



Online Prior Authorization Submission

May 17, 2018

12:00pm – 1:00pm



Authorization of Acute Services

Providers shall obtain PA from AHCCCS for medically necessary:

- Non-emergency transportation when the distance exceeds 100 miles
- Non-emergent/elective inpatient hospital admissions
- Inpatient hospital admissions for behavioral health (BH) treatment
- Elective surgeries
- Ambulatory surgery facilities services;
- Skilled nursing facility admissions
- Hospice services
- Home health services under A.R.S. §36-2907(D);
- Total parenteral nutrition services.
- Purchase of medical equipment >\$300.00 and supplies >\$100.00
- Services rendered at a non-I H S/638 facility by an HIS/638 provider are subject to FFS authorization requirements.

*Note: This is **not** a comprehensive list. For additional information please see:*

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08PriorAuthorizations.pdf

Authorization of Acute Services

The following **do not** require Prior Authorization:

- Emergency services
- Elective sterilization;
- Routine diagnostic imaging (X-rays, MRI, ultrasound)
- Evaluation and management services (physician office visits, specialist office visits)
- Outpatient dialysis
- Rehabilitative Therapies
- Services provided at an IHS or Tribal 638 facility to Title XIX members
- Non-pharmacy services provided at an IHS or Tribal 638 facility to Title XXI (KidsCare) members;
- There is a primary payer (Medicare, third party liability (TPL), or commercial insurance); or
- Services provided during periods of member retroactive eligibility.

*Note: This is **not** a comprehensive list. For additional information please see:*

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap08PriorAuthorizations.pdf

Preferred Method of Submission

- Use of the **AHCCCS Online Provider Web Portal** is the preferred method of authorization submission for Fee for Service authorization requests for acute services. Online submission allows PA staff to process authorization requests for NEMT, medical, and BH level 1 facility admission requests more efficiently.
- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pended authorization number, and use the attachment feature to upload the supporting documents directly with their requests. Facility face sheets and history and physical documentation must accompany all hospital requests.
- The status of prior authorizations should be checked using the Web Portal. To manage the volume of incoming authorization calls the area receives, prior authorization staff no longer provides authorization status or issues standard authorizations over the phone.
- Providers are encouraged to use the web portal to enter authorization requests for immediate access to a provisional authorization number that can be used to track authorization status. The ability to view authorization status online is delayed pending authorization entry for faxed authorization requests.
- **Note:** If submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.

Submission

Begin on the AHCCCS website at <https://www.azahcccs.gov/>



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

Grant Funds Expand Access to Opioid Treatment Programs



Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.



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Select
Plans/Providers tab



Google Custom Search



HOME

AHCCCS INFO

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AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

AHCCCS Online

Health Plans

- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Quality Assessment and Performance Improvement Strategy

New Providers

- Freestanding Emergency Department
- Provider Registration
- Provider Reenrollment
- Treat and Refer
- Minimum Subcontract Provisions
- Enrollment Fee

Current Providers

- Provider Website
- Provider Reenrollment
- CRS Referrals
- ALTCS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Proposition 206

Guides - Manuals - Policies

Rates and Billing

- Managed Care
- Fee-for-Service
- Copayments
- FQHC & RHC
- Hospital Presumptive Eligibility
- Hospital Reimbursement
- PCP Parity

Pharmacy

Targeted Investments

Log in to AHCCCS online

The screenshot shows the AHCCCS online login page. At the top, there is a navigation bar with the AHCCCS logo, a photo of diverse people, and the AZ.GOV logo. Below the navigation bar, there is a sidebar on the left with links for 'New Account', 'Hospital Assessment', and 'Health Plan Links'. The main content area contains a welcome message, a warning about account sharing, and a 'Sign In' form. The 'Sign In' form has fields for 'Username' and 'Password', and a 'Sign In' button. A blue callout box with arrows points to the 'Username' and 'Password' fields, and the 'Sign In' button. Below the form, there is a link for 'Forgot your Password?' and a note about password requirements. At the bottom, there is a warning about JavaScript being enabled in the browser.

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at **(602) 417-4451**.

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

***** ATTENTION! *****

Effective January 1, 2017, Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

***** ATTENTION! TERMS OF USE UPDATE *****

EFFECTIVE IMMEDIATELY - Please read the updated [Terms of Use](#) for AHCCCS Online. Your continued use of the site constitutes your acceptance of the amended agreement. IF YOU DO NOT AGREE WITH ANY PORTION OF THESE TERMS, YOU MUST CEASE YOUR ACCESS AND USE OF THE WEBSITE.

AHCCCS Online User Manuals

Sign In

Username

Password

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.

From the Menu toolbar, select prior authorization submission.

Menu
AIMH Services Program
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Provider Re-Enrollment/Revalidation
Targeted Investments Program

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the “Prior Authorization Submission” tab.

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non – Emergency Transportation > 100 miles

Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non – ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non – Surgical Procedures, e.g. PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

Prior Authorization Submission

Prior Authorization Search Screen

Prior Authorization Search

PA Recipient/Case Search

* Indicates a required field.

Enter all required information marked with the red asterisk.

Search System:* ACUTE ▾

Search By:* AHCCCS ID ▾

AHCCCS ID:* A98734947 (Ex. A12345678)

Service Provider ID:* 007835 ▾

Begin Date Of Service: (Format: MM/DD/YYYY)

End Date Of Service: (Format: MM/DD/YYYY)

Search Clear

Next click "search"

HINT: To obtain the maximum number of search results, provide data only for required fields.

Case List Screen

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider		
Provider ID: 007835	Provider Name: NEMT TEST	NPI:

Search Dates	
Begin Date: N/A	End Date: N/A

Case List							
Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	Update
00000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
00000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update

[Add New Case](#)

- There will either be no cases (if member is new) or several case numbers depending on the begin/end dates.
- If there are no cases listed, the same steps are taken as adding a new case when clicking "Add New Case"
- If you are requesting a PA and there are existing cases listed, you will select the case that falls within the time frame for the DOS.

Adding a New Case (Step 1)

Add New Case

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Fill in all required information (marked with red asterisks *)

⚠ Invalid/missing application data. Please correct and resubmit.
Please enter a valid AHCCCS ID (e.g. A12345678).
AHCCCS ID should be 9 digits.

Enter Case Information

* Indicates a required field.

AHCCCS ID:* A9873494_

Service Provider ID:* 007835

Provider Contact Name:* Albert Escobedo

Contact Phone Number:* 602-417-4562

Effective Begin Date:* 12/01/2017

Effective End Date:* 12/31/2017

Description:* Transportation

Enter the date you want the case to begin

Automatically defaults to end of year from begin date

Enter a description of service types provided (Ex. Transportation)

Next

Clear

Once all the information has been entered, select "Next"

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Verify

Add New Case

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Verify Case Information

AHCCCS ID: A98734947

Provider ID: 007835

Service Provider NPI:

Provider Contact Name: John Smith

Contact Phone Number: 602-123-4567

Effective Begin Date: 12/01/2017

Effective End Date: 12/31/2017

Description: Transportation

Submit

Edit

Verify that the information is correct, if not click on the edit button to make changes

Verify that the information is correct, and select "Submit"

Case List Screen

The phrase “Transaction Succeeded” will appear in red indicating that a new case list for this member was completed.

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Search Dates

Begin Date: N/A

End Date: N/A

Each case list will be assigned a case number

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
000000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update

Select the “Case No” of the PA request that you added

Add New Case

Adding a New Event (Step 2)

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider			
Provider ID: 007835	Provider Name: NEMT TEST	NPI:	

Recipient			
AHCCCS ID:	Name:	DOB:	Gender:

Case Detail			
Case No: 000000157	Begin Date:	End Date:	Status:

Event List			
No Records Found.			

Add New Event

Click on the "Add New Event" tab to begin the process of entering an event

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Add New Event Screen

Add New Event

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider			
Provider ID: 007835	Provider Name: NEMT TEST	NPI:	

Recipient			
AHCCCS ID: A98734947	Name:	DOB:	Gender:

Case Detail			
Case No: 000000157	Begin Date: 01/01/2017	End Date: 12/31/2017	Status: PENDED

Enter Event Information

* Indicates a required field.

Case No:*	<input type="text" value="000000157"/>
Event Type:*	<input type="text" value="OTHER TRANSPORT"/>
Recipient AHCCCS ID:*	<input type="text" value="A98734947"/>
Provider Contact Name:*	<input type="text" value="Albert Escobedo"/>
Contact Phone Number:*	<input type="text" value="602-417-4562"/>
Requested Begin Date:*	<input type="text"/>
Requested End Date:*	<input type="text"/>
Admit Date:	<input type="text"/>
Discharge Date:	<input type="text"/>
Diagnosis Code:*	<input type="text"/>
Description:	<input type="text"/>
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

Choose from the list of Event Types

- ACUTE PSYCHIATRIC INPATIENT
- BEHAVIORAL HEALTH INPATIENT
- BEHAVIORAL TRANSPORT
- DURABLE MEDICAL EQUIPMENT/SUPPLIES
- EXTENDED SERVICES
- INPATIENT
- MEDICAL
- OFF RESERVATION
- OTHER TRANSPORT
- OUTPATIENT
- PHARMACY
- PHYSICAL THERAPY
- RESERVATION TO RESERVATION
- SPECIAL RATE

Behavioral Health Inpatient
Now Available!

Enter Event Information

* Indicates a required field.

The system will auto populate some of the fields but all other required information MUST be filled out

Enter the dates of service here

(for transport, enter the date of the trip)

Enter the appropriate diagnosis code

Use the Description field to provide additional information about your PA request

Once all the information has been entered, click "Next"

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Event List

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Recipient

AHCCCS ID: A98734947

Name: TEST, MEMBER

DOB: 10/15/1949

Gender: M

Case Detail

Case No: 000000158

Begin Date: 01/01/2016

End Date: 12/31/2016

Status: PENDED

Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	OT	01/01/2016	01/01/2016		PENDED	PH009	R68.89	Update	Attachments

[Add New Event](#)

Lists of entered events will appear under the event list and is assigned a number which is placed in "sequence" order.

The phrase "Transaction Succeeded" will appear in red indicating that a new event list for this member was completed.

Click on "attachments" to submit attachments if needed.

Attachments

The screenshot shows the AHCCCS Attachments page. The browser address bar displays <https://www.azstatemedicaid.us/ProviderAuthorizationSubmission/Attachment.aspx?CaseId=...>. The page header includes the AHCCCS logo and the AZ.GOV logo. The main content area is titled "Attachments" and contains the following information:

- AHCCCS ID: A98724947
- Name: [Redacted]
- Case No: 000000157
- Begin Date: 01/01/2017
- Event Detail: Sequence No: 04, Service Begin Date: 02/10/2017, Service End Date: 03/11/2017, Status: PENDING

Below this information is a form with a "Request Type" dropdown menu and an "Upload Attachment" button. The "Request Type" dropdown is open, showing a list of options: Dental, DME, Home Health, Home Infusion, Hospice, Lodging/Meals, Medical (IP), Medical (OP), Observation, Reconsideration, SNF, Surgical Request, Transport, Transport Behavioral Health, Transport Medical, UR-Concurrent, and UR-Retro. The "Upload Attachment" button is highlighted with a red box and a callout.

Callouts on the page:

- A yellow callout box points to the "Browse" button with the text: "Click 'Browse' to find your document on your computer".
- A green callout box points to the "Request Type" dropdown with the text: "Select from the 'Request Types' available".
- A red callout box points to the "Upload Attachment" button with the text: "Click the 'Upload Attachment' tab".

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Recipient

AHCCCS ID: A98734947

Name: TEST, MEMBER

DOB: 10/15/1949

Gender: M

Case Detail

Case No: 000000158

Begin Date: 01/01/2017

End Date: 12/31/2017

Status: PENDED

Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	OT	12/06/2017	12/06/2017		PENDED	PH009	R68.89	Update	Attachments

Add New Event

Click on the "Sequence" number assigned to the event you entered.

**Note: There may be more than one event but to complete the current PA request, select the event you recently created.*

This will take you to the "Activity List Screen"

Add New Activity (Step 3)

Activity List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#) ..

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activity

Service provider			
Provider ID: 007835	Provider Name: NEMT TEST	NPI:	
Recipient			
AHCCCS ID: A98734947	Name:	DOB:	Gender:
Case Detail			
Case No: 000000157	Begin Date: 01/01/2017	End Date: 12/31/2017	Status: PENDED
Event Detail			
Sequence No: 04	Srv Begin Date: 03/10/2017	Srv End Date: 03/11/2017	Status: PENDED
Activity List			

No Records Found.

Add New Activity

To add activity details, select "add new activity"

If this is the first time adding an activity for this event, no records will appear.

Enter Activity Information

Non-Transportation

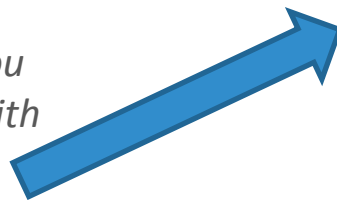
Depending on the provider type, one of these activity screens will appear

Transportation

Case Number:* 000000157
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4562
Sequence Number:* 04
Activity Type:* DRG
Activity Code:* HCPCS
Modifier: NOC - PHARMACY
REVENUE CODE
SPECIAL RATE
TIER
Allowed Units:* HCPCS & REVENUE CODE
Note: *

Case Number:* 000000157
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4562
Sequence Number:* 01
Activity Type:* HCPCS
Activity Code:*
Modifier:*
Allowed Units:*
Trip Count:*
Trip From
Site:*
Service:*
Trip To
Site:*
Service:*
Note:
Next Clear

** If your request is for transportation, you will have to add the Trip Counts along with the trip from site/service and trip to site/service*



Entering the Information

Enter Activity Information

* Indicates a required field.

Activity Code = Procedure Code

Modifier field is optional

For Transport
1 unit = one way
2 units = round trip and so fourth

Case Number:* 000000159
Provider Contact Name:* Albert Escobedo
Contact Phone Number:* 602-417-4062
Sequence Number:* 01
Activity Type:* HCPCS
Activity Code:* A0120
Modifier: TN
Allowed Units:* 2
Note: Enter Reasons for service

Next Clear

Click the down arrow in the Activity Code field and make your selection

Use the Note field to provide additional information about your PA request including description requirements.

Once all the information has been entered, click "Next"

Description Requirements for NEMT

- In order to obtain prior authorization for services the provider must provide AHCCCS with sufficient information to demonstrate that the member is being transported to an AHCCCS covered service.
- Prior authorization requests with insufficient or vague information regarding the reason will result in a request for additional information.

Adding Additional Activities

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	A0120	TN	2.000	0.000	PENED	PH009	7.2701	Update

Add New Activity

To add another Activity to the same event, click on the Add New Activity button.

Note:* For Transport you must have at least two activities, one for the **base and another for the **mileage**, see the following slides for instructions on how to fill-out the mileage portion of your PA request.

Transportation Only

Transport ONLY

Once you have completed the Activity for the base, click on the "Add New Activity" button and a new activity screen will appear.

For Transport
1 unit = one way
2 units = round trip and so fourth

The screenshot shows a web form for adding a new activity. The form fields and their values are:

- Case Number: 000000100
- Provider Contact Name: Albert Escobedo
- Contact Phone Number: 502-417-4362
- Sequence Number: 01
- Activity Type: HCPCS
- Activity Code: S0215
- Modifier: TN
- Allowed Units: 150.00
- Trip Count: 2

Below these fields are two sections for trip information:

- Trip From:** Site: ----SELECT---, Services: ----SELECT---
- Trip To:** Site: ----SELECT---, Services: ----SELECT---

At the bottom, there is a Note field and two buttons: Next and Clear.

Callouts from the form:

- A green box points to the Activity Code field: "Activity Code = Procedure Code"
- A red box points to the Modifier field: "Modifier field is optional"
- A purple box points to the Allowed Units field: "Enter the total mileage here"
- An orange box points to the Trip Count field: "For Transport 1 unit = one way 2 units = round trip and so fourth"

Part 2 on next slide

Trip From (Site)
Where you are picking up the member from

Click on the down arrow and make your selection

Trip from (Service)
The type of service the member will be receiving

Repeat process for trip to (site & service)

Use the Note field to provide additional information about the PA request

Once all required information has been entered, select "next"

The screenshot shows a web form with the following fields and options:

- Trip From:**
 - Site: * (Dropdown menu with "MISC." selected)
 - Service: * (Dropdown menu with "DIALYSIS CLINIC" selected)
- Trip To:**
 - Site: * (Dropdown menu with "PHOENIX" selected)
 - Service: * (Dropdown menu with "DIALYSIS CLINIC" selected)
- Note:** (Text input field)
- Buttons:** "Next" (circled in green) and "Clear"

Two dropdown menus are open on the right side of the form:

- Site:** A list of Arizona locations including BULLHEAD, CASA GRANDE, CHINLE, DILKON, FLAGSTAFF, FORT DEFIANCE, GANADO, **GLOBE** (highlighted), HOME, HOLBROOK, KAYENTA, KINGMAN, LAKE HAVASU, MISC., MOHAVE VALLEY, NEW MEXICO, NEVADA, PAYSON, PAGE, PHOENIX, PARKER, PRESCOTT, SAFFORD, SHOWLOW, TUBA CITY, TUCSON, TUBA CITY, UTAH, and WINSLOW.
- Service:** A list of medical services including ACUTE PSYCHIATRIC CENTRE, GROUP HOME, NEUROLOGIST, PSYCHOLOGIST, RESIDENTIAL TREATMENT CENTER, HOME, HOSPITAL, PHARMACY, DIAGNOSTIC/LAB/XRAY CLINIC, DENTIST, PHYSICIAN, CERTIFIED NURSE-MIDWIFE, PODIATRIST, PSYCHOLOGIST, OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST, SPEECH/HEARING THERAPIST, CHIROPRACTOR, RESPIRATORY THERAPIST, NURSING HOME, COMMUNITY/RURAL HEALTH CENTER, DME SUPPLIER, REHABILITATION CENTER, **DIALYSIS CLINIC** (highlighted), AMBULATORY SURGICAL CENTER, MENTAL HEALTH CLINIC, HOTELS, and HOSPITAL OUTPATIENT SURGERY.

PRIOR AUTHORIZATION REQUEST IS COMPLETE!

Verifying Status

Once logged in to AHCCCS online, click on “Prior Authorization Inquiry” in the menu bar.



Menu
AIMH Services Program
Claim Status
Claims Submission
EFT Enrollment
Member Verification
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Provider Re-Enrollment/Revalidation
Targeted Investments Program

PA Search

Prior Authorization: PA Search

Prior Authorization Search

- HINT: To obtain the maximum number of search results, provide data only for required fields.

* indicates required fields

Search System:	*	ACUTE	▼
Service Provider ID:	*	007835	▼
Recipient AHCCCS ID:		A98734947	
Case Number:			
Begin Date of Service:	*	03/21/2017	
End Date of Service:	*	12/31/2017	

Ex. A12345678
9 Digit Number
Format: MM/DD/YYYY
Format: MM/DD/YYYY

*End Date of Service format error: accepts dates in US format MM/DD/YYYY and no more than three months future date.

Enter all required fields marked with a red asterisk *

Once all the information has been entered, select "Next"

Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

PA Search

Prior Authorization: PA Search

Prior Authorization Search

• HINT: To obtain the maximum number of search results, provide data only for required fields.

* indicates required fields

Search System:* ACUTE

Service Provider ID:* 007835

Recipient AHCCCS ID: A98734947

Case Number:

Begin Date of Service:* 01/01/2016

End Date of Service:* 09/21/2017

Ex. A12345678
9 Digit Number
Format: MM/DD/YYYY
Format: MM/DD/YYYY

Each PA will have an assigned Case No.

After clicking search, you will see a list of PA's.

Case List

Total cases found: 2

Case NO	Recipient ID	Provider ID	Case Type	Case Status	Begin Date	End Date	Description
000000158	A98734947	007835	PRIOR AUTHORIZATION	P-PENDED	01/01/2016	12/31/2016	NON--EMERGENCY TRANSPORTATION
000000157	A98734947	007835	PRIOR AUTHORIZATION	P-PENDED	01/01/2017	12/31/2017	NON-EMERGENCY TRANSPORTATION

Click on Case NO to see further details.

Case Detail	
Case NO: 000000157 Case Type: PRIOR AUTHORIZATION	Case Status: P-PENDEd Effective Dates: 01/01/2017 12/31/2017

Service Provider	
Provider ID: 007835 Provider NPI:	Provider Name: NEMT TEST Provider Type: 28 NON-EMERGENCY TRANSPORTATION PROVIDERS

Recipient	
RECORD(S) NOT FOUND	

Event List

Total events found: 4

Seq No	Status	Type	Svc Begin Date	Svc End Date	Adm. Date	Requestor	Reason	Diag Code	Class Cat.	Cmt No.
01	P-PENDEd	OT	02/21/2017	02/21/2017		TEST	PH009-PA REVIEW REQUIRED	R68.89		
02	P-PENDEd	OT	03/01/2017	03/01/2017			PH009-PA REVIEW REQUIRED	R68.89		
03	P-PENDEd	OT	03/09/2017	03/09/2017		TRANSPORTATION	PH009-PA REVIEW REQUIRED	R68.89		
04	P-PENDEd	OP	03/10/2017	03/11/2017			PH009-PA REVIEW REQUIRED	R68.89		

Event List

- After clicking on “Case No” you will see a list of sequence numbers
- Click on “Seq No” to see the “Activity List”

Total events found: 4

Seq No	Status	Type	Svc Begin Date	Svc End Date	Adm. Date	Requestor	Reason	Diag Code	Class Cat.	Cmt No.
01	P-PENDEd	OT	02/21/2017	02/21/2017		TEST	PH009-PA REVIEW REQUIRED	R68.89		
02	P-PENDEd	OT	03/01/2017	03/01/2017			PH009-PA REVIEW REQUIRED	R68.89		
03	P-PENDEd	OT	03/09/2017	03/09/2017		TRANSPORTATION	PH009-PA REVIEW REQUIRED	R68.89		

Activity List for Seq=03

Line No	Activity Type	Activity Code	Status	HCPCS	Reason	Allowed Units	Unit Price
01	H	A0120	PENDEd	TN	PA REVIEW REQUIRED	2	\$7.27
02	H	S0215	PENDEd	TN	PA REVIEW REQUIRED	120	\$1.53

04	P-PENDEd	OP	03/10/2017	03/11/2017			PH009-PA REVIEW REQUIRED	R68.89		
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Activity List

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Status

Payment

- Receiving an authorization approval does not guarantee payment.
- The service for which the authorization was issued must be supported by medical documentation establishing medical necessity.
- In addition, the claim must meet all AHCCCS criteria including, but not limited to, clean claim and timely filing.

Please submit your questions
regarding this training to:

ProviderTrainingFFS@azahcccs.gov



Thank You.

