



## REDUCING REJECTIONS/DENIALS BILLING EDUCATION TOOL

January 28, 2020

Dear Care1st Providers, Office Staff & Billing Staff:

The Billers' Corner was created for you and provides tips so you get paid faster! We hope you like it and appreciate your feedback on this tool or topics you would like to see in the future.

Our January Billers' Corner is focused on non-emergency transportation services pick up and drop off location billing requirements to reduce rejections/ denials for non-emergent transportation, including behavioral health. In addition, tips on reducing denials for all of the top 5 denial reasons are also included.

To access the educational tool, go to [www.care1stAZ.com/](http://www.care1stAZ.com/) > Care1st > Providers > Mailings & Reference Materials.

If you have questions when reviewing the update, please use the information below to contact us. Also, if you have any suggestions for future billing education topics, please contact the Claims Provider Liaison at 602-778-1877.

*Please call Claims Customer Service at 602.778.1800 options 5,4 if you have questions on how to populate this information on your claim.*

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Network Management

Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)

Fax 602.778.1875/E-mail SM\_AZ\_PNO@Care1stAZ.com

Visit our website at [www.care1staz.com](http://www.care1staz.com)

*Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info*

## 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 Customer 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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### Non-Emergency Transportation Services Pick up/Drop off Location Billing Requirements

Pick up and drop off locations are required on all claims for transportation services. **Please note:** This requirement also applies to transportation services rendered by behavioral health providers.

We are required by AHCCCS to submit your claims as electronic encounters. In order to meet our regulatory requirements, we must collect enough information from your claim submission to successfully transmit the data electronically.

To prevent rejections or claim denials for missing/ incomplete information, follow the billing requirements for pick up and drop off locations defined below:

- **Electronic Claims**
  - Use loops 2310E (pick up location) and 2310F (drop off location)
  - EXAMPLE:
    - Loop 2310E – Pick up Location
      - NM1\*PW\*2
      - N3\*123 MAIN STREET
      - N4\*PHOENIX\*AZ\*85018
    - Loop 2310F – Drop off Location
      - NM1\*45\*2
      - N3\*987 MAIN STREET
      - N4\*PHOENIX\*AZ\*85020
- **Paper Claims**
  - Pick up and drop off location is required in box 32:
    1. Pick up and/or drop off location = facility, i.e. hospital, SNF
      - Street address, City, State, Zip required in box 32
      - Facility name is not required; however, if present it still must include the complete address
    2. Pick and/or drop location is not a facility (this includes member residence)
      - Street address, City, State, Zip required in box 32
    3. Pick up location is an area where there is NO street address
      - Intersection or description of where service was rendered (e.g. ‘Crossroad of State Road 34 and 45’ or ‘Exit near mile marker 265 on West Interstate 10’), City, State, and Zip required in box 32
  - Data in box 32 must be legible for accurate processing and to meet the AHCCCS encounter requirements

As always, you can reach out to Network Management or the Operations Account Representatives at the location listed to the left if you have questions or concerns.