

Provider Tips



Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **Primary Insurance on file-Bill Primary Insurance:**
 - Verify coverage at each appointment
 - Use AHCCCS online to verify other coverage
2. **Duplicate Billing:**
 - Use the Care1st Web portal to confirm claim status at any time
 - Allow 45-60 days from the initial claim submission prior to resubmitting
 - Contact Claims Customer Service to assist with questions prior to submitting duplicates
3. **Patient Not Eligible on Date of Service:**
 - Confirm eligibility on AHCCCS online or Care1st Member Services prior to claims submission
4. **Provider Not Contracted – Auth Required:**
 - Refer all laboratory services to Sonora Quest (our exclusive lab)
 - Refer to the Prior Authorization Guidelines on the website
5. **Exceeds Timely Filing Guidelines:**
 - Initial claim submission must be received no later than 6 months from the date of service, or eligibility posting date, whichever is greater
 - Care1st secondary claims must be received within 6 months from the date of service/eligibility posting date, or within 60 days of the primary carrier's processing date as indicated on the EOB, whichever is greater
 - Resubmissions must be received within 12 months of the date of service, or eligibility posting date, whichever is greater



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Non-Emergency Transportation Claim Billing Reminders

We have recently seen an influx of incorrectly billed claims for non-emergency transportation. Below are some reminders on billing for these services to prevent denials on the initial submission.

Per AHCCCS guidelines:

- All trips for the same date of service must be billed on the same claim:
 - Claims should not be split to bill the transport and the mileage on two separate claims
- All trips for the same vehicle type and the same date of service must be billed on a single line for the transport and a single line for the mileage
 - Units - transport: Add the total number of trips per vehicle
 - Units – Mileage: Add the total mileage for trips per vehicle

Example: Provider made two one-way trips in taxi:

- Line 1 billed with A0100 with 2 units
- Line 2 billed with S0215 with total miles for both trips

- If there is medical necessity to change vehicle types during a single date of service, each vehicle should be billed under the appropriate transport and mileage code
- All claims require complete addresses for both the pick-up and drop-off locations. When no specific address is available, the pick-up and/or drop-off address must supply as much information as possible (road/highway, mile marker, intersection, etc., along with the City, State, and Zip Code)
- If trips are back and forth between the same locations, okay to list the pick-up and drop-off for first trip only
- Multiple dates of service can be billed on one claim
 - Corrections/ resubmissions: Must be billed with the corrected claim code 7 and the original claim number in field 22 of the CMS-1500 (EDI loop 2300 REF02)
 - All services rendered must be rebilled on the corrected claim/ resubmission
- Maintain records of all transports: While records are not required with the claim submission, AHCCCS reserves the right to request records at any time to support claims billing

Please reach out to your Provider Representative or the Claims Liaisons at 602-778-1800 or toll free at 866-560-4042 if you have questions or concerns.