Care1st Health Plan Arizona – February 2022

News you can use!

Billers' Corner

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

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Top 5 Professional Claims Encounter Errors/ New Edits for 3/1/2022

- When Care1st processes your claim, the encounter is sent to AHCCCS for acceptance. If AHCCCS finds errors, the encounter is returned, typically requiring recoupment of funds by us, and a corrected claim from you. Frequently, this is due to retroactive updates, but some are due to out-of-date records or information billed incorrectly or in an invalid location. To ensure your claim is paid correctly the first time, please ensure you are correctly handling the items listed below:

<u>Top 5 Encounters Errors:</u>

1. FQHC claims: Performing provider name and NPI was not found in box 19 for paper claims (or in loop 2300 NTE segment for EDI):
   - Please remember to list this information on all claims submissions
   - If the provider is not registered with AHCCCS or a member of our contracted provider group, this information is still required and claim may be reversed and/or denied if missing
2. Provider not eligible for Category of Service on service date:
   - Please be sure to register all providers or FQHC facilities with AHCCCS for all services performed
   - If a provider has a specialty, please make sure AHCCCS is aware and for what HCPC/CPT codes they are licensed to perform, outside of standard licensed procedures
   - Please send labs to our preferred provider Sonora Quest
3. Provider type is not eligible for services billed:
   - Please check with AHCCCS yearly to make sure the provider profile is setup correctly
   - If a CLIA license has been obtained for procedures, please make sure to contact AHCCCS
4. NDC number is required, or is invalid:
   - Please make sure that NDC numbers are correct when submitting medication, injections, or immunizations
   - If a procedure is not classified to have an NDC billed, make sure you do not bill an NDC on that claim line
     - Examples: Laboratory services, office visits, or surgical procedures (to name a few)
5. Primary insurance EOB not on file – deny for EOB:
   - Please make sure to attach the primary insurance EOB either by paper or electronically

- In addition, AHCCCS will be applying hard-edits requiring correction on the follow situations effective 3/1/2022:
  - Pick-up or Drop-off address with missing information for transportation
  - Claims billed with POS 03 (school) must include valid school ID (e.g., *OB#########)*
  - Participating Provider NPI not billed or invalid

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.