Care1st Health Plan Arizona – February 2018

News you can use!

Billers' Corner

Provider Tips

Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **Duplicates:**
   - 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
2. **Primary Insurance Coverage:**
   - Verify coverage at each appointment
   - Use AHCCCS online to verify other coverage
3. **Provider Not Contracted – Authorization Required**
   - Refer all laboratory services to Sonora Quest (our exclusive lab)
   - Refer to the Prior Authorization Guidelines on our website
4. **Patient Not Eligible on Date of Service**
   - Confirm eligibility on AHCCCS online prior to claims submission
5. **Exceeds Timely Filing Guidelines**
   - Submit initial claims within 6-months of date of service
   - Submit resubmissions within 12-months of the date of service
   - Contact customer service for questions

CARE 1ST HEALTH PLAN ARIZONA
A WellCare Company

ONECARE
A WellCare Company

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Outpatient Occupational, Physical, & Speech Therapy Reminders

Children (0-20):

- Medically necessary outpatient occupational (OT), Physical (PT) and Speech Therapy (ST) are covered without any benefit limitations.
- Prior authorization is required for OT, PT, and ST services for the Care1st AHCCCS, DDD, and ONECare (Medicare) lines of business regardless of contract status.

Adults (21 and over):

- ST is not covered.
- PT is covered. Coverage is limited to 15 rehabilitation PT visits and 15 habilitation PT visit (for a total of 30 visits) per contract year (10/1-9/30).
- OT: Effective 10/1/17, AHCCCS expanded OT coverage for adults. Coverage is limited to 15 rehabilitation OT visits and 15 habilitation OT visits (for a total of 30 visits) in an outpatient setting per contract year (10/1-9/30). This benefit is in addition to the Physical Therapy adult benefit.
- Prior authorization is not required for contracted providers

Valid Modifiers

- GO – Services delivered under an outpatient OT plan of care
- GP – Services delivered under an outpatient PT plan of care
- GN – Services delivered under an outpatient speech language pathology therapy plan of care

Modifier Requirements by Line of Business

- ONECare: CMS requires the usage of these modifiers; therefore GO, GP, or GN is required on all OT/PT/ST services regardless of provider contract status. Refer to MLN Matters MM 10176.
- AHCCCS/ DDD: Contracted providers should refer to their Billing Guideline for modifier requirements. Non-contracted providers should follow standard billing guidelines. *We strongly recommend the use of modifier GO/GP on all PT and OT services regardless of contract status*
  - Please bill the appropriate codes and modifiers. We want to avoid a claim being denied or requiring development for corrected billing resulting in delayed payment.

You may check claims status on our web-portal 24-hours a day at www.Care1stAZ.com.