

NOTICE:

AHCCCS Rules and Policy regarding billing for Arizona Physicians and Mid-Level Practitioners

March 16th, 2018

Dear Provider Partner,

This communication serves as a reminder of the AHCCCS Rules and Policy regarding billing for Arizona Physicians and Mid-Level Practitioners. In accordance with AHCCCS's guidelines, all rendering providers must bill under their own NPI number. As a result, incident-to billing is not permissible for mid-level practitioners. (A rendering provider is defined as the individual who provided care to the client and needs to be reported as such in box 24J of the CMS 1500 claim form.)

Per the AHCCCS participating Provider Agreement General Terms and Conditions: "No provider may bill with another provider's ID number, except in locum tenens situations. Locum Tenens provider must submit claims using the AHCCCS provider ID number of the physician for whom the Locum Tenens provider is substituting or temporarily assisting." Locum Tenens arrangements will be recognized and restricted to the length of the Locum Tenens registration with the American Medical Association.

In connection with our on-going activities to monitor claim payment and billing, we identified claims submitted to Health Choice inappropriately that are non-compliant with this billing policy. We will continue auditing claims and/or encounters for this purpose. We may deny claims and/or recoup payments issued on any incorrect claim submissions. To prevent this from occurring, we request that you review your organization's billing practice for compliance with these requirements.

Thank you for your continued commitment to serving our members and providing quality care and services. We hope you find this information helpful. If any questions, please contact your Network Service Representative.

Sincerely,

Provider Network Operations

