Care1st Health Plan Arizona – March 2021

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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COVID-19 Billing

The Emergency Declaration related to the COVID-19 pandemic continues to impact all of us. Below are a few resources on billing to reduce denials and get your claim paid on the initial submission.

- **AHCCCS COVID-19 FAQs**
  - AHCCCS has a COVID-19 FAQs page, which they update frequently as new information becomes available: https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html
- **AHCCCS COVID-19 Emergency Medical Coding Guidance**
  - AHCCCS also created guidelines relating to correct coding to use during the pandemic. This includes updated telehealth guidelines, including reduced usage of the UD modifier effective 1/1/21. https://azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/COVID-19EmergencyMedicalCodingGuidance.pdf
- **Authorization Waivers**
  - AHCCCS has waived authorization requirements for COVID-19 related services during the pandemic:
    - The waiver includes testing, diagnostics, and treatment for members that
      - Have been diagnosed with COVID-19
      - Are being tested for COVID-19
      - Are being tested to rule out COVID-19
      - Are being vaccinated for COVID-19
  - Services subject to authorization waiver are identified by:
    - Diagnosis Code (refer to FAQS, Billing & Claims, questions 1 & 6)
    - Testing Codes (refer to FAQS, Billing & Claims, questions 1, 2 & 5)
    - Modifier Code (refer to FAQS, Billing & Claims, questions 1 & 4)
    - Condition Code – Inpatient Only (refer to COVID-19 Emergency Medical Coding Guidelines)
- **Category of Service (COS)**
  - While authorizations are waived, category of service requirements still apply
  - AHCCCS has increased the types of providers able to perform certain services during the pandemic (examples include Home Health and Vaccinations). Category of service requirements are still limited to specific provider categories
    - Lab tests that require CLIA certification will be denied if the provider does not have the appropriate certification
    - Code G2023 is only appropriate for outpatient lab collections billed by PT-04 laboratories. For other providers, please use the appropriate Medicaid covered code for specimen collection.

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.