

Transplant Stage Submission Checklist



The begin and end dates of service on the transplant facility claims match the begin and end dates in PMMIS.

- 1) Review the PMMIS RI110 screen. It shows each stage that has been set up on the transplant case and the begin and end dates of service that the AHCCCS Medical Management Unit entered from the Health Plan monthly transplant logs for these stages.
- 2) The begin and end dates of service on the PMMIS Screen RI110 and the transplant log must match. The dates of service on the facility claims must fall within the date range in item 1) above. If there is more than one claim, check the earliest begin date and the latest end date.
- 3) Check the begin and end dates of service from the invoice cover sheet the transplant facility submits, and check those dates against the hard copy 1500 and UB forms. Reimbursement is based on the dates on the 1500 and UB, not the cover sheet.



The total billed charges amount from the hard copy documents (facility claims and invoice cover sheets) balance to the totals on the PMMIS RI 115 screen.

- 1) Select the stage from the PMMIS RI110 screen, balance by form type and in total for the stage by selecting the appropriate form type.
- 2) Use this screen to ensure all of the encounters are associated to the correct stage.



A list of the denied services and the dollar amount of the billed charges associated with the denied services is included.

- 1) All of the transplant facilities that AHCCCS contracts with must include a cover sheet listing the claims they are submitting as well as the billed charges associated with those claims when they submit the packet to the health plan. The facility's cover sheet and the copy of the claims (UBs and 1500s) must be submitted to the AHCCCS reinsurance unit by the health plan.
- 2) If the health plan denies a service, the health plan must provide the information in the denied services box with the associated billed charges, by form type and the associated CRN on the Transplant Stage Invoice Cover Sheet. The total billed charges by form type from the PMMIS RI110 screen plus the total of the denied services must equal the total billed charges on the facility claims submitted to AHCCCS.



The Transplant Invoice Packet is received by AHCCCS within 15 months of the end date of the stage.