

## REVISION SUMMARY CLAIMS PROCESSING MANUAL

JANUARY 2025

**Updates to language throughout for clarity and grammatical updates. Hyperlinks updated.**

### Chapter 1

- **Section 1.0 – MC Website** – under Provider Notifications and Forms, removed specific line of business references.
- **Section 1.3 – Electronic Tools and Availability:**
  - EDI tables updated for current EDI vendors
  - Updated check run frequency for all lines of business.
  - Updated EFT/ERA registration information.
  - Added notation regarding historic Change Healthcare remittance advices.
  - Added 2 bullets to the How to Use Availability section regarding fee schedules and provider notifications & resources.
- **Section 1.9 – National Correct Coding Initiative** – under EP modifier, removed CPT code 96110 and replaced this with “EPSDT services”.
- **Section 1.14 – Claim Disputes/Appeals** – updated to reference Chapter 18 in the General Terms Chapter 100 version of the Provider Manual.
- **Section 1.17 – Unlisted and Non-Specific CPT and HCPCS Codes Subject to Prepayment Review** – added notation that not all unlisted codes may be covered by AHCCCS. Updated code list.

### Chapter 2

- **Section 2.1 – Influenza and Vaccine Guidelines** – updated CMS Vaccine Pricing link under MCA Influenza Vaccine Resources.
- **Section 2.9 – Hospice** – under MCA – updated language under the Medicare Managed Care Manual, Chapter 4 – Benefits and Beneficiary Protections.
- **Section 2.10 – Transportation Claims** – multiple updates to match guidance in AHCCCS FFS Provider Manual Chapter 14.
- **Section 2.13 – Behavioral Health Claims** – removed reference to Mercy Care Behavioral Health Services Guidance. Updated language and guidance for code T1016.
- **Section 2.18 – Chiropractic Claims** – updated language in this section and removed codes as the lists were not all inclusive.
- **Section 2.19 – Telehealth** – updated language and referred providers to AMPM 320-I. Removed list of services covered under telehealth as AMPM 320-I shall be the reference for covered services.
- **Section 2.20 – Continuous Glucose Monitoring** – removed language referencing Medicaid programs following CMS guidance and notated that AHCCCS now has prior authorization criteria for these devices.

### Chapter 3

- **Section 3.1 – Well Child Visits** – added a statement regarding billing “sick visits” along with Well Child visits.