AHCCCS
Arizona Health Care Cost Containment System

Claims submission using the AHCCCS Online portal.

- Claim Type Professional (1500 Form)
- Claim Type Institutional (UB Form)
- Claim Type Dental (ADA Form)

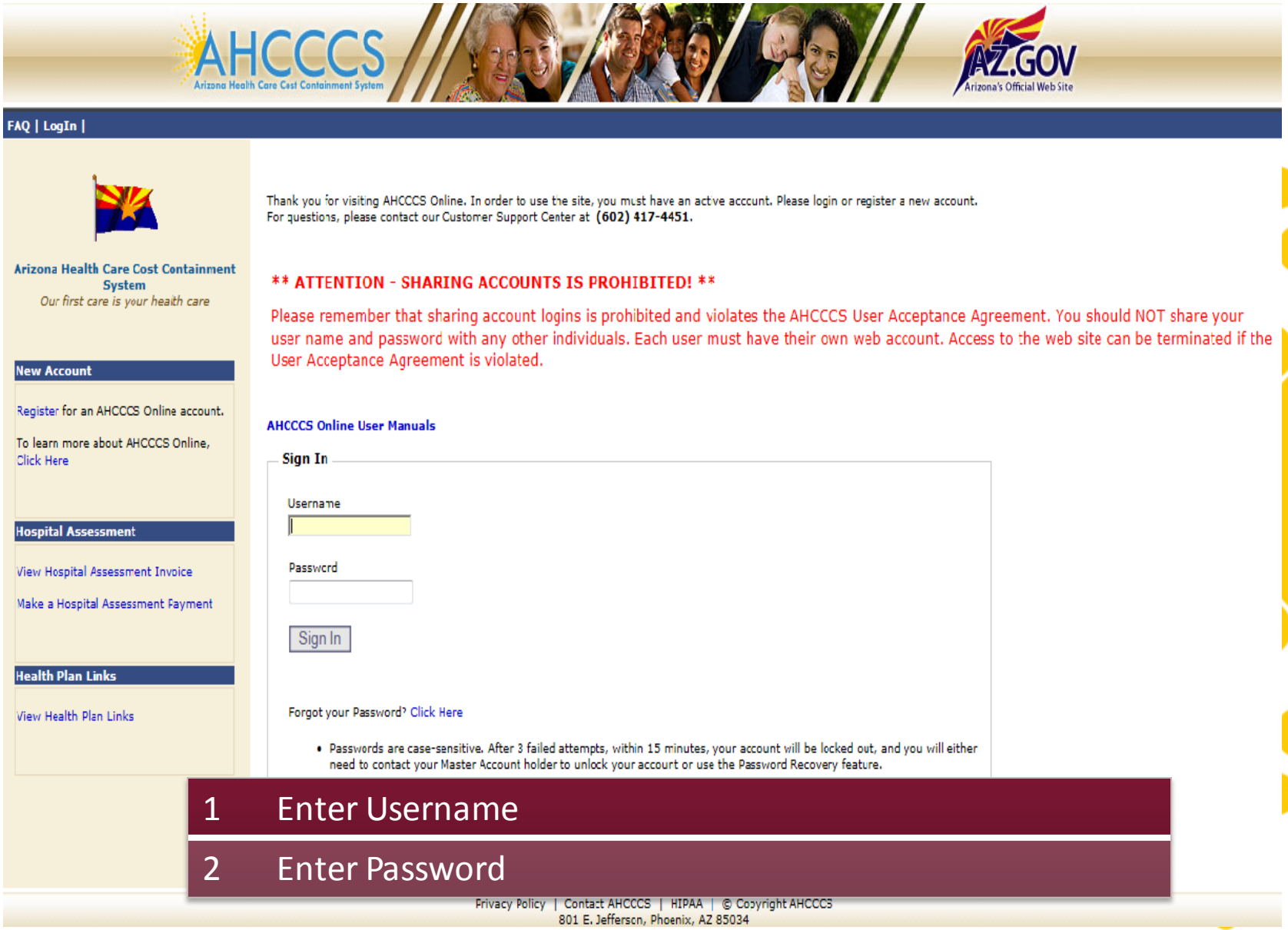
AHCCCS
Arizona Health Care Cost Containment System

5010 Online Claim Submission

Claim Type Professional (1500 Form)

AHCCCS
Arizona Health Care Cost Containment System

https://www.azahcccs.gov/



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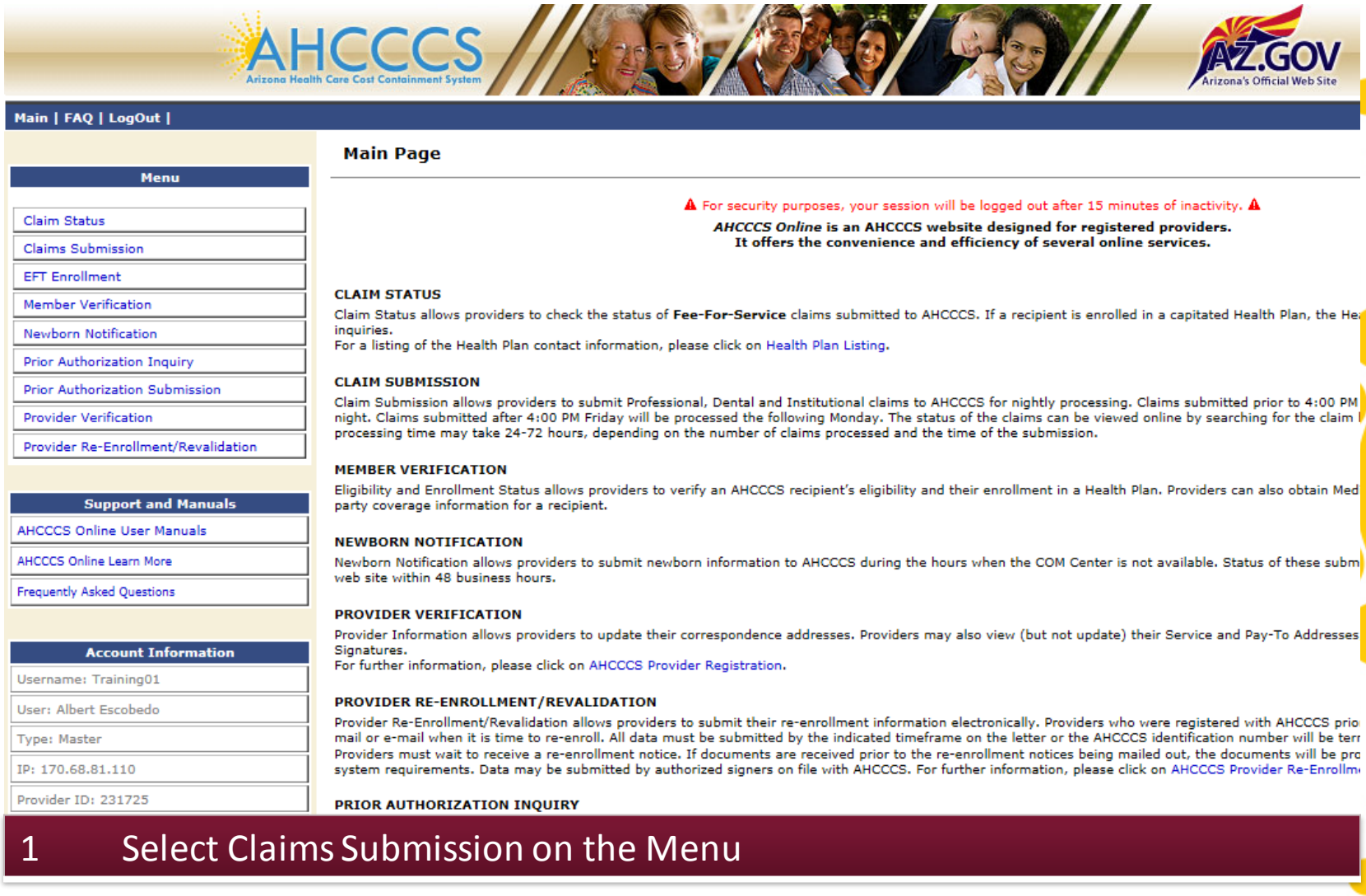

1 Select Claims Submission on the Menu

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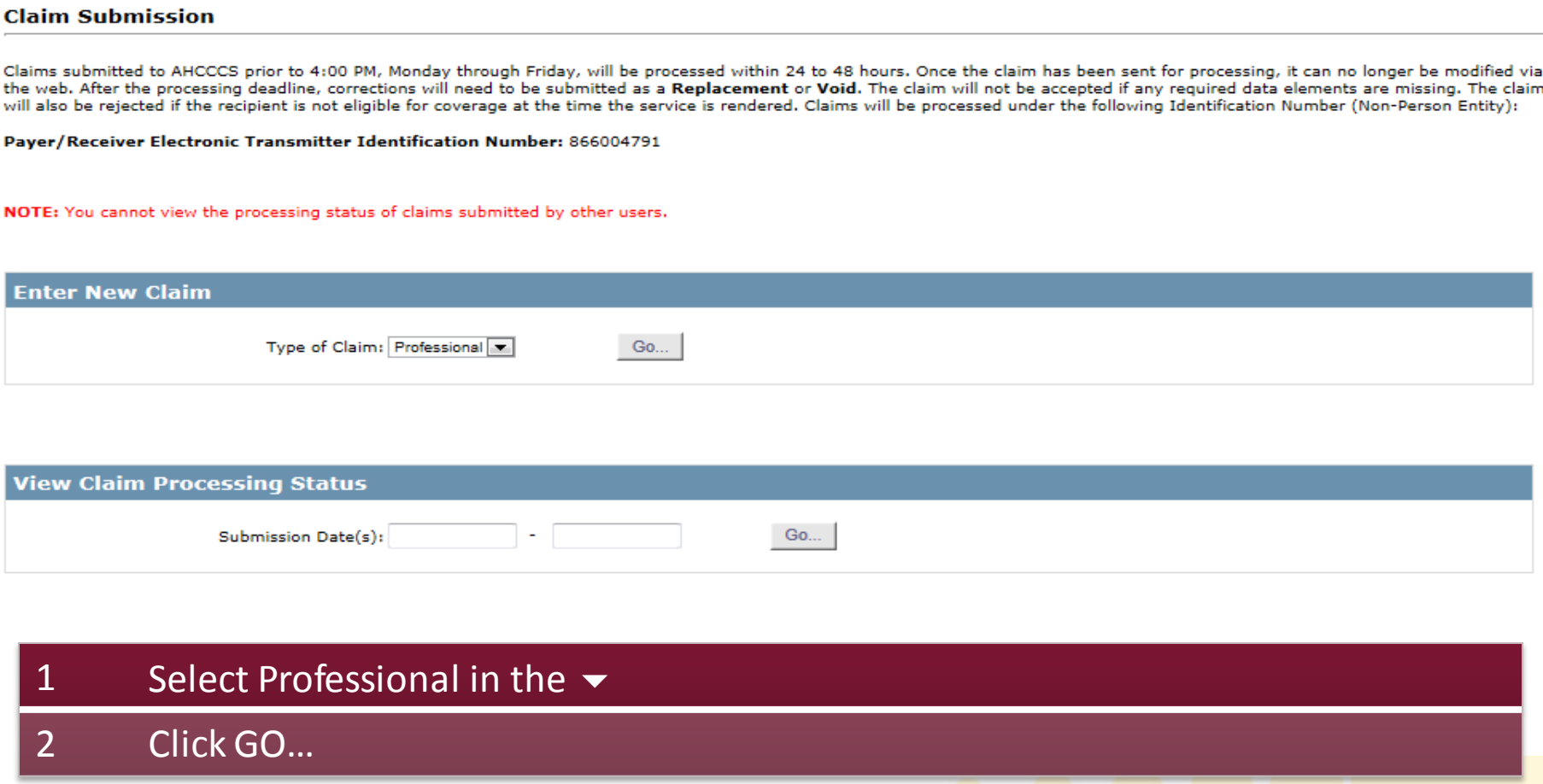
Claim Submission



1. Select Professional in the ▼
2. Click GO…

Main | FAQ | LogOut |

Menu

- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Provider Re-Enrollment/Revalidation

Support and Manuals

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

Professional Claim Submission

Help

* Indicates a required field.

Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines

Submitter

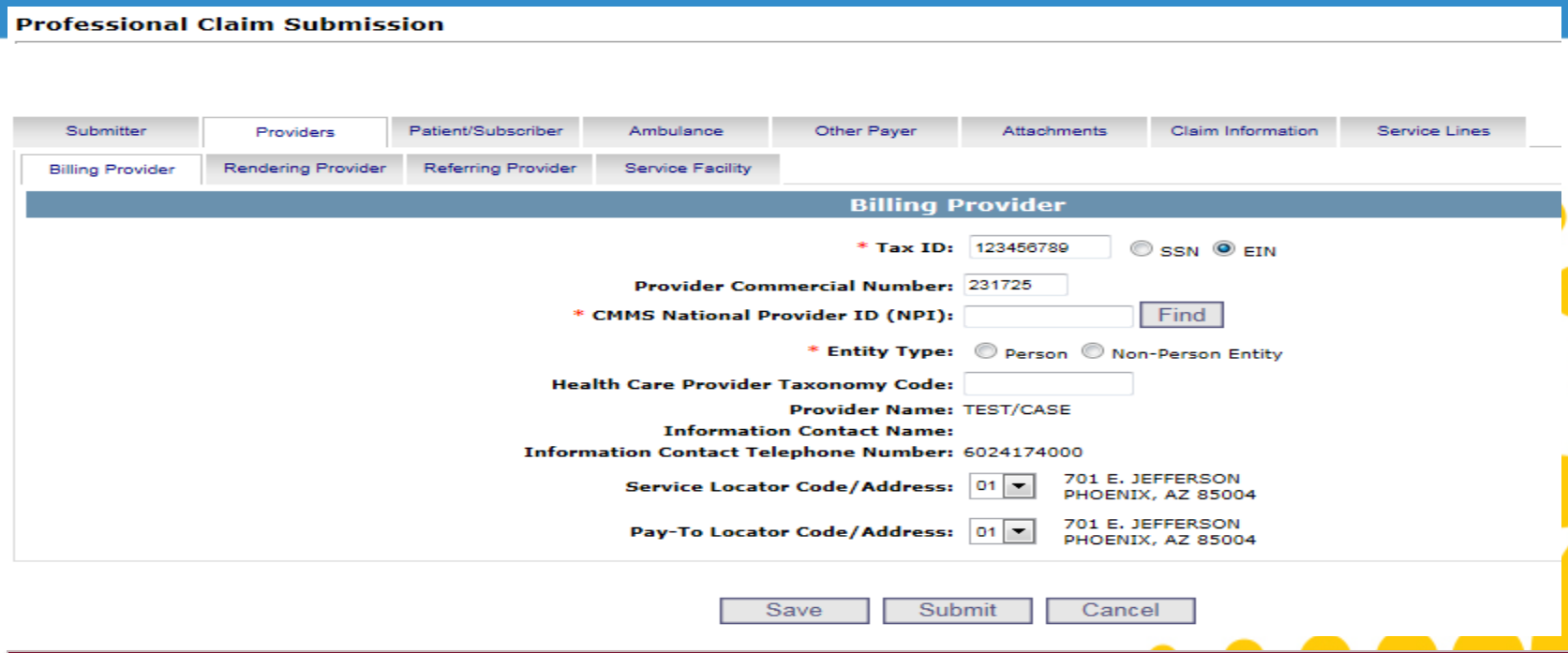
Organization Name: TEST/CASE
Electronic Transmitter ID Number: 99222
Information Contact Name: Escobedo, Albert
Information Contact Telephone Number: 602-417-4562

Save | Submit | Cancel

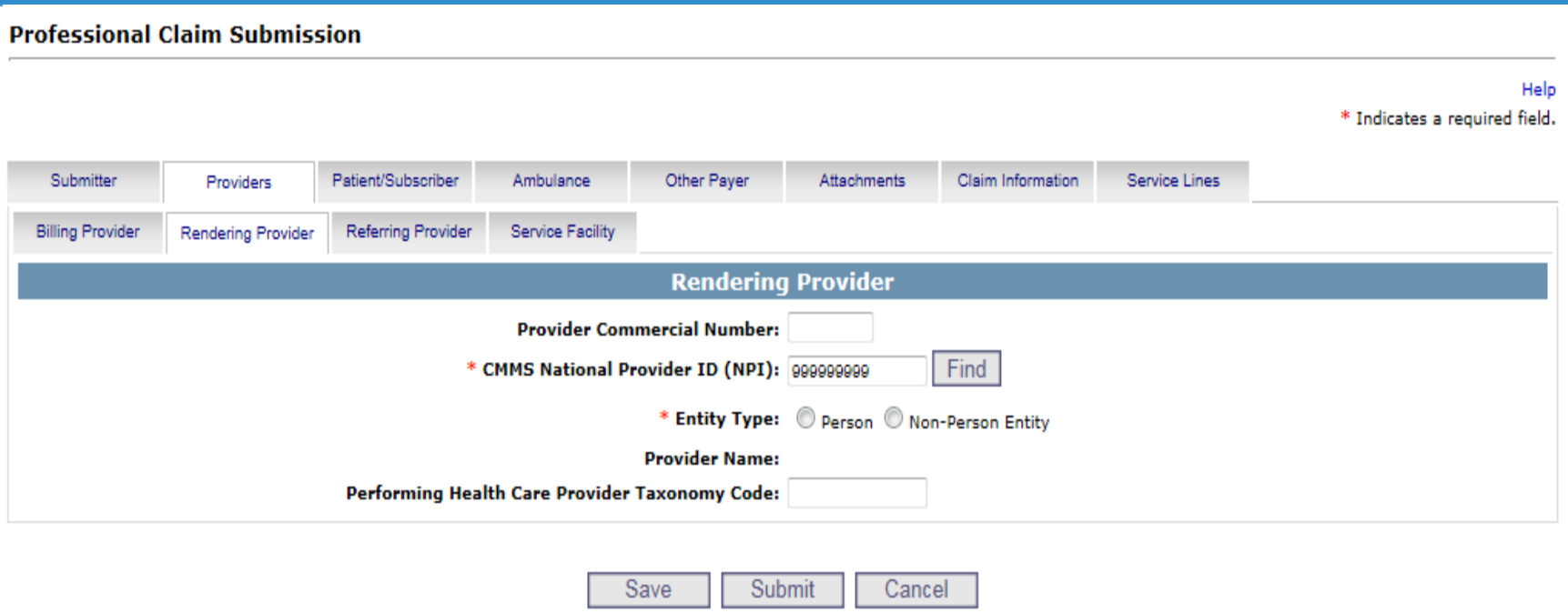
1 This is the Submitter screen– verify the correct provider information (some providers may have more than 1 ID)

2 Select the Providers tab next

AHCCCS
Arizona Health Care Cost Containment System



1	This is the Billing Provider screen – fill out all the areas marked by red asterisks
2	Tax ID – enter biller or group tax ID
3	Provider Commercial Number – enter in the 6 digit AHCCCS ID here- if you do not have a valid NPI# leave that field blank
4	CMMS National Provider ID (NPI) – enter valid NPI#, leaving the Provider Commercial Number blank
5	Entity type – select “person” if the id number belongs to a person or “non-person” if a company is identified
6	Click “Find” – provider information should be displayed
7	Select the Rendering Provider tab next



1	This is the Rendering Provider screen– fill out all areas marked with red asterisks, refer to previous slide since all definitions remain the same
2	CMMS National Provider ID (NPI) – Enter NPI
2	Click “Find” – the provider information should be displayed
3	Select the Referring Provider tab next, if there is a referring provider. Select the Patient/Subscriber tab next, if there is not a referring provider

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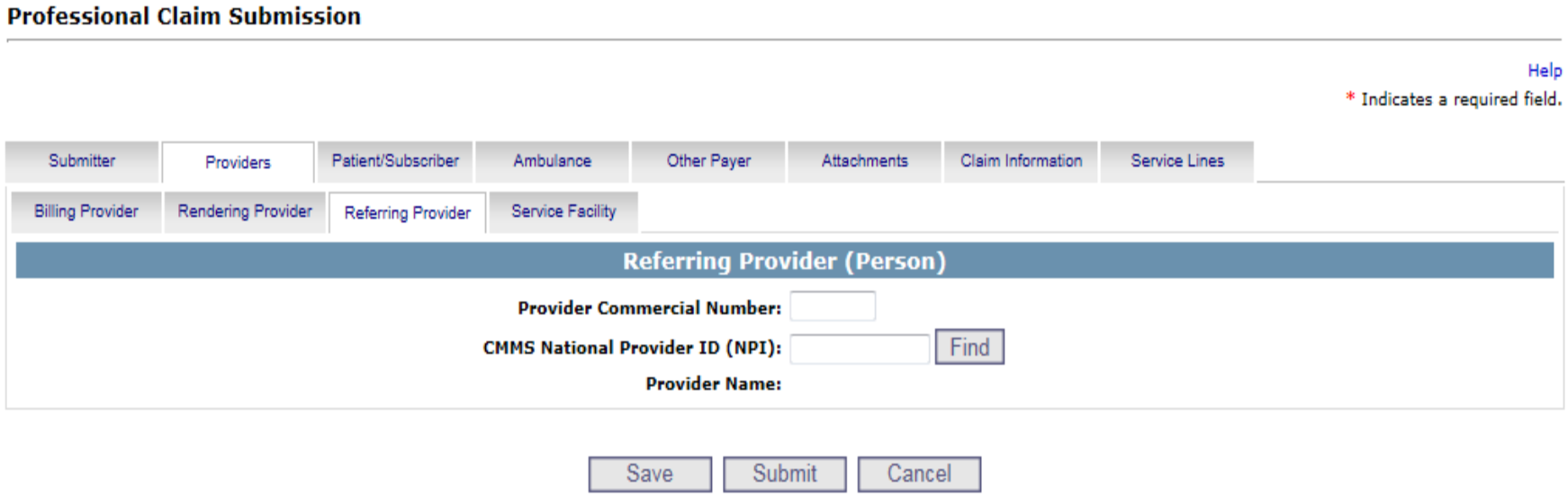
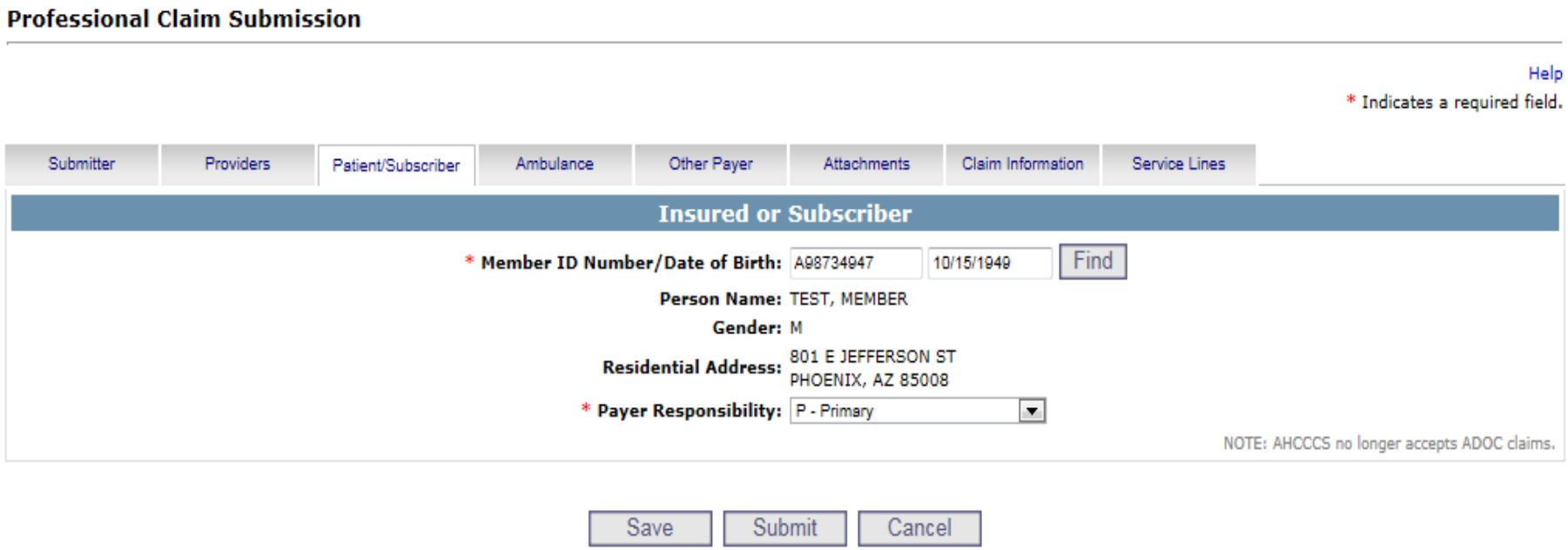
Referring Provider Tab – to be filled out only for specific providers PLEASE REFER TO THE LIST BELOW.

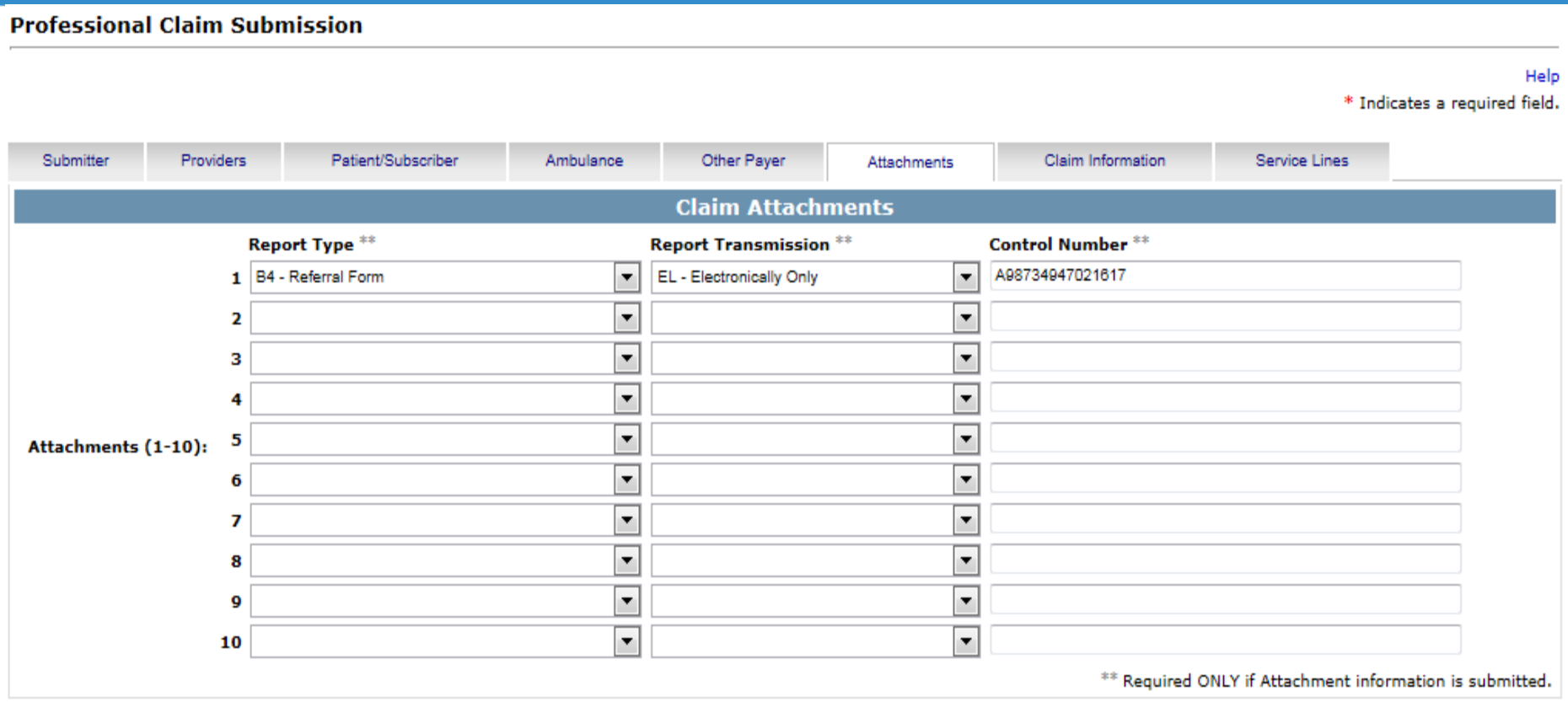


1	The following services require submission of a Referring/Ordering provider:
	✓ Laboratory, Radiology, Medical and Surgical Supplies, Respiratory DME, Enteral and Parenteral Therapy, Durable Medical Equipment, Drugs (J-Codes), Temporary K and Q codes, Orthotics, Prosthetics, Vision codes (V-codes), 97001-97546
2	Ordering providers must be M.D.O., Optometrist, Physician Assistant, Registered Nurse Practitioner, Dentist, Podiatrist, Psychologist or Certified Nurse Midwife.

Here is the link where you can find this information in the AHCCCS Provider Manual: https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap05.pdf



1	This is the Patient/Subscriber screen– fill out all areas marked with red asterisks
2	Member ID Number/Date of Birth - Enter the members AHCCCS information (ID and Date of Birth)
3	Payer Responsibility- Enter the Payer Responsibility information by selecting P-Primary
4	Click “Find”- member information should be displayed
5	To send an attachment, select the Attachments tab. If you do not have an attachment, select the Claim Information tab. *For today’s training, we will be choosing to send an attachment.*



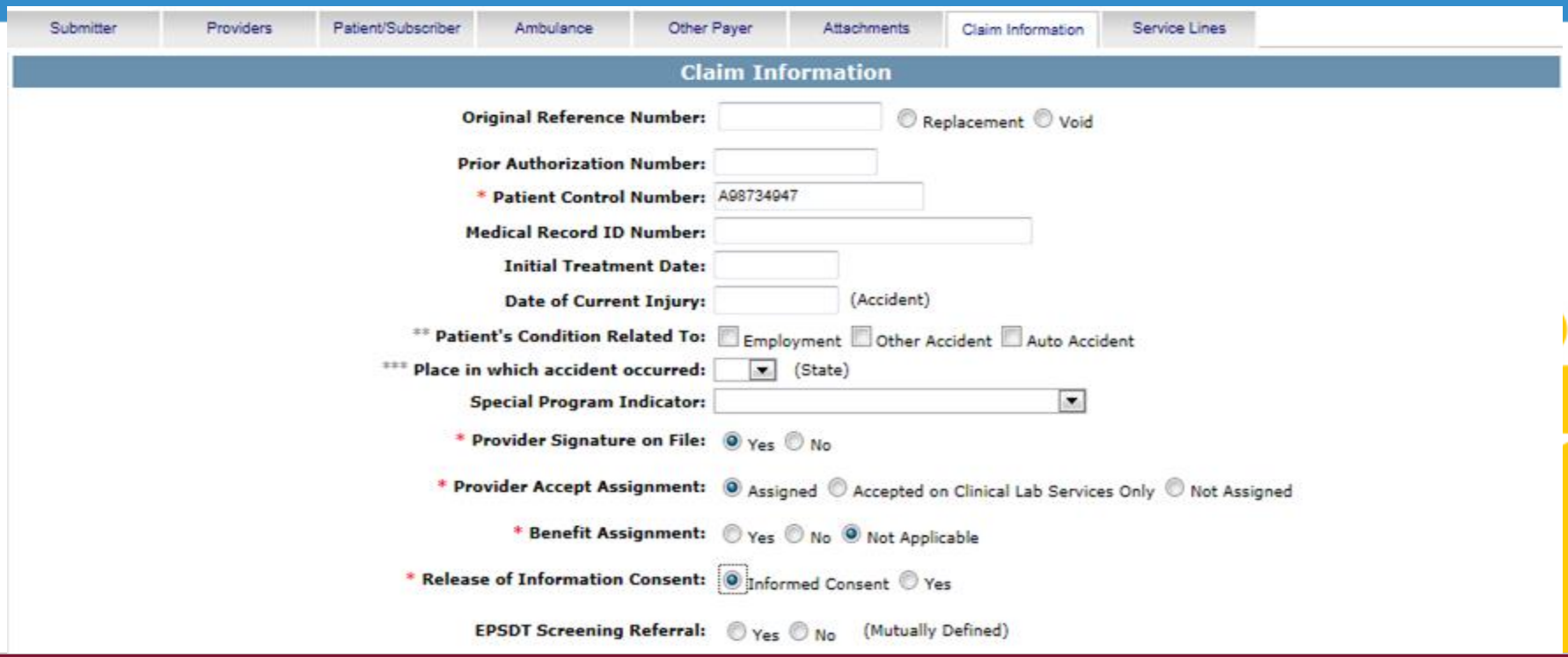
1	This is the Claim Attachments screen
2	Report Type - Click the ▼ and select B4 – Referral Form
3	Report Transmission - Click the ▼ and select EL – Electronically Only
4	Control Number - Enter the PWK number. We recommend you use the members AHCCCS ID followed by the Date of Service, making sure the “A” in the ID is capitalized (see the next screen for additional information)
5	Select the Claim Information tab

Example of a PWK number using a member's AHCCCS ID and the Date of Service	
AHCCCS ID (**9-character AHCCCS ID**) The A in AHCCCSID must be a capital letter	A12345678
Date of Service	08/05/15
PWK for Claim 1, Document 1	A12345678080515

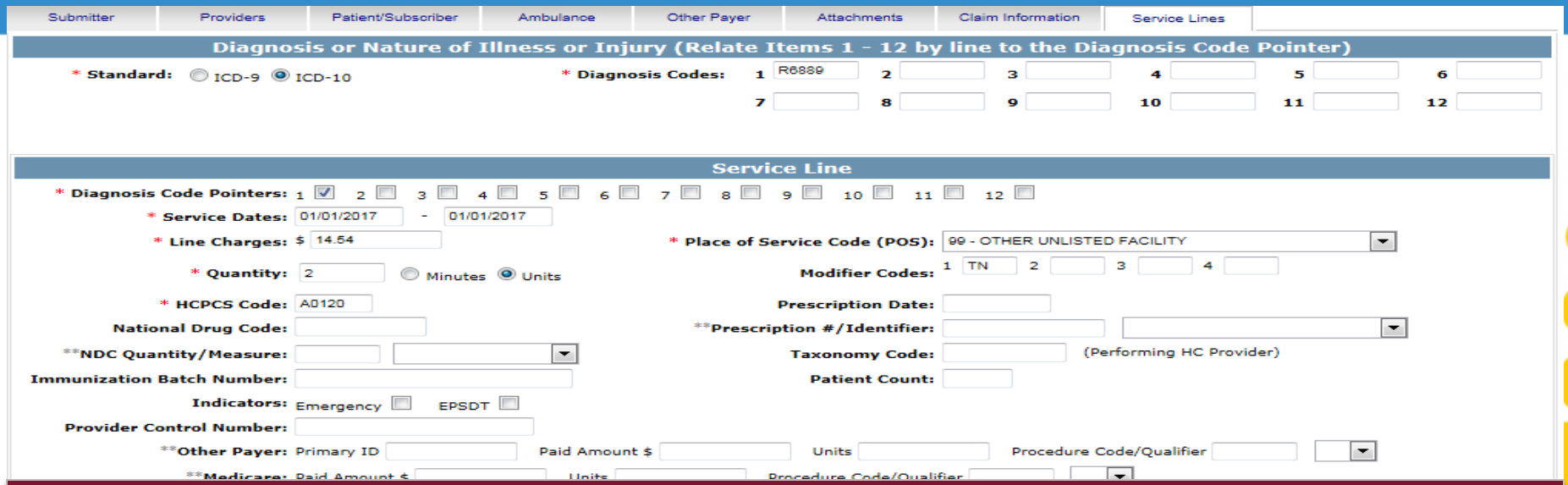
Different AHCCCS ID member with the Same Date of Services	
AHCCCS ID (**9-character AHCCCS ID**) The A in AHCCCSID must be a capital letter	A87654321
Date of Service	08/05/15
PWK for Claim 2, Document 2	A87654321080515

The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.

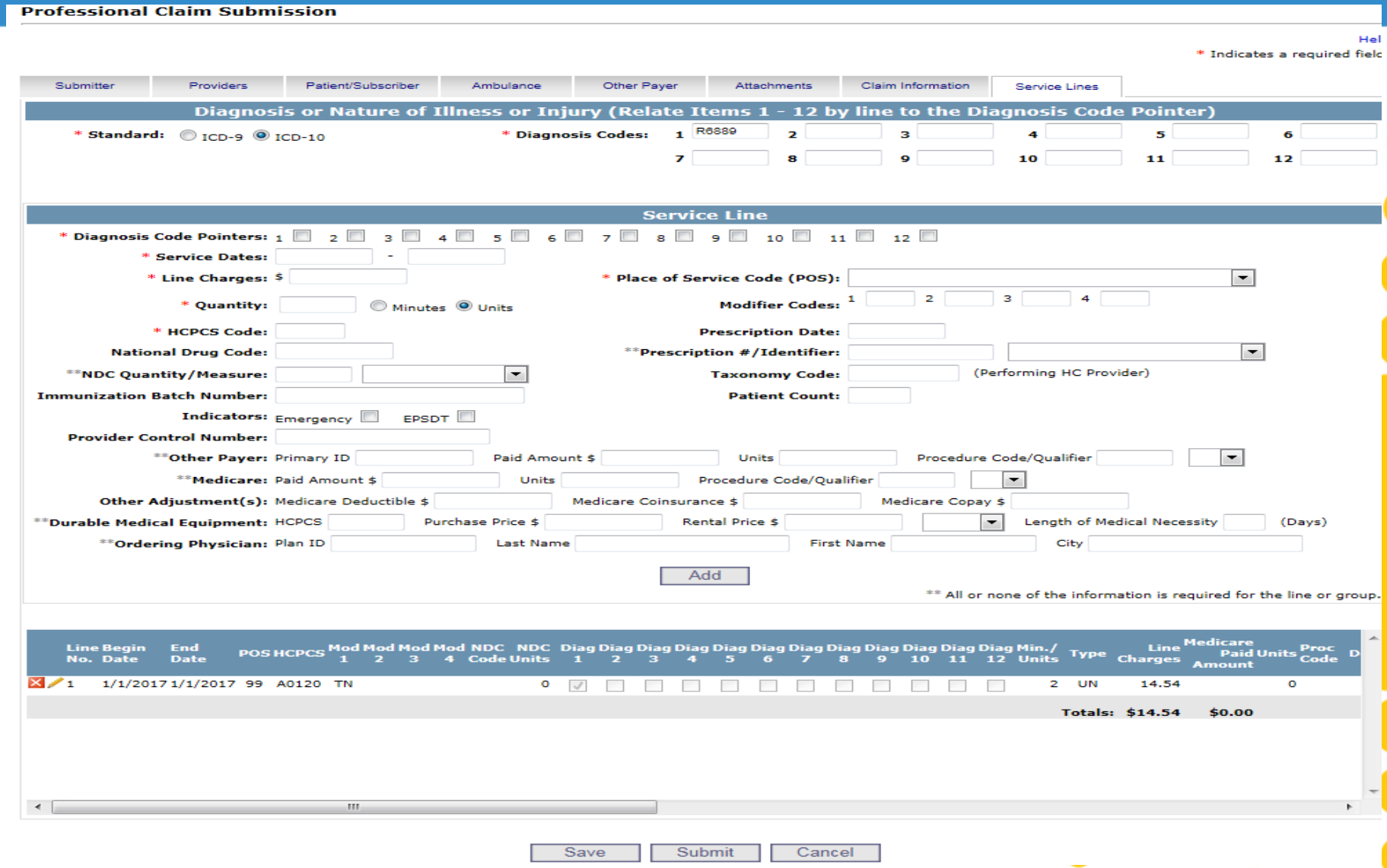
PWK? **The PWK is a number that you will create for each document you want to submit, this number will allow the system to link the attachment to the appropriate claim. Ensure there are no spaces and you use a capital letter.**



1	This is the Claim Information screen– fill out all the areas marked by red asterisks
2	Patient Control Number - Enter the members AHCCCS ID or Patient Acct Number
3	Provider Signature on File– select “yes” since you are a billing agency & you have the provider’s signature on file
4	Provider Accept Assignment – select “Assigned” if you are accepting payment from AHCCCS
5	Benefit Assignment – select “Not Applicable”
6	Release of Information Consent – select “Informed Consent”, if a signed consent by the patient to release medical data is on file
7	Select the Service Lines tab

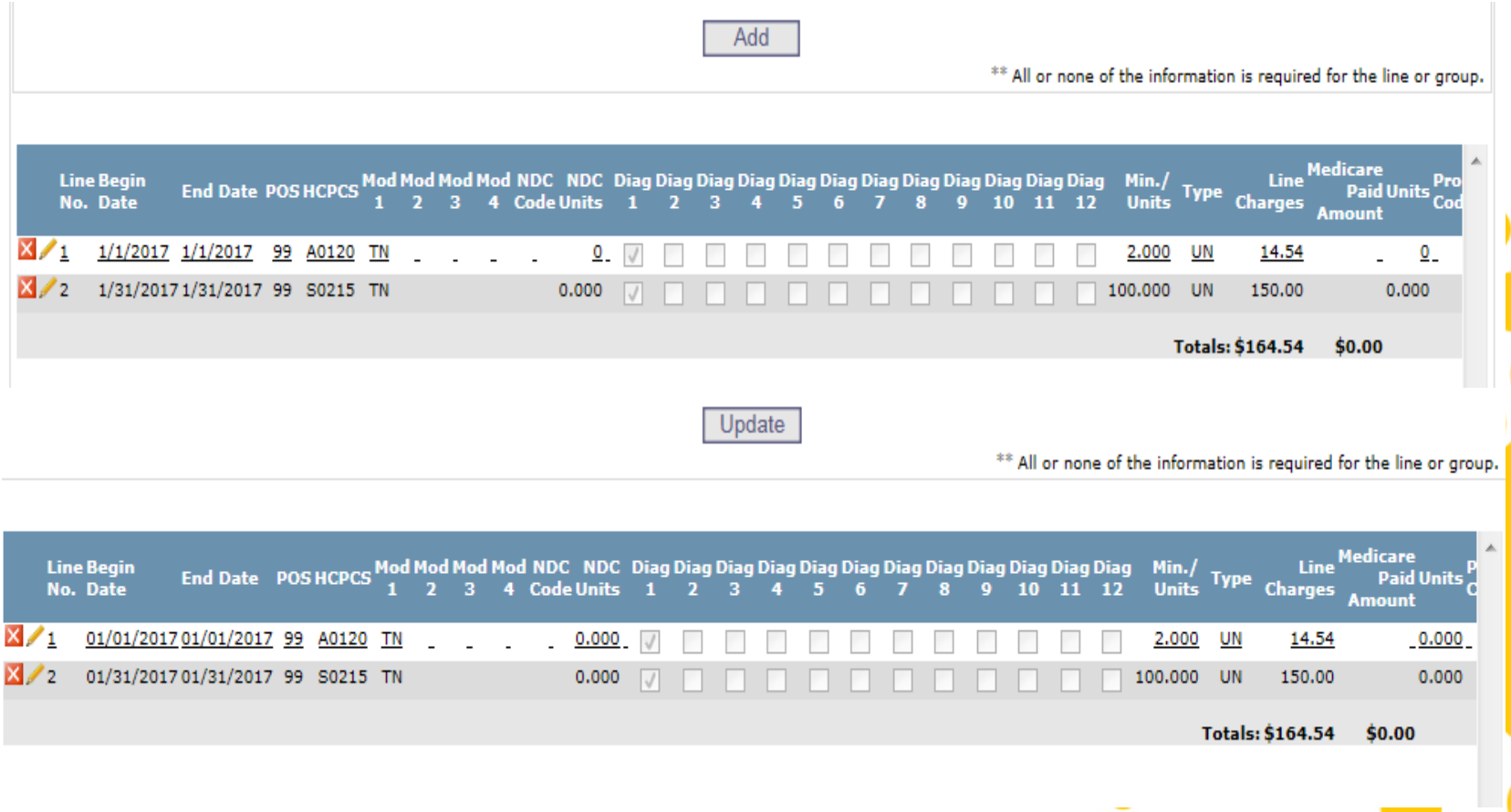


1	This is the Service Lines screen – fill out all areas marked with red asterisks
2	Diagnosis Code – Enter ICD-10 Diagnosis Codes, you can enter more than one code
3	Diagnosis Code Pointers – Select the number of diagnosis codes you have entered. In our example, we entered 1 diagnosis code and then selected 1 under the Diagnosis Code Pointer
4	Service Dates – enter the date service was provide
5	Line Charges– enter billing charges per line
6	Quantity – enter in units/days
7	HCPCS Code – enter the procedure code
8	Place of Service Code (POS) – click ▼ and choose from the list
9	Modifier Code – if applicable, you can enter up to 4 codes

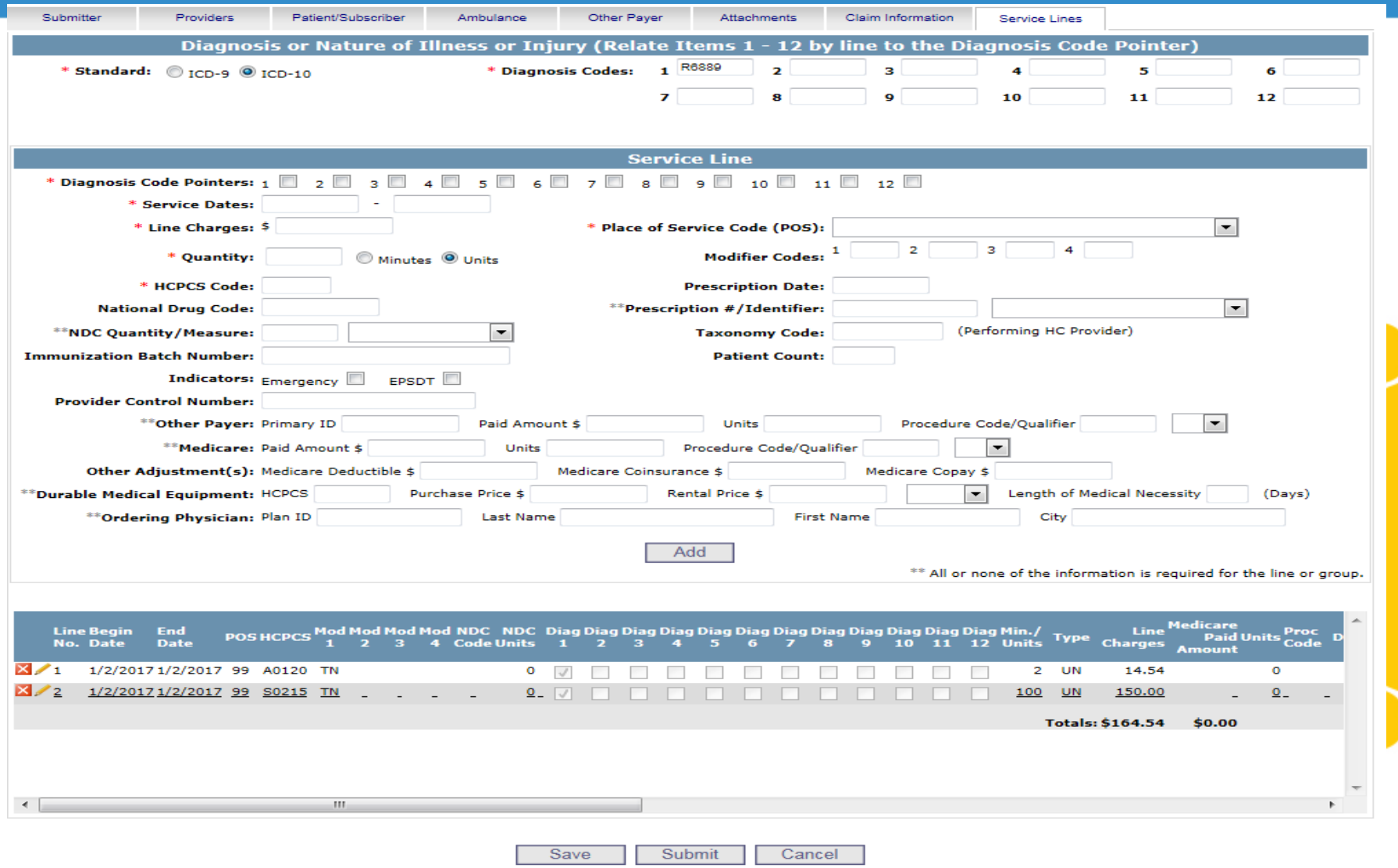


1 Click Add - when you have entered all information under the Service Line section

2 At the bottom of the screen, the Service Line/s entered will populate, after which the Service Line section fields will clear allowing you to add another service line



Top screen	The Service Line will allow you to continue to Add more lines unless you click the edit ✎ or the remove button ✕
Bottom screen	When you have entered all Service Lines whether you edited or removed items, you will have the option to Update the changes



1 When you have completed entering all the relevant claim/s information, click Submit

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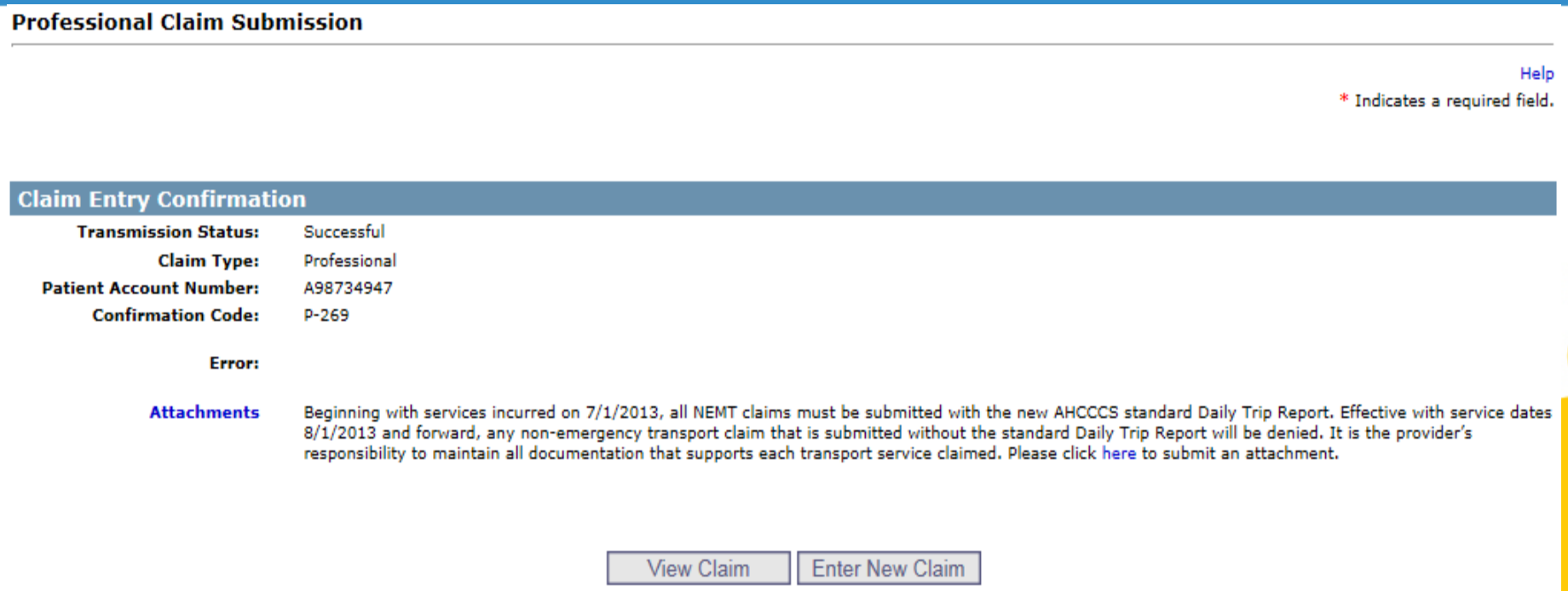
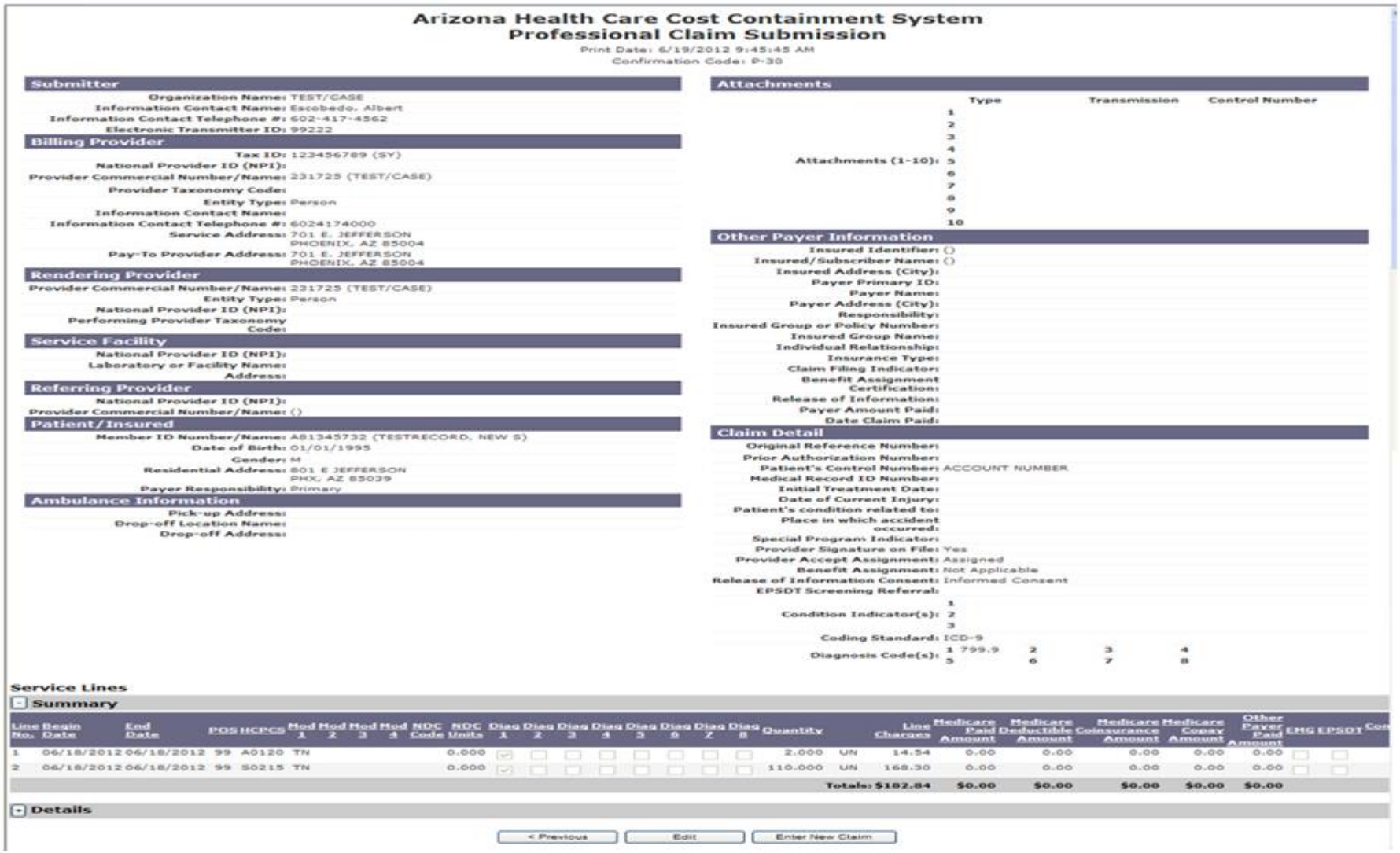


1	This is the Claim Entry Confirmation screen
2	The Transmission status will let you know the claim was submitted successfully
3	You have 2 options: View Claim to give you a summary of the claim that will be sent to AHCCCS or Enter New Claim
4	Select the "View Claim" button



Arizona Health Care Cost Containment System
Professional Claim Submission

Print Date: 6/19/2012 9:45:45 AM
Confirmation Code: P-30

Submitter
Organization Name: TEST/CASE
Information Contact Name: Escobedo, Albert
Information Contact Telephone #: 602-417-4562
Electronic Transmitter ID: 99222

Billing Provider
Tax ID: 123456789 (SY)
National Provider ID (NPI):
Provider Commercial Number/Name: 231725 (TEST/CASE)
Provider Taxonomy Code:
Entity Type: Person
Information Contact Name:
Information Contact Telephone #: 6024174000
Service Address: 701 E. JEFFERSON PHOENIX, AZ 85004
Pay-To Provider Address: 701 E. JEFFERSON PHOENIX, AZ 85004

Rendering Provider
Provider Commercial Number/Name: 231725 (TEST/CASE)
Entity Type: Person
National Provider ID (NPI):
Performing Provider Taxonomy Code:

Service Facility
National Provider ID (NPI):
Laboratory or Facility Name:
Address:

Referring Provider
National Provider ID (NPI):
Provider Commercial Number/Name: ()

Patient/Insured
Member ID Number/Name: A81345732 (TESTRECORD, NEW S)
Date of Birth: 01/01/1995
Gender: M
Residential Address: 801 E JEFFERSON PHX, AZ 85039
Payer Responsibility: Primary

Ambulance Information
Pick-up Address:
Drop-off Location Name:
Drop-off Address:

Attachments

	Type	Transmission	Control Number
1			
2			
3			
4			
Attachments (1-10): 5			
6			
7			
8			
9			
10			

Other Payer Information
Insured Identifier: ()
Insured/Subscriber Name: ()
Insured Address (City):
Payer Primary ID:
Payer Name:
Payer Address (City):
Responsibility:
Insured Group or Policy Number:
Insured Group Name:
Individual Relationship:
Insurance Type:
Claim Filing Indicator:
Benefit Assignment Certification:
Release of Information:
Payer Amount Paid:
Date Claim Paid:

Claim Detail
Original Reference Number:
Prior Authorization Number:
Patient's Control Number: ACCOUNT NUMBER
Medical Record ID Number:
Initial Treatment Date:
Date of Current Injury:
Patient's condition related to:
Place in which accident occurred:
Special Program Indicator:
Provider Signature on File: Yes
Provider Accept Assignment: Assigned
Benefit Assignment: Not Applicable
Release of Information Consent: Informed Consent
EPSDT Screening Referral:

Condition Indicator(s):	1	2	3	
Coding Standard: ICD-9				
Diagnosis Code(s):	1 799.9	2	3	4
	5	6	7	8

Service Lines

Summary

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Quantity		Line Charges	Medicare Paid Amount	Medicare Deductible Amount	Medicare Coinsurance Amount	Medicare Copay Amount	Other Payer Paid Amount	EMG	EPSDT	Cor
1	06/18/2012	06/18/2012	99	A0120				TN		0.000	☑	☐	☐	☐	☐	☐	☐	☐	2.000	UN	14.54	0.00	0.00	0.00	0.00	0.00	☐	☐	
2	06/18/2012	06/18/2012	99	S0215				TN		0.000	☑	☐	☐	☐	☐	☐	☐	☐	110.000	UN	168.30	0.00	0.00	0.00	0.00	0.00	☐	☐	
																				Totals:	$182.84	$0.00	$0.00	$0.00	$0.00	$0.00			

Details

< Previous | Edit | Enter New Claim

1 The summary screen will be displayed and you can now review the entire information you entered for this claim

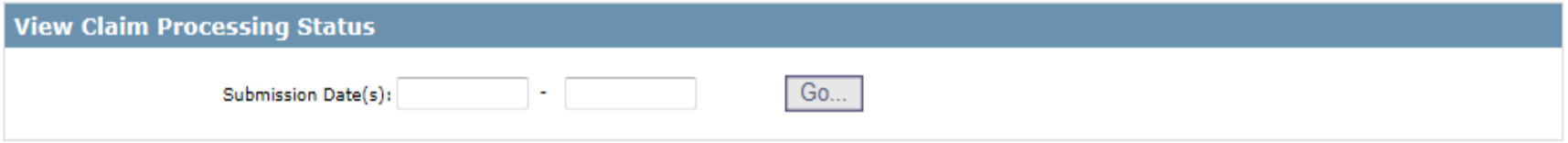
2 You have the option to edit the claim again or start a new claim

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 866004791

NOTE: You cannot view the processing status of claims submitted by other users.



1. Enter New Claim – If you enter the "Type of Claim" and click "go" in this area, you will be re-directed back to the main screen
2. View Claim Processing Status – If you enter data here by either entering the day of service or by entering a span and click the "go" in this area, you can view the processing status for this claim

AHCCCS
Arizona Health Care Cost Containment System

Claim Submission Status

Claim Type	Creation Date/Time	Submission Date/Time	Patient Account #	Service Prov. NPI	Billing Prov. NPI	Date From	Date Thru	Status	Processing Date/Time	CRN Adjudication
Institutional	06/01/16 01:50 PM	06/01/16 01:50 PM	99999999			06/01/16	06/01/16	Processed	06/01/16 02:59 PM	
Institutional	12/30/16 03:12 PM	12/30/16 03:12 PM	A98155234			12/30/16	12/30/16	Processed	12/31/16 09:00 AM	
Professional	04/29/16 09:54 AM	04/29/16 09:54 AM	A95983554			04/29/16	04/29/16	Processed	04/29/16 12:00 PM	
Professional	05/26/16 09:25 AM	05/26/16 09:25 AM	A99999999			05/26/16	05/26/16	Processed	05/26/16 12:00 PM	
Professional	06/06/16 10:52 AM	06/06/16 10:52 AM	A99999999			06/01/16	06/04/16	Processed	06/06/16 12:00 PM	
Professional	06/13/16 02:15 PM	06/13/16 02:15 PM	A99999999			06/01/16	06/01/16	Processed	06/13/16 02:59 PM	
Professional	06/16/16 01:15 PM	06/16/16 01:15 PM	99999999			06/01/16	06/01/16	Processed	06/16/16 02:59 PM	
Professional	06/27/16 01:26 PM	06/27/16 01:26 PM	A99999999			06/01/16	06/01/16	Processed	06/27/16 02:59 PM	
Professional	06/29/16 01:52 PM	06/29/16 01:52 PM	A9999999	1366765190	1366765190	06/01/16	06/01/16	Processed	06/29/16 03:00 PM	
Professional	06/30/16 11:17 AM	06/30/16 11:17 AM	A9999999	1265880090	1265880090	06/20/16	06/27/16	Processed	06/30/16 12:00 PM	
Professional	07/08/16 10:33 AM	07/08/16 10:33 AM	A99999999			06/01/16	06/05/16	Processed	07/08/16 12:00 PM	
Professional	07/11/16 01:40 PM	07/11/16 01:40 PM	A999999999			06/01/16	06/01/16	Processed	07/11/16 03:00 PM	
Professional	11/16/16 10:34 AM	11/16/16 10:34 AM	A98155234			11/16/16	11/16/16	Processed	11/16/16 12:00 PM	
Professional	11/21/16 02:36 PM	11/21/16 02:36 PM	A98155234			11/21/16	11/21/16	Processed	11/21/16 03:00 PM	
Professional	11/22/16 09:59 AM	11/22/16 09:59 AM	A98155234			11/22/16	11/22/16	Processed	11/22/16 12:00 PM	
Professional	11/25/16 02:08 PM	11/25/16 02:08 PM	A98155234			11/22/16	11/22/16	Processed	11/25/16 03:00 PM	
Record Count:	**16**									

< Previous

1. Entering a span of months allows you to see previous claims submitted. These are only SNAPSHOTS of the claims.
2. You have the option to view the Claim Processing Status by entering the day of service or enter a span

AHCCCS
Arizona Health Care Cost Containment System

Questions?

AHCCCS
Arizona Health Care Cost Containment System

5010 Online Claim Submission

Institutional (UB Form)

Claim Submission

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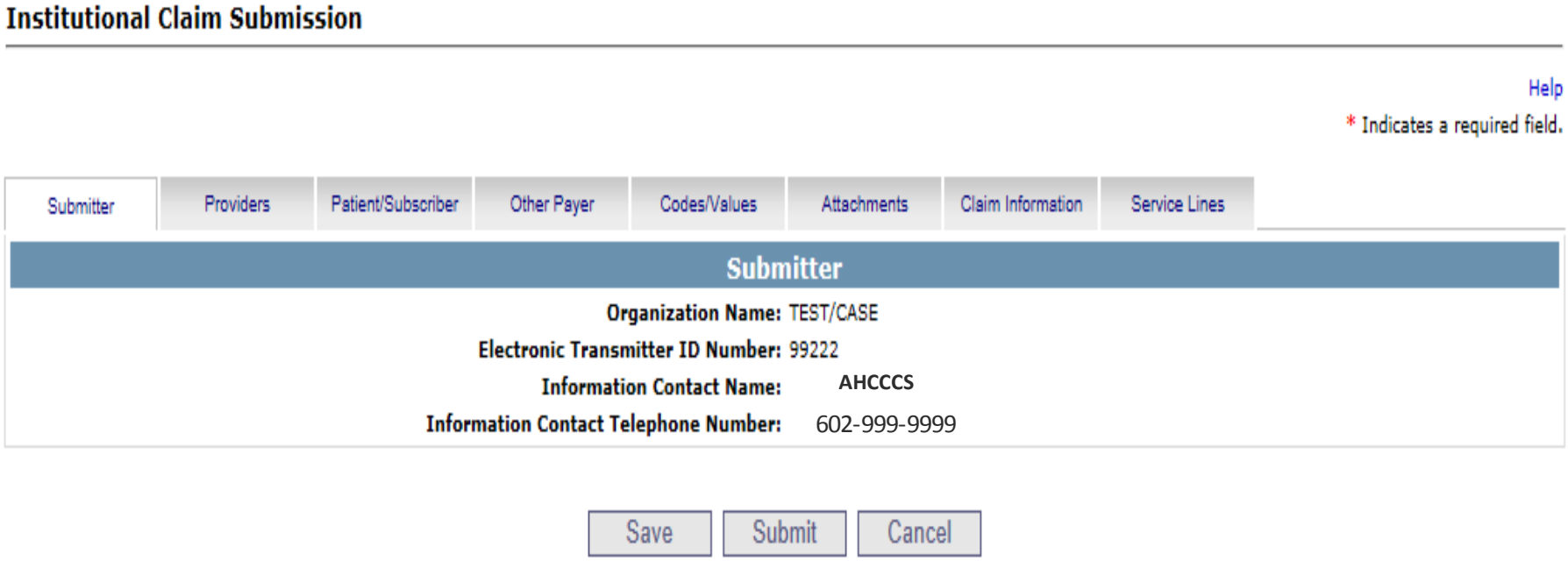
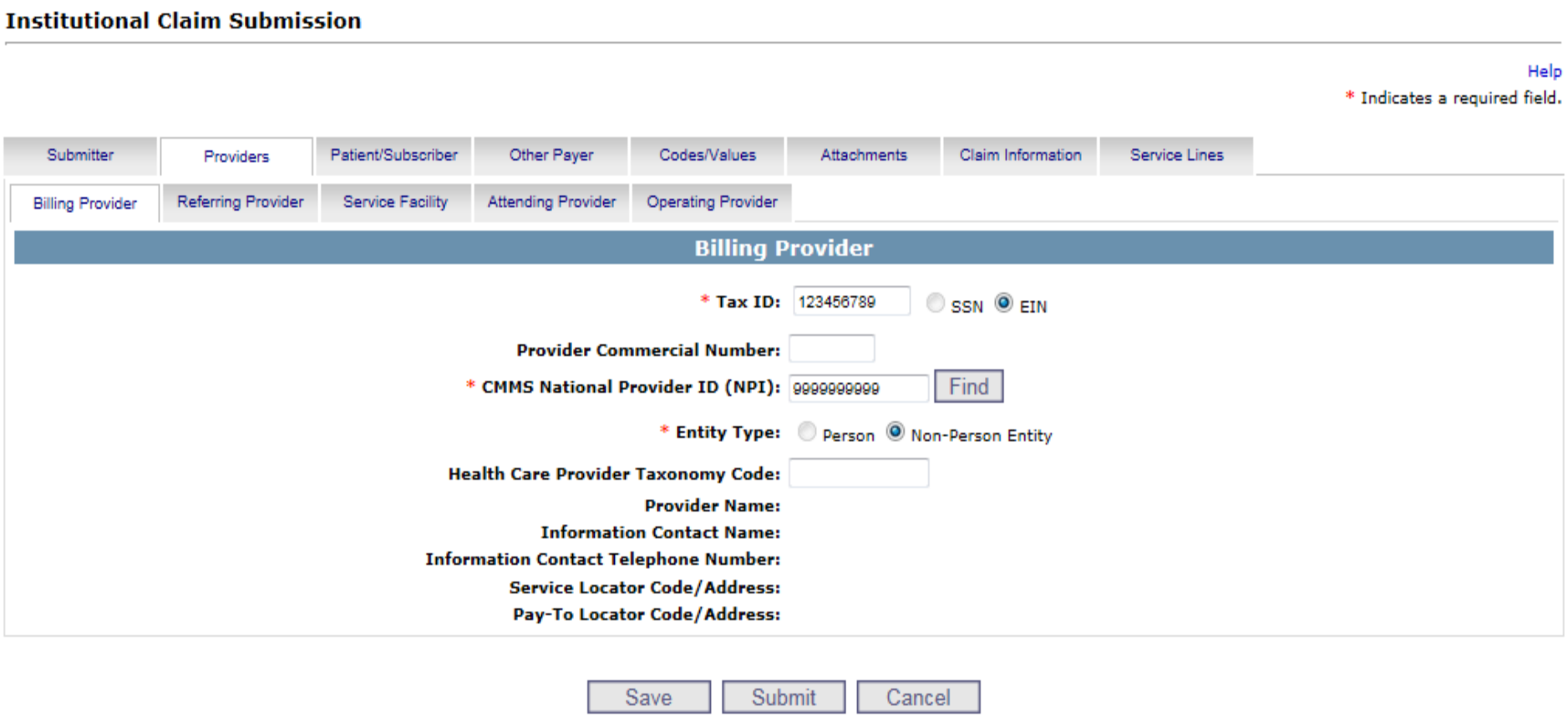
Payer/Receiver Electronic Transmitter Identification Number: 866004791

NOTE: You cannot view the processing status of claims submitted by other users.

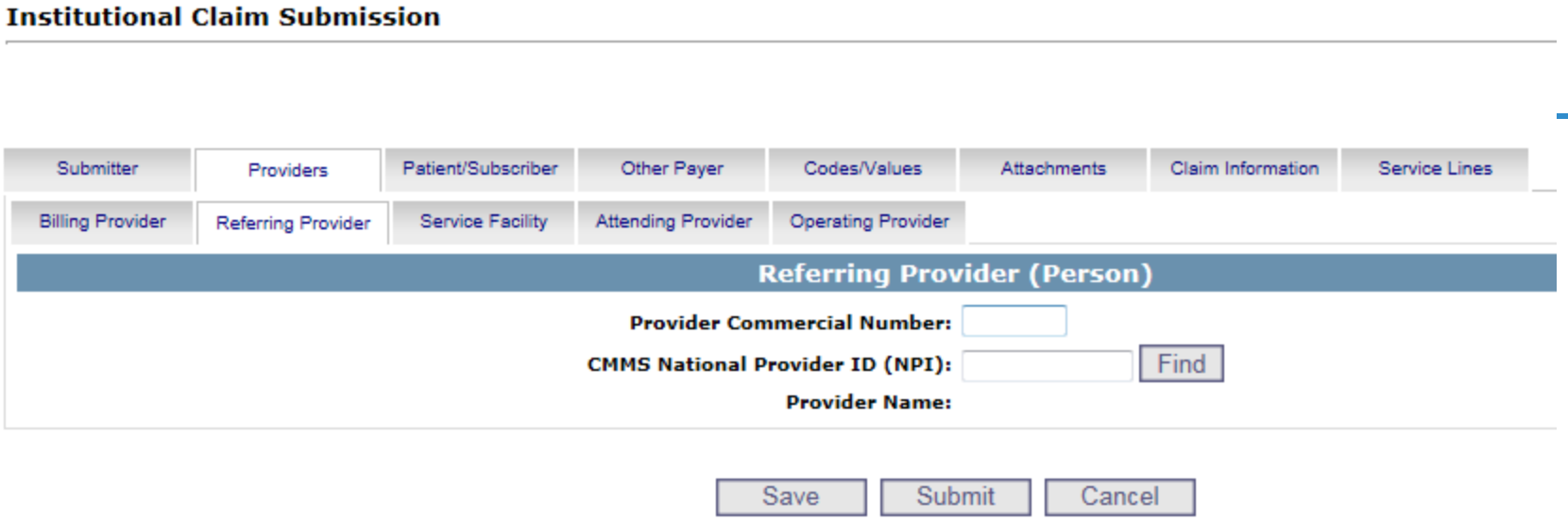
1. Enter New Claim – Select Institution on the ▼
2. Click on "Go"…



1	This is the Submitter screen– verify the correct provider information (some providers have more than 1 ID)
2	Select the Providers tab next



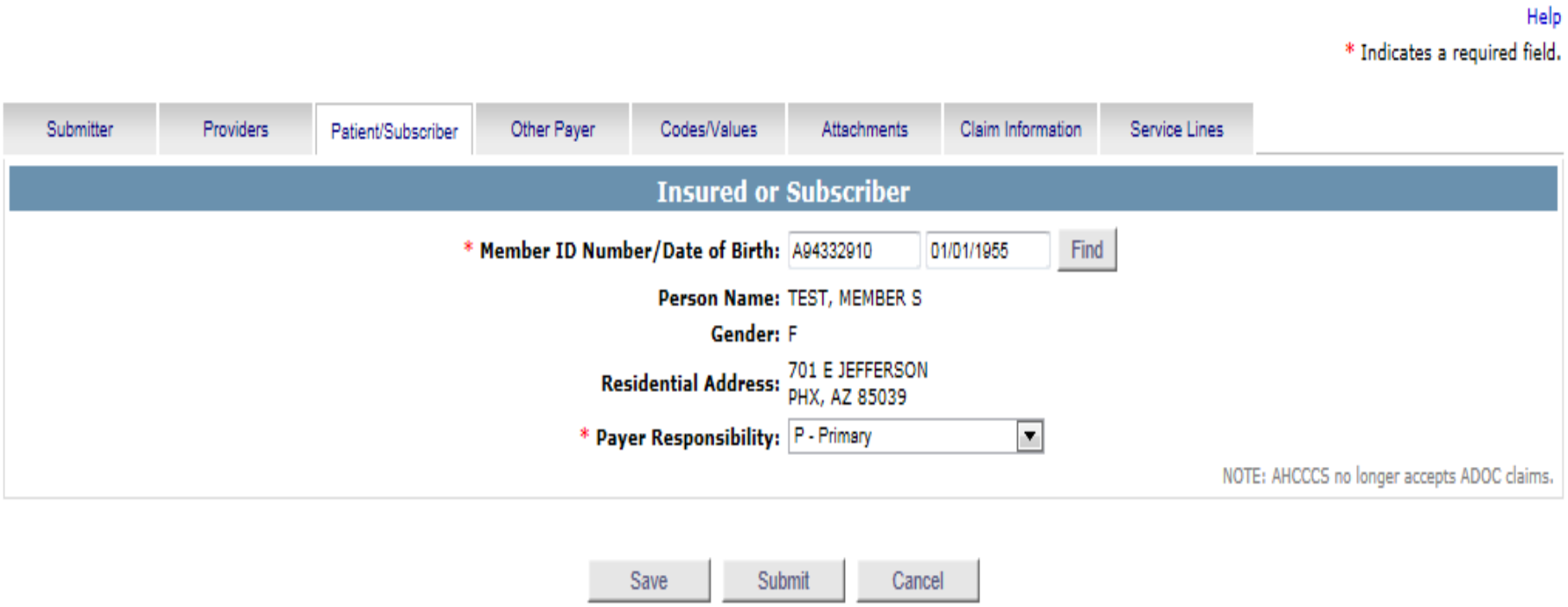
1	This is the Billing screen – fill out all the areas marked by red asterisks
2	Tax ID – enter biller or group tax ID
3	CMMS National Provider ID (NPI) – enter valid NPI#, leaving the Provider Commercial Number blank (Hospital or facility can only bill using the NPI number)
4	Entity type – select “non-person”
5	Click Find – either hospital or facility information should be displayed
6	Select the Referring tab next



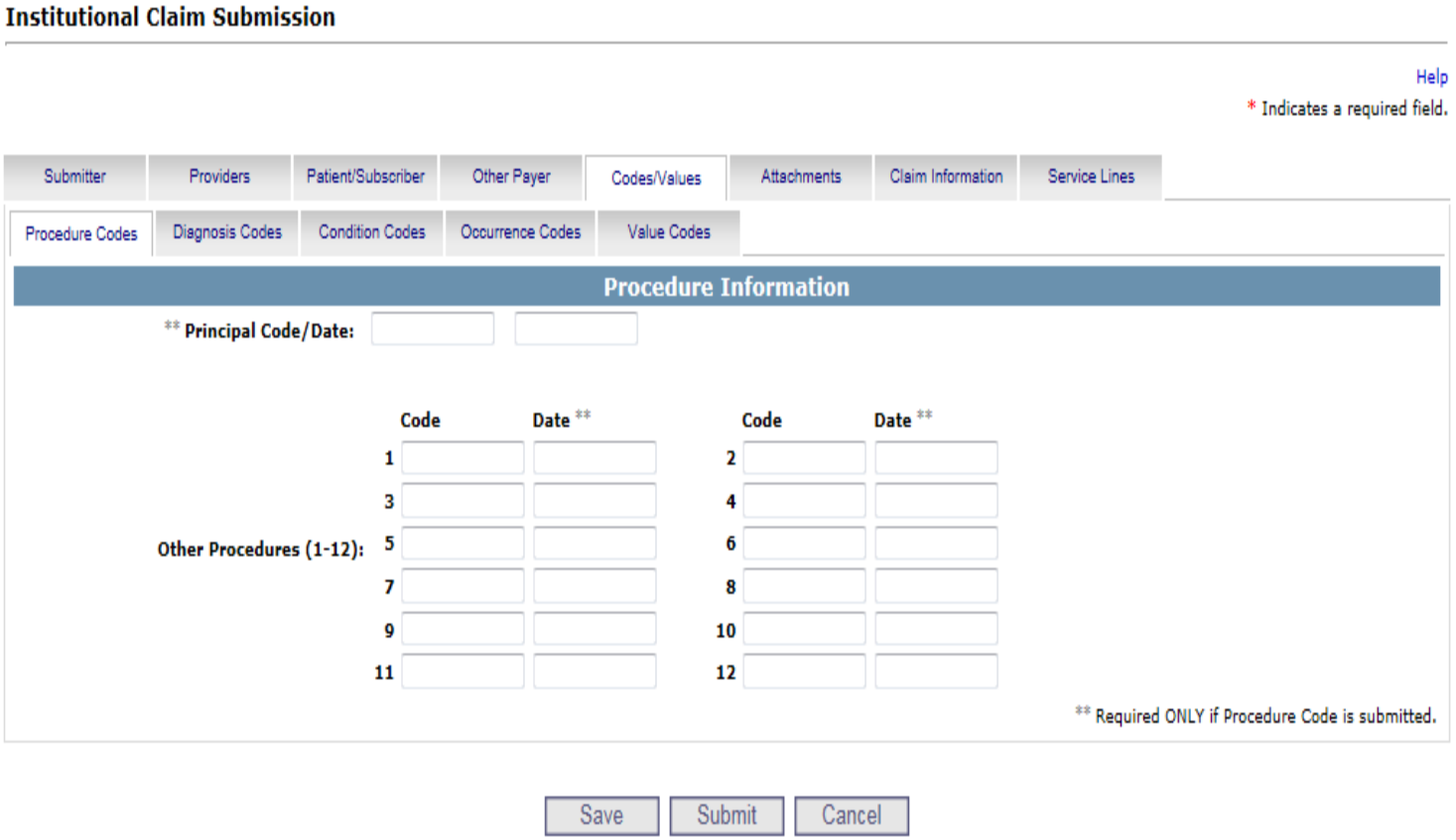
1	This is the Referring Provider screen
2	CMMS National Provider ID– Enter NPI number
3	Click Find – the Referring Provider information should be displayed
4	Select the Attending Provider tab next

1	This is the Attending Provider screen – required for Institutional/UB
2	National Provider ID (NPI) - Enter NPI number
3	Click Find – the Attending Provider information should be displayed
4	Select the Patient/Subscriber tab next

Institutional Claim Submission



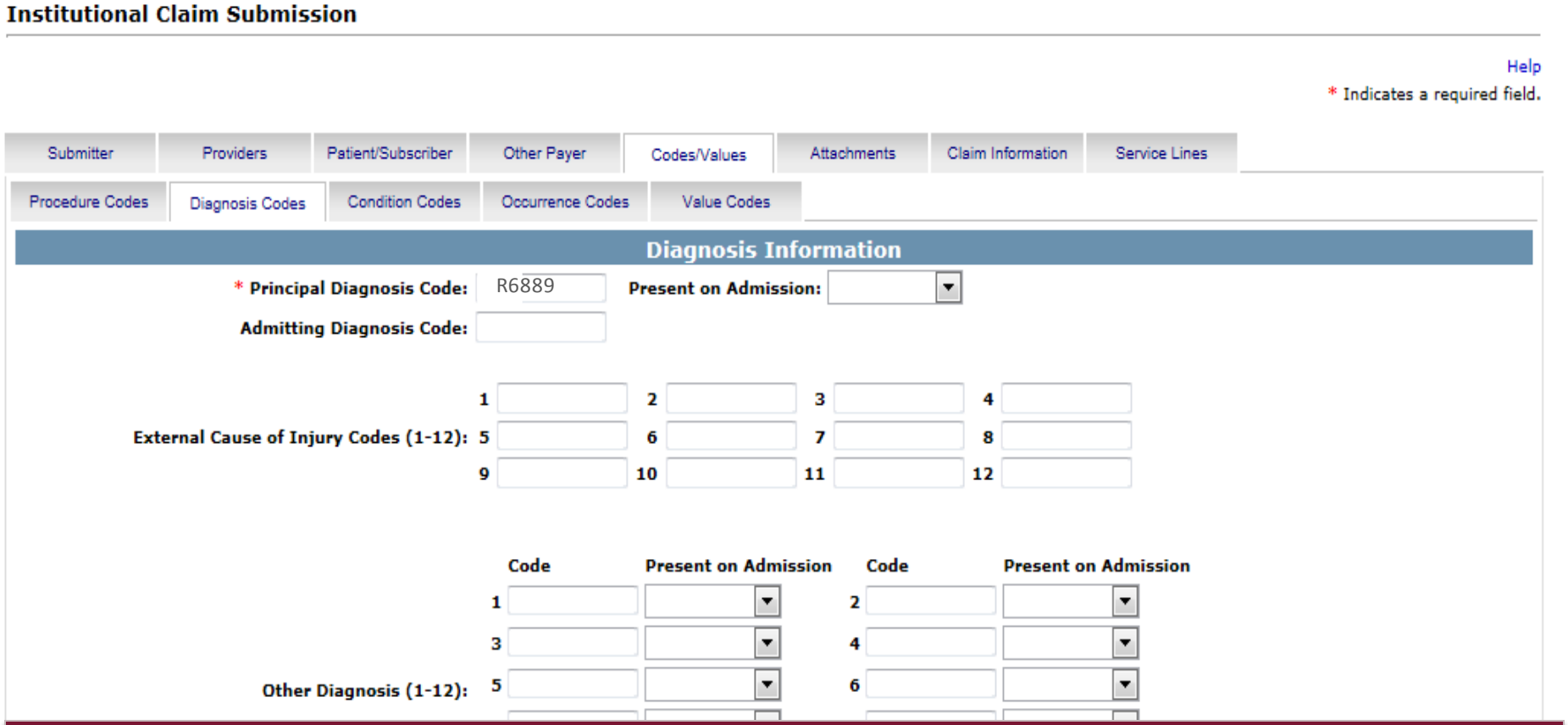
1	This is the Patient/Subscriber screen – fill out all the areas marked by red asterisks
2	Member ID number/Date of Birth – Enter the members AHCCCS ID and date of birth
3	Payer Responsibility – select P-Primary
4	Click Find – member information should be displayed
5	Select the Codes/Values tab next



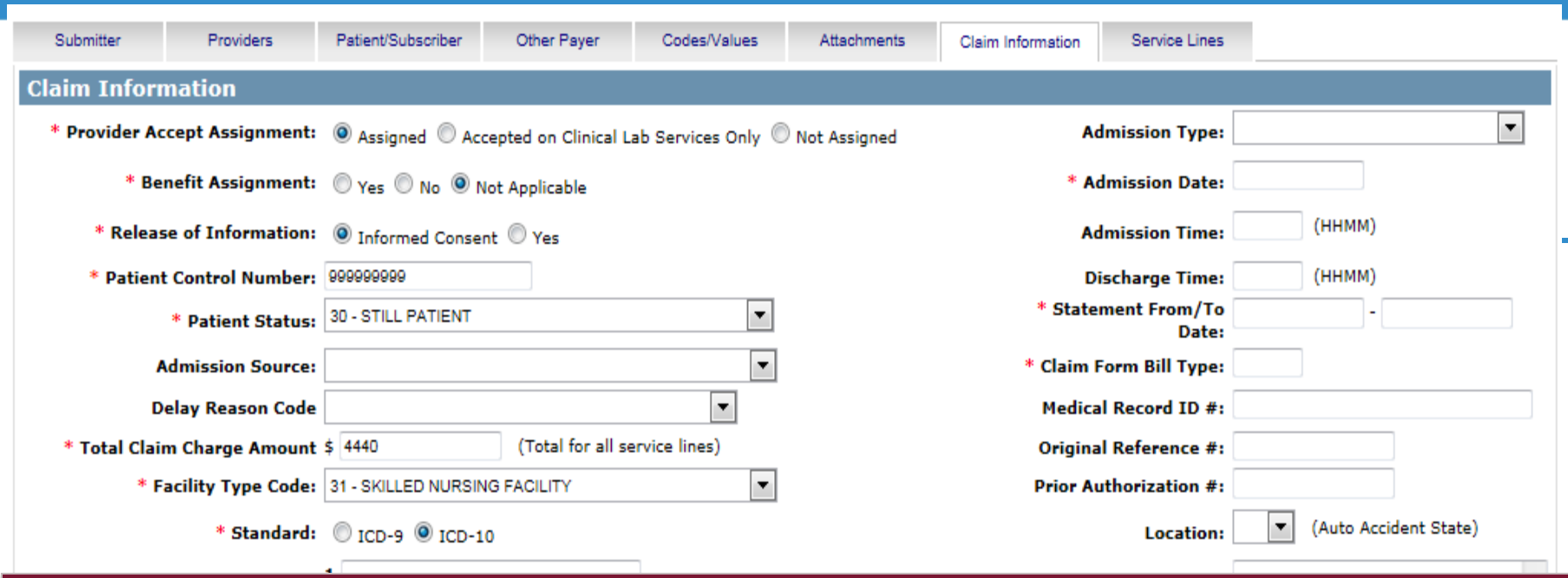
1 This is the Codes/Values screen

2 Principal Code/Date – If billing for inpatient, enter procedure code/s and date

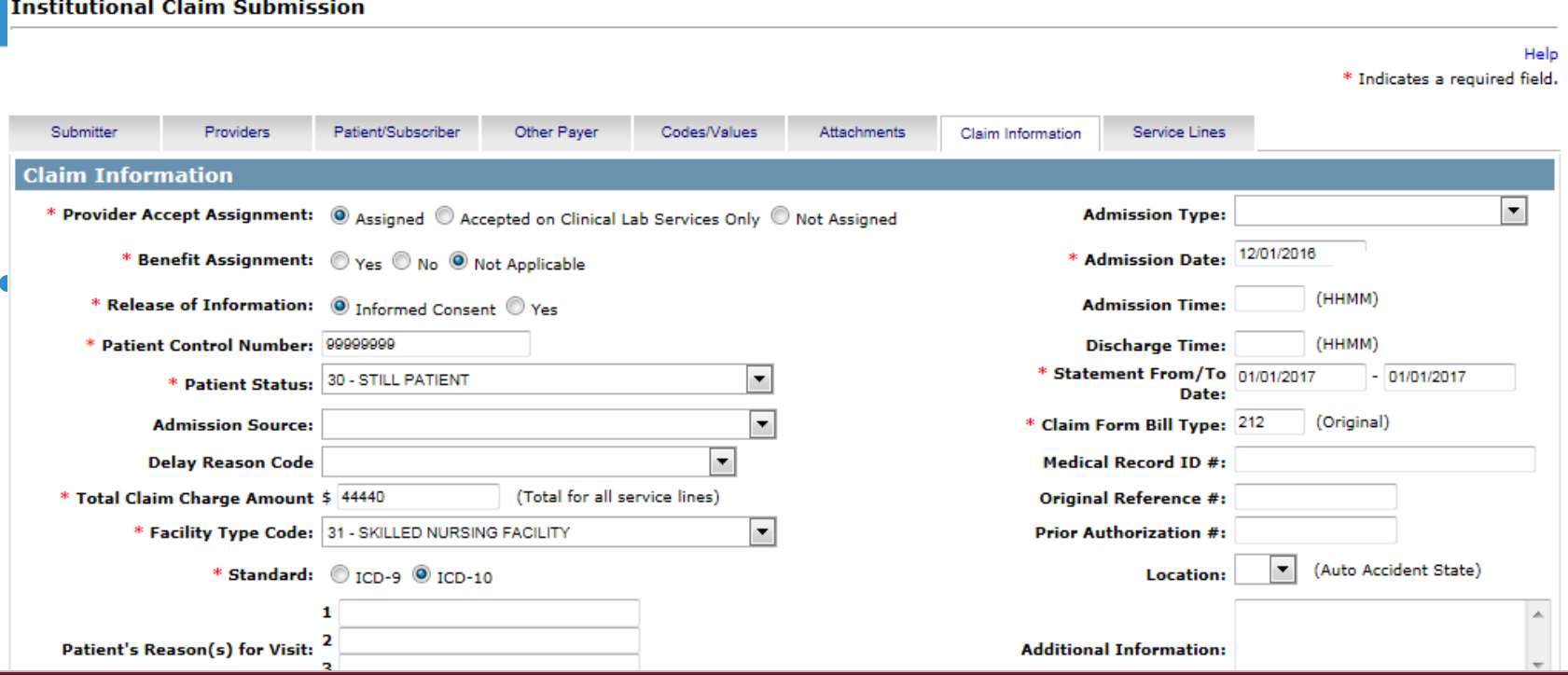
3 Select the Diagnosis Codes tab next



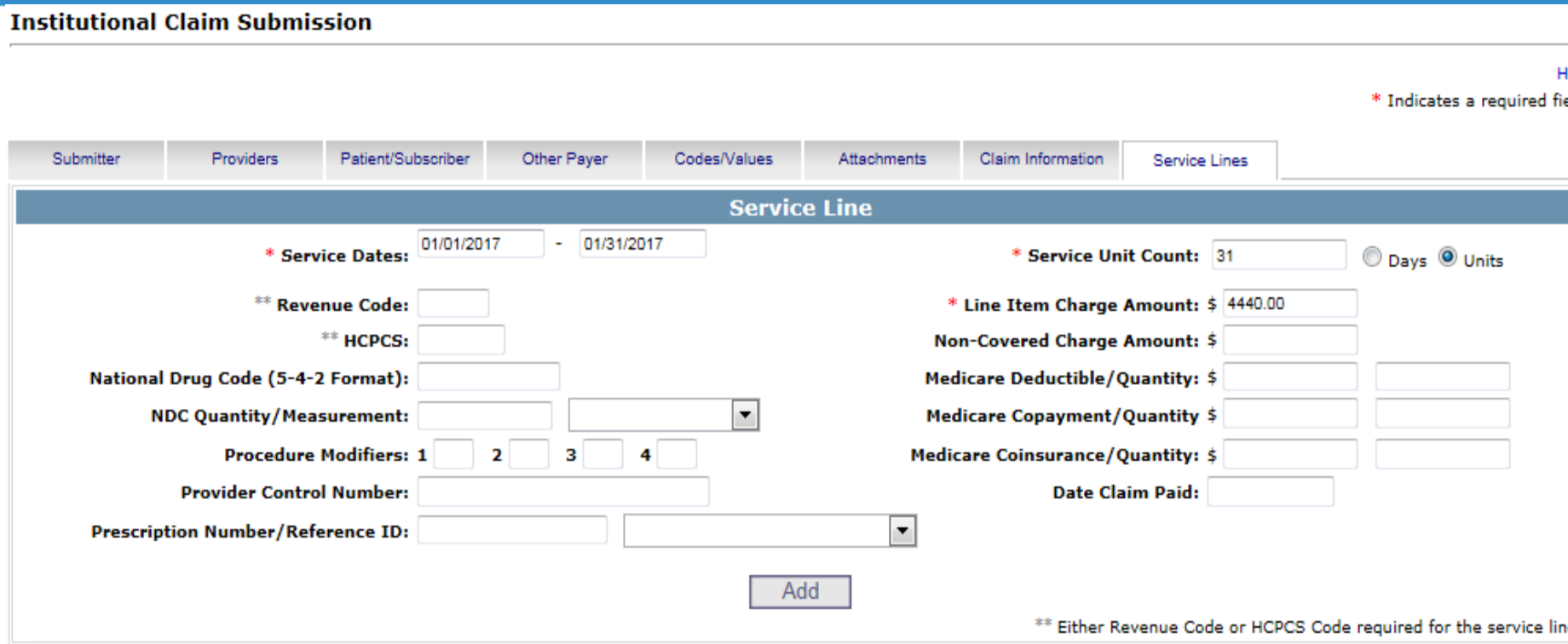
1. This is the Diagnosis Codes tab
2. Principal Diagnosis Code – Enter the Principal Diagnosis Code
3. For the rest of the fields on this screen, enter information if they apply to you
4. Select the Claim Information tab next



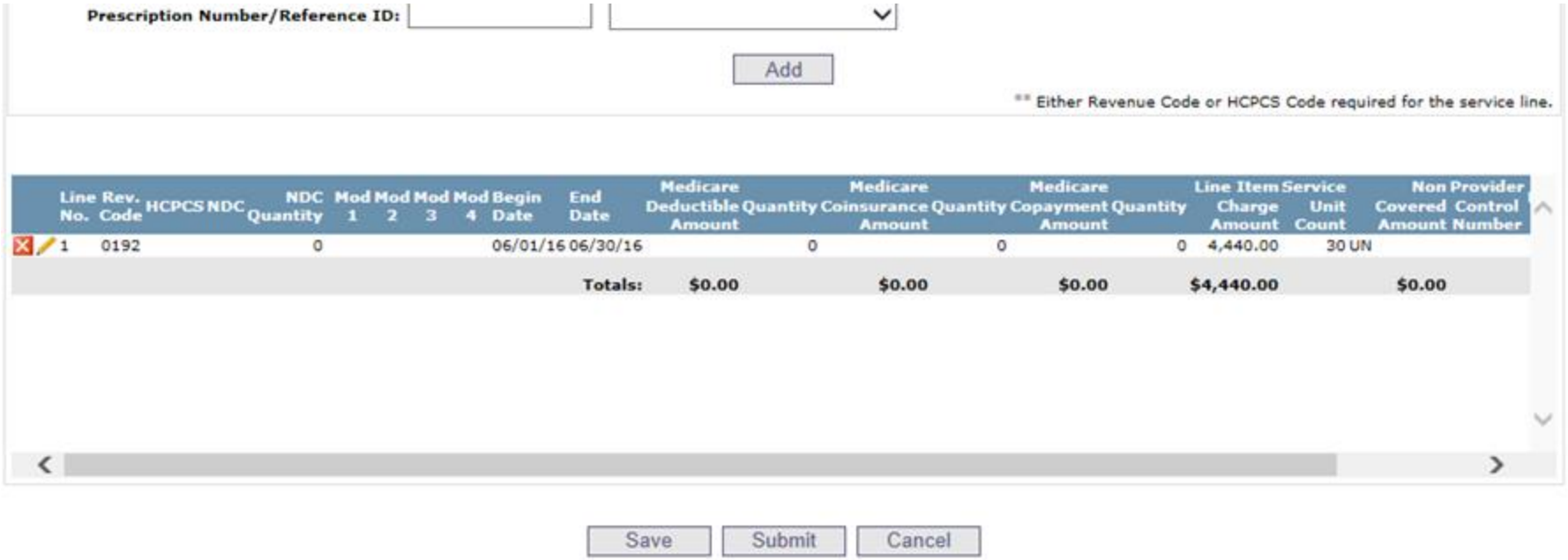
1	This is the Claim information screen – fill out all the areas marked by red asterisks
2	Provider Accept Assignment – select “Assigned” if you are accepting payment from AHCCCS
3	Benefit Assignment – select “Not Applicable”
4	Release of Information Consent – select “Informed Consent” if a signed consent by the patient to release medical data is on file
5	Patient Control Number – Enter patients acct # or AHCCCS ID depending on your office
6	Patient Status – click the ▼ and choose from the list



	Continuation in the Claim information screen
7	Total Claim Charge Amount – Enter the total charges from the whole claim
8	Facility Type Code –click the ▼ and choose from the list
9	Standard – select ICD-10
10	If inpatient – Enter Admission type - click the ▼ and choose from the list
11	If inpatient – Enter Admission date – Enter the date the member was seen
12	If inpatient – Enter Admission/Discharge time
13	Statement From/To Date – Enter span date or single date
14	Select the Service Lines tab next



1	This is the Service Lines screen - fill out all the areas marked by red asterisks
2	Service Dates – Enter the date(s) of service
3	Revenue Code – Enter a Revenue Code
4	Service Unit Count – enter the unit or days you are billing
5	Line Item Charge Amount – Enter the dollar amount that will be charged to the line billed
6	Click Add to complete the entry - you can enter additional lines, if needed



1. All added lines will appear at the bottom of the screen
2. Click Submit if you are done

Institutional Claim Submission

Help

* Indicates a required field.

Claim Entry Confirmation

Transmission Status:	Successful
Claim Type:	Institutional
Patient Account Number:	9999999999
Confirmation Code:	I-90
Error:	
Attachments	Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click here to submit an attachment.

View Claim | Enter New Claim

1. This is the Claim Entry Confirmation screen
2. The Transmission status will let you know the claim was submitted successfully
3. You have 2 options: View Claim to give you a summary of the claim that will be sent to AHCCCS or Enter a New Claim

Questions?

AHCCCS
Arizona Health Care Cost Containment System

5010 Online Claim Submission

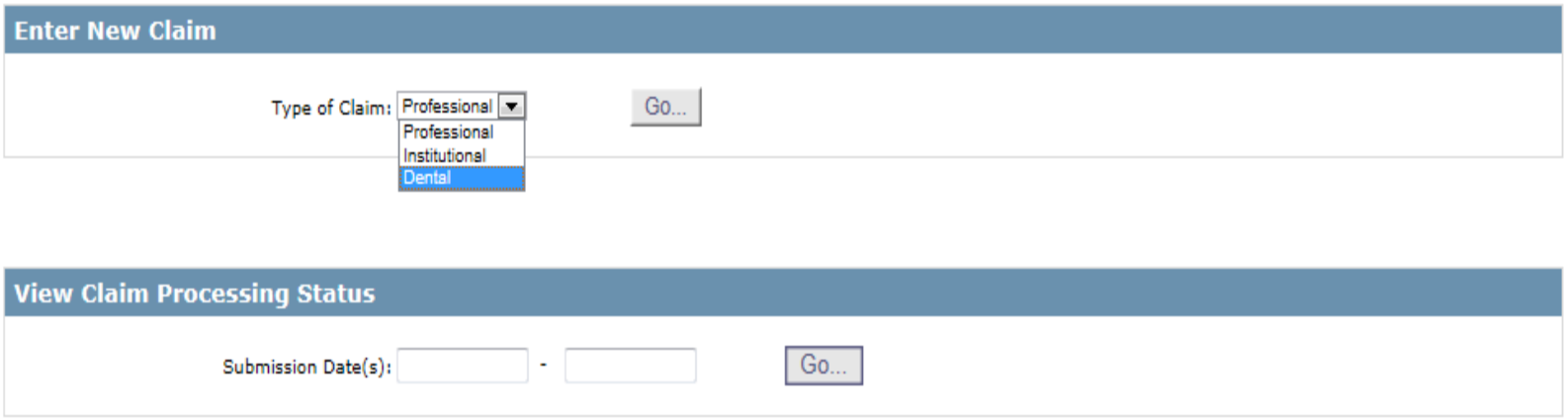
Claim Type Dental (ADA Form)

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

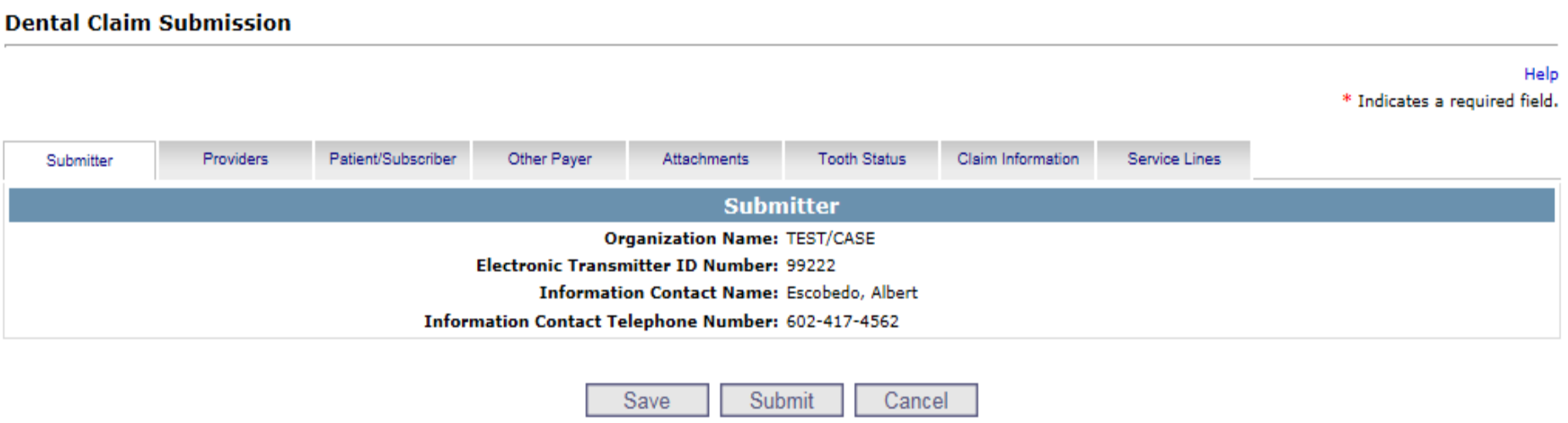
Payer/Receiver Electronic Transmitter Identification Number: 866004791

NOTE: You cannot view the processing status of claims submitted by other users.



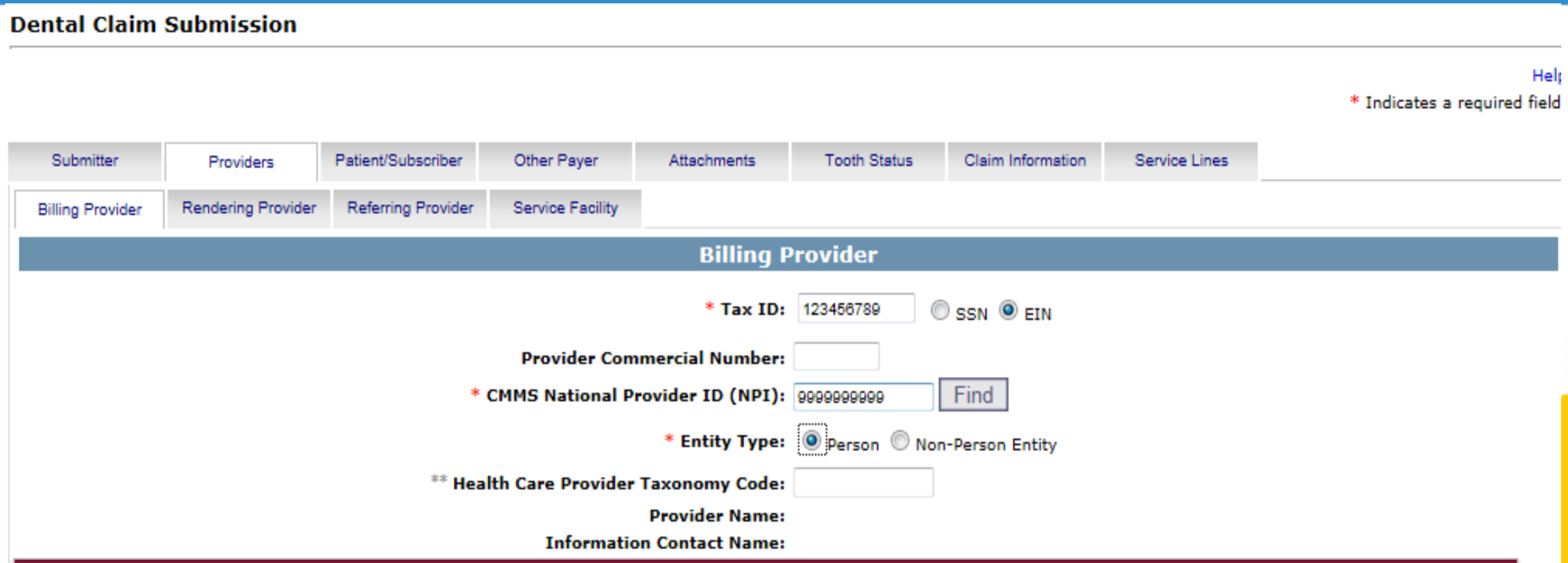
1. Enter New Claim – Select Dental in the ▼
2. Click on “GO”…

AHCCCS
Arizona Health Care Cost Containment System

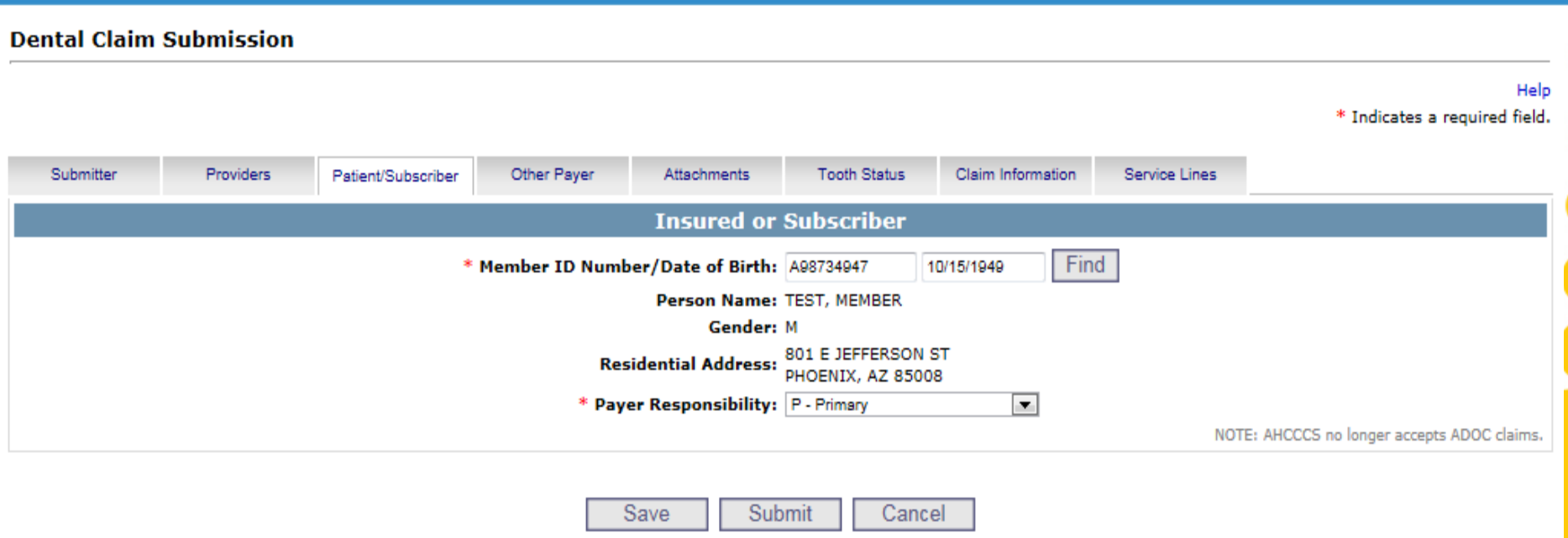


1	This is the Submitter screen– verify the correct provider information (some providers have more than 1 ID)
2	Select the Providers tab next

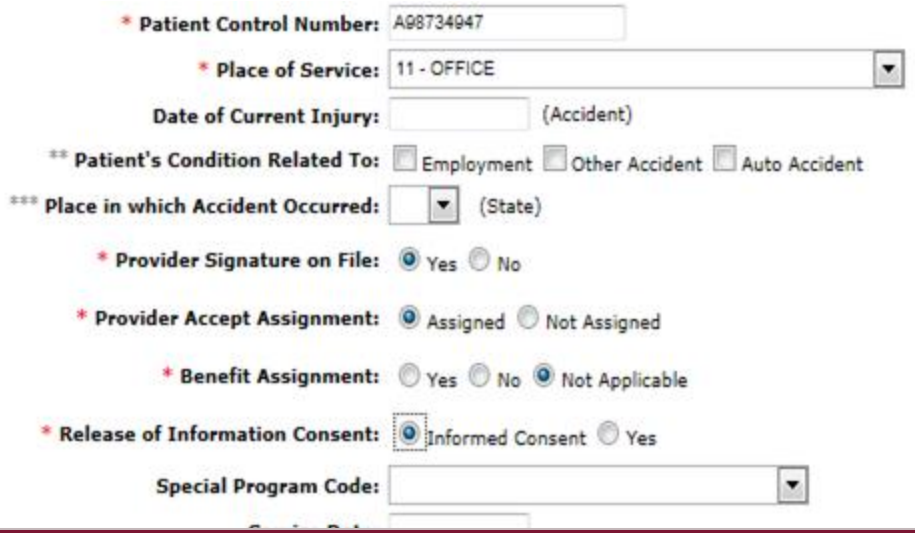
AHCCCS
Arizona Health Care Cost Containment System



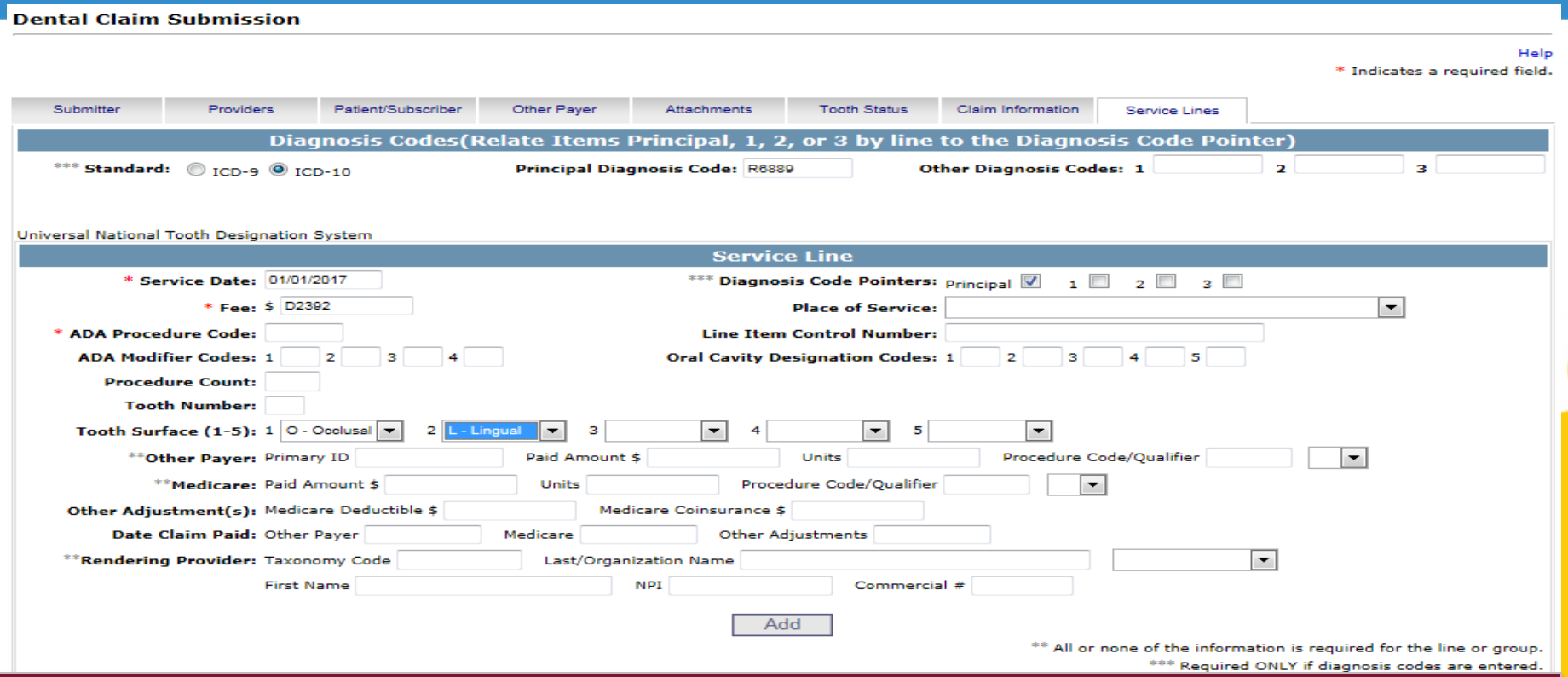
1	This is the Billing Provider screen – fill out all the areas marked by red asterisks
2	Tax ID – enter biller or group tax ID
3	CMMS National Provider ID (NPI) – enter valid NPI#, leaving the Provider Commercial Number blank
4	Entity type – select “person” if the ID belongs to a person, or “non-person” if a company is identified
5	Health Care Provider Taxonomy Code (When/if required depending on service) http://www.healthlink.com/tech_tip_taxonomy_code.asp
6	Click Find – provider information should be displayed
7	Select the Patient/Subscriber tab next



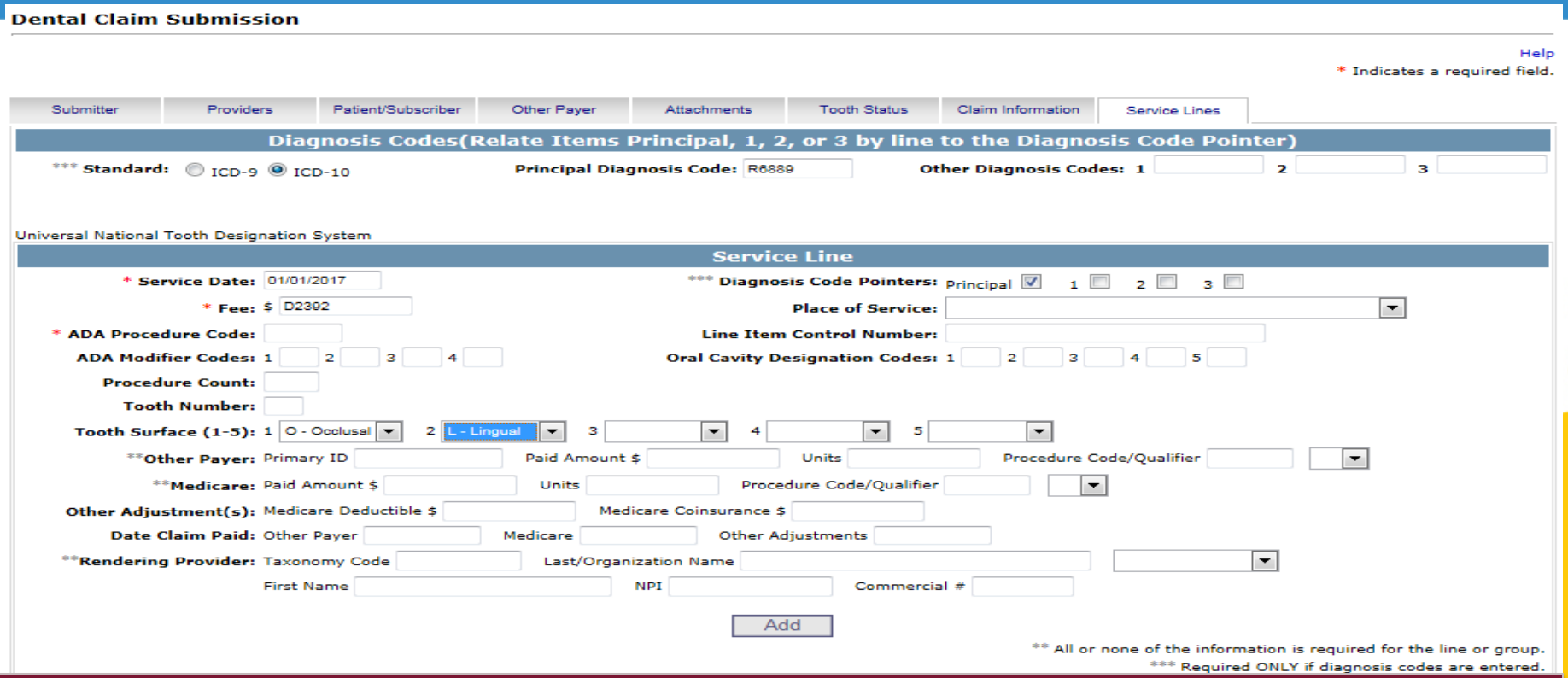
1	This is the Patient/Subscriber screen – fill out all the areas marked by red asterisks
2	Member ID Number/Date of Birth – Enter members AHCCCS ID and Date of Birth
3	Payer Responsibility – Select a Payer Responsibility using the ▼ P - Primary
4	Select the Claim Information tab next



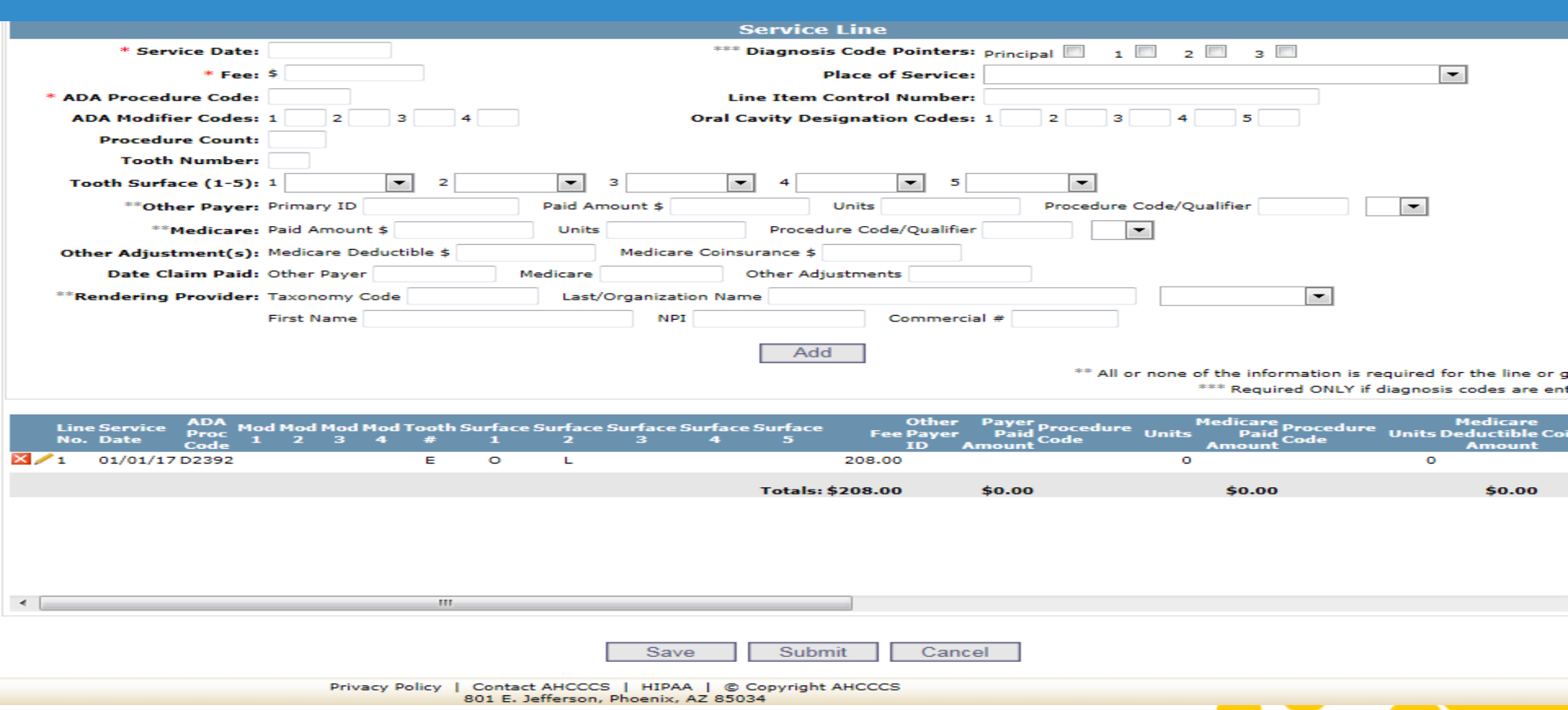
1	This is the Claim Information screen – fill out all the areas marked by red asterisks
2	Patient Control Number – Enter the members AHCCCS ID or Patient Acct Number
3	Place of Service –click the ▼ and choose from the list
4	Provider Signature – select “yes “ if you are a billing agency & you have the provider’s signature on file
5	Provider Accept Assignment – select “Assigned” if you are accepting payment from AHCCCS
6	Benefit Assignment – select “Not Applicable”
7	Release of Information Consent – select “Informed Consent” if a signed consent by the patient to release medical data is on file
8	Select the Service Lines tab



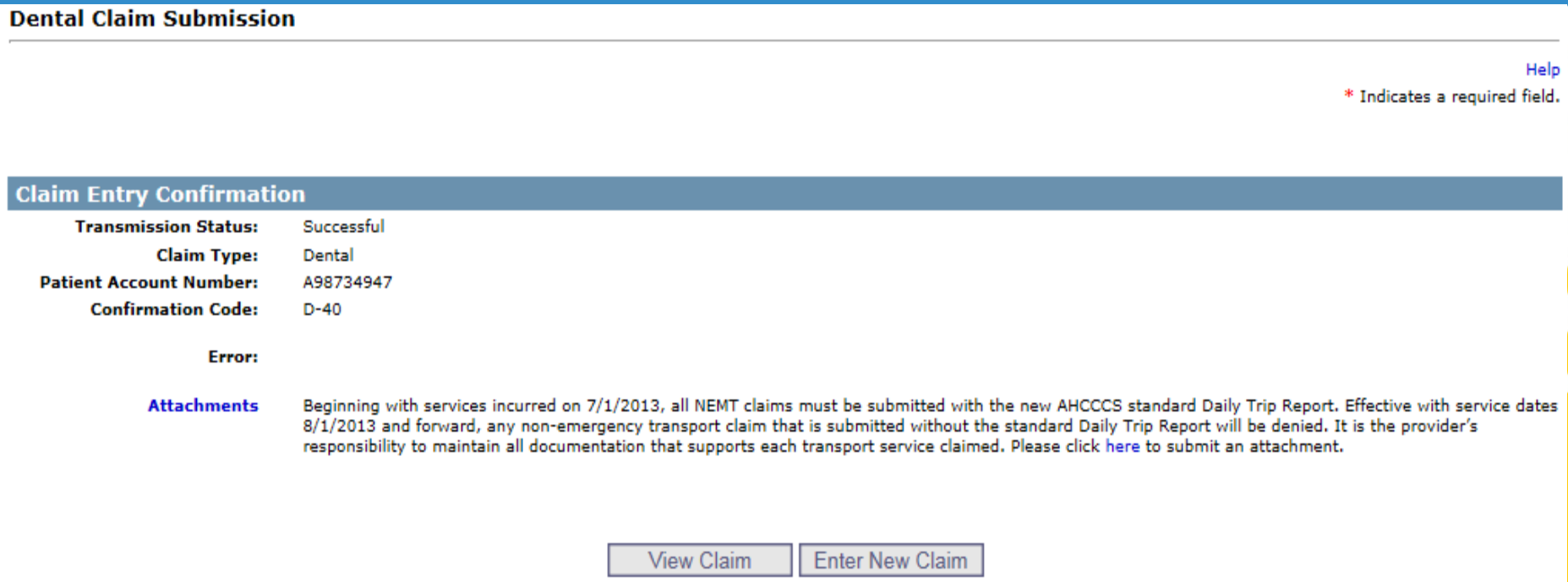
1	This is the Service Lines screen – fill out all the areas marked by red asterisks and additional information required specifically for Dental Claims (i.e. Principal Diagnosis code, Diagnosis Code Pointer, tooth number, and tooth surface)
2	Principal Diagnosis Code – Enter Principal Diagnosis Code
3	Service Date – Enter Service Date
4	ADA Procedure Code – Enter ADA Procedure Code



	Continuation in the Service Lines screen
5	Tooth Number – Enter Tooth Number
6	Tooth Surface – click the ▼ and choose from the list as needed for 1 through 5
7	Diagnosis Code Pointer – Select Principal
8	Click Add to complete the entry - you can enter additional lines, if needed



1	Click “Add” when you have completed entering all information under the Service Line section
2	At the bottom of the screen, the Service Line/s entered will populate, after which the Service Line section fields will clear allowing you to add another service line.
3	When the claim is completed, click Submit



1. This is the Claim Entry Confirmation screen
2. The Transmission status will let you know the claim was submitted successfully
3. You have 2 options: View Claim to give you a summary of the claim that will be sent to AHCCCS or Enter a New Claim

Questions?

Contact Information and Survey Link

ProviderTrainingFFS@azahcccs.gov

Claim Customer Service 602-417-7670

Option 4 – Claims

Option 5 – Provider registration

Option 6 – Fee For Service

Please take a few minutes to complete a survey on today's training session. We appreciate your feedback. Here is the survey link:
https://www.surveymonkey.com/r/CLBKXF6

Thank You.