

DDD Business Operations Newsletter

August 2010

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New FOCUS Payment Edits starting October 1, 2010 that are current QVA requirements

- Vendor Insurance documentation is not current
- Vendor Certification/AHCCCS Registration is not current for Service Dates
- Invalid Vendor Contract is not Active during dates of service
- Vendor is not Active during dates of Service
- Provider of Service Certification/AHCCCS Registration not current during dates of service
- Vendor Type for AHCCCS Registration is not Eligible during dates of Service
- Billing Units Not Equal to Date Span { applies to Skilled Nursing Facilities for NF1(0192), NF2(0193), NF3(0194), ICM(0190 or 0191), RBH(0185), RBT(0183) }

Office of Licensing, Certification, and Regulation 602-542-9013 or Email at kbarone@azdes.gov

AHCCCS Provider registry – 602-417-7670 option 5

Fax # 602-256-1474

NPI registry- <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

AHCCCS website- <http://azahcccs.gov/default.aspx>

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

Friendly Reminder.....

Starting **October 1, 2010:**

- The Division will be assigning provider site codes. Please ensure all sites have been updated with correct addresses. Vendors will not be able to enter site codes.
- Therapy providers must be licensed and their AHCCCS certification must be in place.
- Please ensure that your insurance coverage is current.
- Make sure that your QVA is updated and signed; contact your contract specialist if there are further questions.

All of the above reminders could delay payments if not in place.



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Service Code Changes effective October 1, 2010

General Billing Rule: Always confirm that when billing the code matches the corresponding authorization.

Therapy

OCL– Occupational Therapy Early Intervention
 OCV– Occupational Therapy Early Intervention Evaluation
 OEA– Occupational Therapy Evaluation 3 +
 OTA– Occupational Therapy 3 +

PHL– Physical Therapy Early Intervention
 PHP– Physical Therapy Early Intervention Evaluation
 PEA– Physical Therapy Evaluation 3 +
 PTA– Physical Therapy 3+

SPL– Speech Therapy Early Intervention
 SPV– Speech Therapy Early Intervention Evaluation
 SEA– Speech Therapy Evaluation 3 +
 STA– Speech Therapy 3 +

According to AHCCCS Guidelines starting July 1, 2010 , Speech and Language Pathology Assistants (SLPA) can begin to see consumers. The Speech and Language Pathologists (SLP) will bill on behalf of the SLPA (but the SLPs National Provider Identification (NPI) must be used). Their rate will be 75% of the SLP's rate.

Just a reminder when the SLPA is providing service they must use their own AHCCCS ID and NPI.

Attendant Care

All Attendant Care will be authorized and billed as ATC. If service is AFC you will now bill ATC with modifiers.

Service Code	HCPC Code	U3	Modifi-ers U4	U5
ATC	S5125	X	X	X

U3 Spouse caregiver

U4 Family provider not living with member

U5 Family provider living with member



Top Reasons Files Do Not Run

Naming Your File:

Your file must be saved in the 1997-2003 format. Example: ABCD1007.xls
4 character alpha code (ABCD)
Fiscal Year (10)
Month Billing (07)

Cells:

All cells should be formatted either as Text or Number. Any other formats will cause technical problems causing files not to run.

Starting Your Bill:

Always start your bill on line (2) of your Header, Details and Footer.

Totals Do Not Match:

Check your total in your Details making sure it matches your total in the Footer.

Column Titles:

Check that column titles are not removed from your document and remember they are case sensitive. They must be precise, i.e. cannot be misspelled, and cannot include spaces before or after the column name.

The columns are also positional. For example, the first column (named ProvSvcLocation) MUST be in column A.

Header, Details and Footer:

Sheet names must be Header, Details, Footer. In that exact order, must be spelled correctly and cannot contain spaces before or after the sheet name.

Extra data in the Header, Details or Footer will cause technical errors; please do not change the document.

Place of Service:

Make sure you complete the Place of Service for all lines in your Details.

Dates of Service:

Make sure you complete the Dates of Service for all lines in your Details.

Removing False from Detail:

You must remove all false from your details after the last completed line of your bill.

1. Click on the number in the left margin that represents the next claim line under your last completed line. The entire line should highlight across.
2. Hold down the control and shift keys at the same time. Push the down arrow and the rest of the sheet should be highlighted.
3. Right click in the highlighted area. A box should pop up.
4. Click on Clear Contents. All formulas and formatting have been removed from unused claim lines.



Claim dispute guidelines

For claim disputes, all the information you need can be found on the DDD homepage. Go to www.azdes.gov/ddd and scroll down to Provider News and click on **Claim Dispute Guidelines**.

Procedure for Reversals and Check Credits

Reversals -Ten (10) Claim Lines or Less

Reversals must be 10 or less claim lines.

The following information must be given via hard copy or by email. Once the reversal is completed the units will be restored to the authorization, and the provider can re-bill the Division.

- Provider ID
- Client ID
- Client Name
- Dates of Service
- Service
- Paid Units
- Rate
- Amount Paid

Check Credits - Over 10 Claim Lines

Only checks that reflect an exact match to the Paid claim line(s) can be accepted. A check can encompass multiple claim lines, but the total of the check must match the total for all affected claim lines in the FOCUS payment file. This information can be provided by submitting an excel spread sheet indicating the claims lines to be credited. The required information is the same as required for a reversal.

Checks which do not meet the above criteria will be returned by the Accounts Payable unit.



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How Can We Help You?

Name

Phone

Email

Kim Maldonado—Statewide TPL Trainer

520-742-7679 x 130

KMaldonado@azdes.gov

Judy Niebuhr—DDD Billing Trainer

602-542-6885

JNiebuhr@azdes.gov

Kim Smith—Interim Claims Manager
Fiscal Integrity Manager

602-542-6798

KSmith@azdes.gov

TPL Waivers:

Carol Garcia—Benefits Coordinator

602-364-1865

CarolGarcia@azdes.gov

Peggy S. Lopez—Assistant

602-542-6095

PeggySLopez@azdes.gov

Waivers fax #

602-542-8193

Bill Payers:

Teresa Nino

602-542-7060

MariaNino@azdes.gov

Edgar Ruiz

602-542-6866

EdgarRuiz@azdes.gov

Verdean Williams

602-542-7059

VerdeanWilliams@azdes.gov

Thanks for all you do!



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Walk-ins Welcome!

Provider billing/training

When: April 14, May 11, June 16, July 7th & 20th, August 4th & 18th, September 15th & 28, October 6th & 20th, November 3rd & 17th and December 15th.

What: All day help / training is available for providers on a walk-in basis

Where: 1789 W. Jefferson, Phoenix— 4th Floor SW Conference Room

We're here to help with your billing questions—we'll work one-on-one or with groups. Bring your laptop with your billing if you'd like us to look it over before you submit electronically.

For providers needing help/guidance for TPL issues: Carol Garcia, Kim Maldonado and Peggy Lopez will be available to assist you.

