

Provider Tips



Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **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
2. **Provider Not Contracted – Auth Required:**
 - Refer all laboratory services to Sonora Quest (our exclusive lab)
 - Refer to the Prior Authorization Guidelines on the website
3. **Primary Insurance on File-Bill Primary Insurance:**
 - Verify coverage at each appointment
 - Use AHCCCS online to verify other coverage
4. **Patient Not Eligible on Date of Service:**
 - Confirm eligibility on AHCCCS online or Care1st Member Services prior to claims submission
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



Care1st Health Plan Arizona
 1870 W Rio Salado Parkway
 Tempe, AZ 85281
Phone: 602.778.1800
Toll Free: (866).560.4042

Medically Necessary, Non-Emergency Medical Transport (NEMT) / Sonora Quest is our Exclusive Lab for Pathology Services

Our goal is to help providers get claims paid correctly the first time and to avoid unnecessary resubmissions. This forum is designed to provide reminders of our most common denial reasons, as well as to provide specific information on current billing trends that may prevent you from receiving timely payment for the services you have provided our members. Please review the guidelines below to avoid denials for these two common problem areas:

Medically Necessary, Non-Emergent Medical Transport (NEMT)

- Complete pick-up and drop-off addresses must be billed on the claim
 - The provider can bill the pick-up/drop-off for a single trip segment, or the beginning and final location for multiple trips or roundtrips
 - All NEMT claims must have two complete addresses billed, even if the addresses are for the same location (e.g., the member's home address if a round-trip is made)
 - Paper claim submissions require the full pick-up and drop-off addresses billed in field 32 of the CMS-1500 claim
 - Electronic claim submissions require the full pick-up and drop-off addresses billed on the 837P (Professional) in section 2310E/2310F loop
 - Claims that do not contain both the pick-up and drop-off address in the correct field will be denied
- As a reminder, when multiple trips are made on a single date of service, all trips must be billed on the same claim
 - Line 1 is the transport code for the type of vehicle used, with the units representing how many trips were provided
 - Line 2 is the mileage code, with the combined mileage of all trips
 - Line 3 is for wait time billing, if applicable

Pathology/Lab Services

- Sonora Quest Laboratories is Care1st's exclusive lab provider
 - If referring a member to a laboratory for services, always refer to a contracted Sonora Quest facility
 - For a list of contracted Sonora Quest Labs, refer to the *Our Network* link on the Provider's page. Then select *Ancillary*, and then *Labs*
 - When samples are drawn in your office, ensure they are sent to a contracted Sonora Quest facility for testing
 - Using other labs will cause the lab claim to deny, which may generate inappropriate billing to our members

As always, you can reach out to Network Management or the Provider Claims Liaisons at the location listed to the left if you have questions or concerns.