Care1st Health Plan Arizona – February 2020

News you can use!

Billers' Corner

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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Prior Authorization Reminders

As a reminder, WellCare/Care1st requires the prior authorization number on the claim. Claims that do not contain the prior authorization number may be denied as not authorized. To prevent denials, please include the prior authorization number on the claim in the appropriate location:

- For all electronic claims, enter the authorization number in Loop 2003-F REF
- For UB-04 paper claims, enter the authorization number in field 63
- For CMS-1500 paper claims, enter the authorization number in field 23

For dual eligible members that have WellCare Liberty (DSNP Medicare Plan) and Care1st (AHCCCS Medicaid Plan), reference the WellCare Liberty Prior Authorization Guidelines and request authorization using the member's WellCare Liberty ID.

WellCare Liberty Members:

Visit the WellCare website for:

- Instructions on how to submit an authorization: https://www.wellcare.com/Arizona/Providers/Medicare/Authorizations
- The prior authorization request form: https://www.wellcare.com/Arizona/Provider/Medicare/Forms
- To review authorization requirements by category, view the Quick Reference Guide on the WellCare website at: https://www.wellcare.com/Arizona/Providers/Medicare/Authorizations For specific code authorization requirements, reference the authorization look-up tool at: https://www.wellcare.com/Arizona/Providers/Authorization-Lookup

Care1st Members:

Visit the Care1st website, www.care1staz.com, for:

- The prior authorization request form, including instructions for submission is located on the Care1st website at: https://care1staz.com/az/pdf/provider/forms/2016/Care1stPharmacyPriorAuthorizationRequestForm.pdf?ver=10.17
- Authorization requirements by category are located on the Care1st website at: https://www.care1staz.com/az/providers/priorauthreferencegrid.asp
  - To determine if a service requires prior authorization for Care1st Medicaid members, open the Prior Authorization Guidelines PDF:
    - To review authorization requirements by category, clink on the Prior Authorization Guidelines link
    - For specific authorization requirements for outpatient services, open the Attachment I – Detailed Outpatient Procedure Code Authorization Requirements document

General Authorization Reminders:

- Non-contracted providers require authorization for all services.
- Contracted providers may require authorization based on the location/service rendered
- All procedures should be requested on the initial authorization request. If additional procedures are performed at the time of service, contract the appropriate prior authorization department to update the prior authorization request immediately.
- Be sure to contact the prior authorization department to update the quantity or date span when additional services are required beyond what was initially authorized.