

## 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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### Migration of Central Members and NIA Authorizations Reminders

#### Migration of Care1st Central Member to AzCH effective 10/01/21

As a reminder, the Care1st members residing in Maricopa, Gila, and Pinal counties migrated from Care1st to the AzCH Complete Care Plan effective 10/01/21.

- When submitting initial or resubmission claims for these members for dates of service 10/1/21 and after, please submit:
  - Electronic claims through Availity, Payer ID 68069
  - Paper claims should be mailed to:  
 Arizona Complete Health Care Plan  
 PO Box 9010  
 Farmington, MO 63640
- When submitting initial or resubmission claims for these members for dates of service through 09/30/21, please submit:
  - Electronic claims through Change Healthcare, or a service that has a reciprocal agreement with Change Healthcare, Payer ID 14163
  - Paper claims should be mailed to:  
 Well care Health Plans Claims Department  
 PO Box 31224  
 Tampa, FL 33631-3224

#### National Imaging Associates (NIA) Authorization Requests

To ensure that your claims are able to be paid upon the first submission, we've listed some tips that will help you obtain authorization for your NIA related services

- Auths for the following outpatient services are administered by NIA

CCTA	CT/CTA	Echocardiography	MRI/MRA
MUGA Scan	Myocardial Perfusion Imaging	PET Scan	Stress Echocardiography

- You can sign up for access to RADMD provider website, which will allow you to receive training on how to request a auth, instantly submit a auth requests; check the status of a previous request or learn more about medical necessity guidelines for a auth
  - Go to this link to access the website: [www.RADMD.com](http://www.RADMD.com)
  - NIA auths are for a single service only, so be sure to request a separate auth for each imaging service you require, including bilateral imaging
    - The auth will be set-up under a primary imaging code based on the type of imaging and area of the body. The provider may bill an alternate code as long as it is for the same imaging type and area of the body
    - Applicable add-on services, including 3-D Rendering / Interpretation are included when the primary service is authorized
    - Always include your RADMD auth or tracking number on your claim (field 23 for CMS-1500 or field 63 for UB04) so that Care1st can easily match the auth to the correct claim

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.