

**How to read your Direct Service Claiming Remits from MAXIMUS  
June 2004**

**Remit basics**

- Remits are prepared in two formats: printable (PDF) and electronic (Excel)
- Remits are available to both Billers and LEA's
- Remits are created one per LEA
- Remits are sorted by Rendering provider, then by Student
- Each provider is sub-totaled
- Each student under each provider is sub-totaled
- Remit total matches the check amount

**Fields:**

**RA Date:** Remit reference date

**LEA:** AHCCCS ID number and name for the LEA

**Rendering Provider:** AHCCCS ID number and name of the actual provider

**Student Name and AHCCCS ID number**

**Claim #:** Internal Claim Number (ICN); the number that identifies the claim in our system

**Service date:** Date the service was given to the child

**Procedure code:** The CPT or HCPCS code the describes what service was given

**Qty:** Quantity of units billed

**Billed Amount:** Dollar amount billed

**Non-covered amount:** The total dollar amount of the State match, and any amount that was billed more than the capped fee schedule

**Status Code:**

P = Paid; the claim was paid

D = Denied: the claim was denied, refer to the denial code

S = Suspend: the claim is being pended internally

This key is at the bottom of every page

**Denial Reasons:** Codes that explain the reason(s) why the claim being denied  
The description of these codes listed at the end of every remit, if  
the denial code was used on the remit.

**Paid Qty:** Quantity of units paid

**Admin fee:** Fees for MAXIMUS and AHCCCS

**Paid Amount:** Net payment for that claim

Denial codes, if used on a remit, are written out at the end of each LEA remit. The denial codes used are HIPAA claim codes. A complete list of HIPAA denial codes can be found on the Internet.

Two sites that we found are:

<http://www.dhs.state.mn.us/Provider/pdf/eobxwalk.pdf>

<http://www.wpc-edi.com/codes/codes.asp>

On the next page, you will find common denial reasons and some ideas for resolving those denials. When you run into a situation that you cannot resolve, please call your MAXIMUS Account Manager for further assistance.

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### **Common claims denials:**

#### **Student not eligible with AHCCCS on date of service:**

Student eligibility is checked in our system with the most current eligibility tape that we have from AHCCCS; unless the student's eligibility status changed from the time we processed the claim to the date the claim is reviewed, this denial cannot be overturned for payment.

#### **Provider denials:**

Most common reason for a provider-related denial is due to the provider's eligibility being terminated with AHCCCS because the provider's license or certification has expired. AHCCCS Provider Registration oversees all of the registration processes, so the first place to begin is to check with AHCCCS Provider Registration to ensure that the provider's file is updated and accurate. If the file is current, the next thing to check is that the provider is registered appropriately. For example, a school-based psychologist cannot bill for the same codes that a licensed psychologist can. Ensure that the codes being billed are appropriate for the category of service listed at AHCCCS; if they are not, decide if you need to rebill with a more accurate procedure code, or if the category of service at AHCCCS needs to be updated to more accurately reflect that provider's credentials.

#### **Claim formatting (programming)**

The two most common reasons for a claim to be denied due to programming is (1) too many providers per claim and (2) too many lines per claim. This is an issue created when the claim file is created within your programming system. This has recently become an issue due the recent changes from HIPAA. In a claims header, HIPAA requires only one child per claim and only one provider per claim; if a claim header consists of two or more providers, for example, all claim lines within the claim will deny for too many providers per claim. When a claims file is being created, there is a maximum of 50 claim lines per claim; if there are more claim line within that file, the claims will deny for too many lines per claim. If your programmer is not familiar with how to correct this type of programming, have them call the MAXIMUS office for further explanation.

#### **Third Party Liability (Coordination of Benefits)**

This type of denial means that the files at AHCCCS have an indicator that indicates the student is covered by another type of insurance (commercial insurance). It is necessary to bill the primary insurance before we can process the claim further.