arizona complete health
Complete Care Plan

Provider Update

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Duplicate Claim Submissions

Arizona Complete Health-Complete Care Plan has noticed a significant increase in provider claims denying for duplicate claim submissions. All exact duplicate claims or claim lines are auto-denied (absent appropriate modifiers or corrected claim indicators). Suspect duplicate claims and claim lines are suspended and reviewed by the Medicaid contractors to make a determination to pay or deny the claim or claim line.

Providers receiving the following claim denial: EX18 - Duplicate claim submission, should thoroughly review this communication as a means to prevent further denials.

HOW TO SUBMIT A CORRECTED CLAIM – RESUBMISSION PROCESS

If a provider is attempting to change the information on the original claim submission, a corrected claim is required. Corrected claims must clearly indicate they are corrected in one of the following ways:

- CMS 1500 professional claims form require box 22 to be populated with the original claim number and correct submission code to be placed on the claim. The two correct resubmission codes are 7 and 8. 7 (the “Replace” billing code) is used to notify us of a corrected or replacement claim. 8 (the “Void” billing code) is used to notify us that you are voiding a previously submitted claim.
- A UB-04 form requires correct bill type xx7 for corrections, and the original claim number in box 64. If the claim does not contain this information, it will process as an original claim and then deny as a duplicate.
- Corrected claims must be submitted on standard red and white forms. Handwritten corrected claims will be rejected upfront.
- Corrected claims can also be submitted via our secure Provider Portal: provider.azcompletehealth.com - follow the instructions on the portal for submitting a correction. (please note claims with dates of service pre 10/1/18 cannot be corrected via the secure provider portal)

HOW DUPLICATES ARE IDENTIFIED

Please be aware that Medicaid contractors examine and compare to prior bills for any bill that is identified as a possible duplicate. If the services (revenue or HCPCS codes) on a claim duplicate the services for the other, contractors will check the diagnosis. If the diagnosis codes are duplicates, contractors will request an explanation before making payment. The official instruction for CR8121 spells out what your Medicaid contractor looks for when analyzing the history of paid and pending claims, duplicate claims and the criteria for detecting suspect duplicate claims.

ADDITIONAL INFORMATION

For further information please review https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2678CP.pdf

If you have questions regarding the information contained in this update, please contact your Provider Engagement Specialist or email AzchProviderEngagement@azcompletehealth.com.

THIS UPDATE APPLIES TO THE FOLLOWING **AzCH-Complete Care Plan** PROVIDER TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers
- Behavioral Health Physicians
- FQHC

PROVIDER SERVICES

AzCHProviderEngagement
@azcompletehealth.com
1-866-796-0542
azcompletehealth.com

PROVIDER DISPUTES

AzCH-Complete Care Plan Provider Disputes
1870 W. Rio Salado Parkway, Ste. 2A
Tempe, AZ 85281

STATE FAIR HEARINGS

AzCH-Complete Care Plan Provider State Fair Hearings
1870 W. Rio Salado Parkway, Ste. 2A
Tempe, AZ 85281