claims and will result in claim denial.

Non-Emergency Medical Transportation (NEMT):

Effective 01/01/2017, for members assigned to a TRBHA (Tribal Regional Behavioral Health Authority), Prior Authorization (PA) is required for NEMT trips for Behavioral Health (BH) services that exceed 100 miles regardless of the diagnosis billed.

Additional information regarding authorization and billing requirements will be forthcoming in November/December 2016, prior to the 1/1/17 implementation date.

Contacts and links:

- For technical assistance regarding claims issues and training, please email providerTrainingFFS@azahcccs.gov
- Dental authorization requests should be mailed to:
AHCCCS DFSM – Prior Authorization: Dental
Mail Drop # 8900
701 E. Jefferson Street
Phoenix, AZ 85034
- Fee-For-Service Authorization Request Forms Can be Found at:
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html>
- Please direct Prior Authorization or Claims/Billing inquiries to:
 - Fee-For-Service Prior Authorization Line: 602-417-4400
 - Fee-For-Service Claims Customer Service: 602-417-7670
- For 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. Applications can be faxed to Angelica Quezada's attention at (602)256-1474.
- For technical assistance with your AHCCCS online web portal, please call AHCCCS ISD Customer Support Desk at 602-417-4451