

Reinsurance Edit Resolution

CODE	DESCRIPTION	FIELDS INVOLVED	CORRECTION
A195	PA CASE NOT FOUND FOR RI CATASTROPHIC CASE	AHCCCS ID, SERVICE BEGIN AND END DATES	1. CHECK RI400 FOR PRIOR AUTH #
A196	PA EVENT NOT FOUND FOR SERVICE DATES	ALL CATASTROPHIC CASES MUST HAVE A PRIOR AUTHORIZATION CASE FOR ALL DOS	2. IF NO PRIOR AUTH FOUND, REINSURANCE WILL DENY 3. WHEN DENIED FOR NO PRIOR AUTH #, CONTACT AHCCCS MEDICAL MANAGEMENT
A361	VERIFY 30 DAYS POST DISCHARGE LTC STAY (PER RI POLICY FOR PAYMENT, LTC STAY MUST BE A CONTINUOUS STAY POST-DISCHARGE 30 DAYS FROM AN INPATIENT HOSPITAL STAY)	FORM TYPE L REINSURANCE ENCOUNTERS ARE REVIEWED PRIOR TO RELEASE FOR PROCESSING AHCCCS REINSURANCE WILL REVIEW AND CLEAR OR DENY	1. CHECK RI120 FOR INPATIENT STAY WITH A DISCHARGE DATE WITHIN 30 DAYS FROM REPORTED LTC BEGIN DOS, IF NOT IN RI120, LOOK FOR SAME IN ECS10 IF THERE IS NO INPATIENT FOUND IN RI120 OR ECS10 THEN THERE MUST BE ANOTHER LTC FOUND WITH DATES IMMEDIATELY PRECEDING THE STAY SEE THE POLICY IN THE RI MANUAL 3. AHCCCS REINSURANCE UNIT WILL REVIEW AND CLEAR OR DENY
A510	MEDICARE DEDUCTIBLE AND COINSURANCE EXCEEDS ALLOWED AMOUNT	COMPARES THE MEDICARE COINSURANCE AND MEDICARE DEDUCTIBLE FIELDS ON THE ENCOUNTER TO THE AHCCCS ALLOWED FIELD	COMPARE THE HP PAID/HP ALLOWED/AHCCCS ALLOWED AMOUNTS OVERRIDE IF AMOUNTS ARE WITHIN REASON
A623	STATUS CODE B ALREADY PAID CAUSES THE PAY 1 CODE OF THE ENCOUNTER TO BE NO PAY WITH AN AHCCCS ALLOWED AMOUNT OF 0	RESULT OF STATUS CODE B PROCESS - SERVICE PREVIOUSLY PAID/B CODE IS NO PAY 1500	GO TO 1500, SELECT YOUR PROCEDURE CODE AND GO TO RFC25, IF THE PROCEDURE CODE IS ON RFC25 THEN GO TO ECS10 AND ENTER THE AHCCCS ID FORM TYPE A AND THE DOS OF THE ENCOUNTER FAILING A623
A998	RI INPATIENT WITH SAME ADMIT/DISCHARGE DATE	WHEN THE SERVICE BEGIN DATE IS EQUAL TO THE SERVICE END DATE, IT WILL FAIL A998	REFER TO RI POLICY MANUAL IF PATIENT STATUS IS 01, 06, 07 OR 50 - ENCOUNTER WILL BE DENIED IF APPROVED, CHECK AHCCCS ALLOWED AGAINST HP PAID/HP APPROVED
A999	CLAIM ALLOWED/PAY CD MISSING IF A950 (DATA GATHERING ERROR EDIT) FAILS AND IS OVERRIDEN, THEN IT WILL TRIGGER A999 BECAUSE THE AHCCCS ALLOWED CANNOT BE CALCULATED	FORM TYPE UB	AHCCCS ALLOWED AMOUNT CANNOT BE CALCULATED ON ENCOUNTER AND IS 0
H650	UNREASONABLE MDC PD AMT IN RELATION TO MDC APPROVED	MDC APPROVED, MDC PAID, MDC DEDUCTIBLE MEDICARE PAID AMOUNT SHOULD EQUAL 60% TO 100% OF MEDICARE APPROVED/ALLOWED AMOUNT. On an inpatient encounter when the member has Part B only or has exhausted Medicare Part A. The plan reports high dollar medicare approved amount with a Medicare paid amount that is less than 60% than Medicare approved amount the edit will fail. MEDICARE PART A IS INPATIENT; MEDICARE B IS OUTPATIENT	1. VERIFY MEDICARE APPROVED/ALLOWED, PAID, AND DEDUCTIBLE AMOUNTS: GO TO RP150 TO CHECK WHAT TYPE OF MEDICARE THE MEMBER HAS. 3. IF MEDICARE PART A IS END DATED BEFORE THE DATE OF SERVICE OF THE ENCOUNTER, THEN THE ENCOUNTER WOULD BE FOR PART B. 4. IF THE MEMBER HAS MEDICARE PART A ENCOUNTER MAY BE DENIED AND PLAN WOULD NEED TO SUBMIT ADDITIONAL DOCUMENTATION 5. IF THE MEDICARE PAID AMOUNT, COINSURANCE, AND DEDUCTIBLE AMOUNTS ARE ALL 0, RI ENCOUNTER MAY BE DENIED . 6. NOTE: MEDICARE PART B PAID AMOUNT SHOULD BE REPORTED AS OTHER COVERAGE PAYMENT 1 OR OTHER COVERAGE PAYMENT 2 ON INPATIENT BILL TYPE
R280	MEDICARE COVERAGE INDICATED BUT NOT BILLED ON INPATIENT UB	UB FORM TYPE I OR L AHCCCS ID, MDC APPROVED, MDC PAID, & SERVICE BEGIN DATE WHEN THE MEMBER HAS MEDICARE PART A AND FORM TYPE L OR I, R280 WILL FAIL WHEN THE MEDICARE APPROVED AND PAID AMOUNTS ARE BLANK.	1. VERIFY MEDICARE COVERAGE FOR RECIPIENT (RP150) 2. IF RECIPIENT COVERAGE IS PART A OR C AND FORM TYPE IS I OR L, MEDICARE APPROVED AND MEDICARE PAID FIELDS MUST NOT BE BLANK 3. IF THE FORM TYPE IS I AND THE APPROVED AND PAID AMOUNT ARE 0, ENCOUNTER MAY BE DENIED 3. EXTENUATING CIRCUMSTANCES MAY REQUIRE THE SUBMISSION OF A REINSURANCE ACTION REQUEST, COPY OF PAPER OR ELECTRONIC CLAIM AND COMPLETE COPY OF MEDICARE EOB
R290	MEDICARE COVERAGE INDICATED BUT NOT PAID ON OUTPATIENT UB	UB FORM TYPE O AHCCCS ID, MDC APPROVED, MDC PAID, & SERVICE BEGIN DATE	1. VERIFY MEDICARE COVERAGE FOR RECIPIENT (RP150) 2. IF RECIPIENT MEDICARE COVERAGE IS PART B AND FORM TYPE IS O, MEDICARE APPROVED AND MEDICARE PAID FIELDS MUST NOT BE BLANK OR ZERO 3. EXTENUATING CIRCUMSTANCES MAY REQUIRE THE SUBMISSION OF A REINSURANCE ACTION REQUEST, COPY OF PAPER OR ELECTRONIC CLAIM AND COMPLETE COPY OF MEDICARE EOB
R481	RECIPIENT NOT ENROLLED ON DOS - SPLIT BILL	EDIT IS SET TO DENY IN ENCOUNTERS	WHEN THE EDIT IS CONFIRMED THE CRN SHOULD GO TO ENCOUNTER DENY STATUS 41

R580	RECIPIENT HAS OTHER COVERAGE THAT MUST BE BILLED FIRST	ALL FORM TYPES	<ol style="list-style-type: none"> 1. VERIFY THIRD PARTY COVERAGE FOR RECIPIENT (RP155) 2. VERIFY OTHER INSURANCE AMOUNT FIELDS 3. IF RECIPIENT HAS THIRD PARTY COVERAGE, OTHER COVERAGE FIELDS MUST NOT BE BLANK 4. EXTENUATING CIRCUMSTANCES MAY REQUIRE THE SUBMISSION OF A REINSURANCE ACTION REQUEST, COPY OF PAPER OR ELECTRONIC CLAIM AND COMPLETE COPY OF MEDICARE OR THIRD PARTY EOB
R600	MEDICARE COVERAGE INDICATED BUT NOT BILLED	FORM TYPE A AHCCCS ID, PROCEDURE CODE (HCPCS), MDC APPROVED, MDC PAID & SERVICE BEGIN DATE	<ol style="list-style-type: none"> 1. VERIFY MEDICARE COVERAGE FOR RECIPIENT (RP150) 2. VERIFY MEDICARE COVERAGE FOR PROCEDURE CODE (RF113) 3. IF RECIPIENT MEDICARE COVERAGE IS PART B AND PROCEDURE CODE MEDICARE COVERAGE INDICATOR IS Y, MEDICARE APPROVED AND MEDICARE PAID FIELDS MUST NOT BE BLANK OR 0 4. EXTENUATING CIRCUMSTANCES MAY REQUIRE THE SUBMISSION OF A REINSURANCE ACTION REQUEST, COPY OF PAPER OR ELECTRONIC CLAIM AND COMPLETE COPY OF MEDICARE EOB
U226	PLAN PAID EXCEEDS TOTAL BILL CHARGES	PLAN PAID EXCEEDS TOTAL BILL AMOUNT	<ol style="list-style-type: none"> 1. WHEN HEALTH PLAN PAID AMOUNT IS EQUAL TO OR EXCEEDS THE BILLED AMOUNT ON A FORM TYPE I OR L ENCOUNTER, THE AHCCCS REINSURANCE UNIT WILL REVIEW AND RELEASE THE PENDING ASSOCIATED ENCOUNTER BASED ON THE PLANS SUBMITTED CONTRACTED RATES. OTHERWISE, IF THERE IS NO RATE SUBMITTED FOR THE LEVEL OF CARE BILLED, RI MAY DENY AND REQUEST ADDITIONAL INFORMATION 2. FOR LOC 0194 AND 0199, IF THERE ARE NO RATES ON FILE, RI WILL DENY, PLAN REQUIRED TO SUBMIT ADDITIONAL INFORMATION FOR PAYMENT 3. AHCCCS RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION IN SUPPORT OF THE REPORTED PLAN PAID AMOUNT
Z550 Z560	LTC CLAIM OVERLAPS DATE OF SERVICE ON INPATIENT CLAIM (FORM TYPE L) INPATIENT CLAIM OVERLAPS DATE OF SERVICE ON LTC CLAIM (FORM TYPE I)	AHCCCS ID, FORM TYPE, PATIENT STATUS, SERVICE BEGIN & END DATES	<ol style="list-style-type: none"> 1. OVERLAPPING CRN CAN BE IDENTIFIED IN THE RI270 SCREEN 2. CONTRACTOR MUST TAKE APPROPRIATE ACTION TO RELEASE THE PEND A) VOID/REPLACE ORIGINAL CRN B) SUBMIT SPLIT DATES OF SERVICE
Z610 Z620 Z630 Z640 Z270 Z800	EXACT DUPLICATE FOUND NEAR DUPLICATE FOUND NEAR DUPLICATE FOUND - FROM/THROUGH DATES OVERLAP NEAR DUPLICATE FOUND-PROVIDER NOT MATCHES, DATES OVERLAP EXACT DUPLICATE FOUND EXACT DUPLICATE FOUND	AHCCCS ID, BILL TYPE, PATIENT STATUS, SERVICE PROVIDER ID, SERVICE BEGIN & END DATES NEAR DUPLICATE UB NEAR DUPLICATE UB NEAR DUPLICATE UB EXACT DUPLICATE 1500 OR DENTAL EXACT DUPLICATE PHARMACY	<ol style="list-style-type: none"> 1. EXACT/NEAR DUPLICATE CRN CAN BE IDENTIFIED IN THE RI270 SCREEN 2. CONTRACTOR MUST VOID/REPLACE ORIGINAL CRN OR NEAR DUPLICATE 3. AHCCCS REINSURANCE UNIT WILL DENY ANY CRN EDITING FOR CODES LISTED AND THE DUPLICATE CRN. CONTRACTOR MUST ADVISE THE REINSURANCE UNIT WHEN THE APPROPRIATE ACTION HAS BEEN TAKEN 4. SEE COMMENTS ON RI106
Z655	LTC CVG LIMITED TO 90 DAYS FOR ACUTE CARE	AHCCCS ID, FORM TPE, SERVICE BEGIN & END DATES	<ol style="list-style-type: none"> 1. ONLY FORM TYPE L REINSURANCE ENCOUNTERS WILL PEND FOR Z655 2. AHCCCS REINSURANCE UNIT WILL CALCULATE THE REPORTED LTC DOS. FOR REPORTED DOS LESS THAN 90 DAYS THE PEND WILL BE CLEARED 3. IF THE REPORTED LTC DOS EXCEEDS THE 90 DAY LIMIT PER CONTRACT YEAR, THE AHCCCS REINSURANCE UNIT WILL DENY THE CRN AND THE CONTRACTOR MUST VOID/REPLACE AS APPROPRIATE 4. NEED TO REVIEW EC510 AS WELL AS RI120