

Billing reminder

Home- and Community-Based Services that span multiple months

When billing Home- and Community-Based Services (HCBS) that were rendered in multiple months, the months must be billed individually for correct claims processing.

You may bill more than 1 month on the same claim, but each month **must be billed on a separate line item**, as indicated in the billing sample below. Claims with dates of service for multiple months that are billed on 1 line item will be denied with the following reason and remark codes:

- COA 1: Claim/service denied
- M58: Missing/incomplete/invalid claim information. Resubmit claim after corrections.

Correct billing examples

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES			G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To	MM	DD	YY	MM			DD	YY	CPT/HCPCS		MODIFIER						
1	09	20	21	09	30	21	12		S5125			1	204	68	43		NPI	1234567890	
2	10	01	21	10	03	21	12		S5125			1	15	24	3		NPI	1234567890	
3																	NPI		

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES			G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To	MM	DD	YY	MM			DD	YY	CPT/HCPCS		MODIFIER						
1	07	01	21	07	31	21	13		T2033	TG		1	409	54	31		NPI	1234567890	
2																	NPI		
3																	NPI		

Incorrect billing examples

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES			G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To	MM	DD	YY	MM			DD	YY	CPT/HCPCS		MODIFIER						
1	09	20	21	10	03	21	12		S5125			1	219	92	46		NPI	1234567890	
2																	NPI		
3																	NPI		

Questions?

Call Provider Services at **800-445-1638** for AHCCCS Complete Care (ACC) and Developmental Disabilities (DD) or **800-293-3740** for Arizona Long-Term Care System (ALTCS). Thank you.