Claims Clues

A Monthly Publication of the AHCCCS Claims Department

January, 2001

Impact of HIPAA to be Examined

he Health Insurance Portability and Accountability Act (HIPAA) is coming, in one form or another, and the first set of new standards is scheduled to be implemented October 16, 2002.

To that end, AHCCCS is attempting to assess the level of understanding and compliance with these federally mandated rules by the provider community.

Do you, as a provider of services, understand the new

HIPAA requirements that impact you? Will you be ready to implement the new requirements?

Please See Attached Interest Form

Some of those changes will:

- Standardize electronic data interchange for specified administrative and financial transactions
- Implement new security and privacy requirements

- Eliminate local codes and modifiers and replace them with national codes and modifiers
- Eliminate "J" codes and require providers to bill with NDC codes in their place
- Implement a national provider identification number
- Implement standard provider types and specialties

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RxAmerica Processing FFS Pharmacy Claims

HCCCS has awarded a contract to RxAmerica to process and pay pharmacy claims for fee-orservice recipients, effective January 1, 2001.

This does not affect the pharmacy networks maintained by AHCCCS-contracted health plans and program contractors.

Prescriptions must be dispensed

from pharmacies in RxAmerica's network. Claims will be processed using a point-of-sale process.

Please See Attached Authorization Form

Providers who need assistance with claims should contact the RxAmerica Help Desk at (800) 770-8014. Hours of operation are 7:00 a.m. to 8:30 p.m. Monday

through Friday and 10:00 a.m. to 3:00 p.m. Saturday and Sunday.

The RxAmerica Clinical
Department is now reviewing
prior authorization requests. A
Prior Authorization Request Form
that providers may copy and use is
attached to this issue of *Claims Clues*. Completed request forms
should be faxed to RxAmerica at
(801) 961-6295.

Remittance Advice Available in Electronic Format

Providers may now receive the AHCCCS Fee-For-Service Remittance Advice in an electronic format.

Providers may receive the file in one of two ways:

- The file can be sent via email. or
- The file can be created on the AHCCCS network and

accessed through Virtual Private Network (VPN).

Please See Attached Interest Form

Electronic transmission of the Remittance Advice does **not** include electronic deposit of reimbursement checks. Reimbursement checks will continue to be mailed to the provider's pay-to address.

Providers who are interested in receiving the electronic Remittance Advice should submit the form attached to this issue of *Claims Clues*.

Providers who have questions about the electronic remittance should call (602) 417-4112.

Impact of HIPAA to be Examined

(Continued from Page 1)
If there is sufficient provider interest, AHCCCS will conduct informational meetings to discuss the impact of HIPAA on the

agency and its providers.

Providers who are interested in attending one of these informational meetings should submit the interest form attached to this issue of Claims Clues.

Providers who return the interest form will be notified of the date, time, and location of the meetings once they are scheduled.

AHCCCS Adopts New Provider Agreement

he AHCCCS Administration has adopted a new Provider Participation
Agreement which eventually must be signed by all providers.

The new agreement is being sent to all new providers when they request a Provider Registration packet. Providers who received a Provider Registration packet with the old agreement may submit the old agreement until March 1, 2001. Providers who have not submitted a signed agreement by March 1 will be required to sign the new agreement.

Currently registered providers will be mailed a copy of the new

Provider Agreement later this year. The new agreement must be signed and returned to Provider Registration. More information will be provided in future issues of *Claims Clues*.

A signed Provider Agreement is required of all providers, including one-time only providers.

CRN Required When Resubmitting Claims

Providers must clearly identify resubmissions of denied claims and adjustments and voids of paid claims in order for the AHCCCS claims system to correctly reprocess the claims.

The claim reference number (CRN) of the original claim *must* be included to enable the AHCCCS system to identify the claim being adjusted, resubmitted, or voided. If a claim is not identified as a resubmission, it will be entered as a new claim and denied either as a duplicate or for failing to meet the six-month initial claim submission time frame.

To resubmit a denied HCFA 1500 claim or to adjust a paid

HCFA 1500 claim, providers must enter "A" in the "Medicaid Resubmission Code" section and the original CRN in the "Original Ref. No." section of Field 22.

The provider should resubmit the claim in its entirety, including all lines that paid correctly.

To void a paid HCFA 1500 claim, providers must enter "V" in the "Medicaid Resubmission Code" section and the original CRN in the "Original Ref. No." section of Field 22.

The provider must enter only the claim line(s) to be voided and cross out all other lines. If a line is not crossed out, the line will be voided and payment recouped.

To resubmit a denied UB-92

claim, providers must write the word "Resubmission" and the CRN of the denied claim in the "Remarks" field (Field 84).

To adjust a paid UB-92 claim, providers may use bill type XX6 and write the CRN of the claim to be adjusted in Field 84. Providers also may write the word "Adjustment" and the CRN of the claim to be adjusted in Field 84.

To void a UB-92 claim, providers must use bill type XX7 and enter the CRN of the claim to be voided in Field 84.

If Field 84 is used for other purposes, providers should write resubmission or adjustment information at the top of the claim form.

Speech/Hearing Therapists Require DHS License

peech/hearing therapists must be licensed by Arizona Department of Health Services Occupational Licensing in order to register as an AHCCCS provider.

Questions about the licensing requirement should be directed to the AHCCCS Provider Registration Unit at:

- (602) 417-7670 (Option 5)
- 1-800-794-6862 (In state)
- 1-800-523-0231 Ext. 7670 (Out of state) □

AHCCCS

HIPAA Information Meeting

Interest Form



Contingent upon sufficient provider interest, the AHCCCS Administration will conduct informational meetings to discuss the impact of the Health Insurance Portability and Accountability Act (HIPAA). If you are interested in attending one of these informational meetings, please return this interest form. You will be notified of the date, time, and place of the meeting. Please return this form to:

AHCCCS Polic y/Training Section Mail Drop 8100 701 E. Jefferson Street Phoenix, AZ 85034

You also may fax this form to:

AHCCCS Policy/Training Section (602) 256-1474

Provider Name:							
Name of contact person:				Provider ID:			
Address:							
City:				State:			ZIP Code:
Telephone: ()				E-mail:			
I would prefer to attend a	meeting in	(please i	indicate	1 st , 2 nd , a	nd 3 rd cl	hoice):	
Phoenix Tucson			on	Flagstaff			
Number of people who wo	ould attend	meeting:	:				
Please rate your knowledg	ge of HIPA	A by cire	cling the	appropr	iate nun	nber:	
1 2 3 Little or no knowledge	4	5	6	7	8		10 Very knowledgeable
I am most concerned abou	t (Check al	ll that ap	ply):				
☐ Standardizing the interchange of electronic data						Security	y and privacy issues
☐ Elimination of local codes and modifiers						Elimina	ation of "J" codes from HCPCS codes
☐ Use of a national provider identification number (NPI)						Other (Please indicate on back)

RxAmerica Prior Authorization Request

Date:							
Patient's name:							
Patient's AHCCCS ID number:							
Physician's name							
Physician's phone number: ()							
Physician's fax number: ()							
Drug and dose requested:							
Formulary agents already tried:							
Rationale for request:							
Please provide copy of chart notes.							
FAX REQUEST TO RxAmerica AT (801) 961-6295							
FOR OFFICE USE ONLY							
Approved Denied Pending Pending							
Rationale:							
Received: Physician Notified:							





Electronic Transmission Of AHCCCS Fee-For-Service Remittance Advice

I am interested in receiving the AHCCCS Fee-For-Service Remittance Advice in an electronic format.

I prefer to receive the Re	emittance advice (please che	eck one):						
☐ Via e-mail	☐ Through Virtual Priva	□ Not sure						
	by the U.S. Postal Service to		cronically, my reimbursement check(s) will es) on file with the AHCCCS Administration					
Provider/Group Name:								
AHCCCS Provider Iden	tification Number:							
Street Address:								
City:		State:	ZIP Code:					
Telephone: ()	Fax: ()					
Name of Contact Person	ı:							
Email address:								
Signature of Provider Or Authorized Represen	tative:							
Date:								
Mail this form to:	AHCCCS Claims Poli MD 8100 701 E. Jefferson St. Phoenix, AZ 85034 OR	701 E. Jefferson St. Phoenix, AZ 85034						
Fax this form to:	AHCCCS Claims Poli (602) 256-1474	cy Section						