

January 9, 2024

Quick Training Guide

Prior Authorization Submission - Selecting the Correct Event Type

Medical and behavioral health authorizations for AHCCCS Fee-for-Service plan members must be submitted using the AHCCCS Online Provider Portal. Authorization status can also be viewed online. Detailed instructions on how to submit authorizations and how to check the status is available on the [DFSM Provider Training Webpage](#).

We have written this quick training guide to assist providers with selecting the correct **Event Type**. This document lists the Event type by the provider type and Activity details..

The PA submission process has three steps that must be completed by the provider before the review of the PA can begin. **(1) Create the case number, (2) Complete the Event Type (3) Complete the Activity Type (CPT/HCPCS/Revenue code).**

To avoid submitting an unnecessary PA request, providers can verify if the service requires a authorization via the [Fee-for-Service Prior Authorization Guidelines](#)

The Prior Authorization Process:

- Step 1: Check the client's eligibility.
- Step 2: Determine if a code or service requires Prior Authorization ([Fee-for-Service Prior Authorization Guidelines](#))
- Step 3: Submit a PA request via [AHCCCS Online Provider Portal](#)
- Step 4: Upload/Attach required documents directly to the PA case for review.
- Step 5: To check the status of an authorization use the **Prior Authorization Inquiry** tab.

Please note a prior authorization is not a guarantee of payment.

Service Type	Provider Type	Event Type	Activity Type	Corresponding Activity Code
(NEMT) Behavioral Health Transportation	28	Select event type BT - NEMT behavioral health transport.	Select H for HCPCS	Enter the appropriate Base and Mileage transportation codes. If the behavioral health diagnosis is unknown at the time the claim is submitted and or submission of the prior authorization request providers can use the following: <ul style="list-style-type: none"> • For behavioral health use ICD-10 code F99. • If the diagnosis is known, you must enter the appropriate diagnosis code on the PA and claim submission.
(NEMT) Medical / Physical Transportation	28	Select event type OT - NEMT medical/physical health transport.	Select H for HCPCS	Enter the appropriate Base and Mileage transportation codes. If the behavioral health diagnosis is unknown at the time the claim is submitted and or submission of the prior authorization request providers can use the following: <ul style="list-style-type: none"> • For medical/physical health use ICD-10 code R68.89 • If the diagnosis is known, you must enter the appropriate diagnosis code on the PA and claim submission.
Ambulance	06	Select event type - OT	Select H for HCPCS	Enter the appropriate HCPCS codes. <i>(Non-emergency ambulance services will require a prior authorization)</i>

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Ambulatory Surgery Center	43	Select event type OP- (ASC facility). Select event type MD for the surgeon's PA request.	Select H for HCPCS	Enter the appropriate HCPCS code. ASC facilities furnishing non-emergency surgical services must obtain a PA number for scheduled ambulatory surgery, except voluntary sterilization procedures and dialysis related services, including FES on Extended Services. The ASC facility's PA number is separate and distinct from the Surgeon's PA number. PA requirements may differ for these providers. To verify if the CPT code requires an authorization, check the FFS Prior Authorization Guide .
Behavioral Health Inpatient Admission Behavioral health diagnosis codes to include alcoholism that falls within this code range (F01 - F99) will be reimbursed at the daily psychiatric per diem rate and NOT at DRG.	B1,B2,B3,B5 B6, 71	Select event type BI (Behavioral health inpatient stay)	Select R for Revenue	Enter the appropriate revenue code for the level of care. The PA request will require documentation to include the Certificate of Need (CON) and Recertification of Need (RON) A Completed copy of the Certificate of Need (CON) must include the date of admission, signed by DO/MD and credentials and DO/MD name must be legible on the document. • The Certificate of Need (CON) is due within 72 hours of the admission. A Recertification of Need (RON) is required on the 4th covered day of the stay and must be provided weekly (7 days) thereafter until discharge. The RON can be signed by a Medical Doctor (MD), Doctor of Osteopath (DO), Nurse Practitioner (NP) and Physician's Assistant (PA).

Service Type	Provider Type	Event Type	Activity Type	Corresponding Activity Code
<p>Behavioral Health Inpatient Hospital Admission Acute care hospital.</p> <p>Behavioral health diagnosis codes to include alcoholism that falls within this code range (F01 - F99) will be reimbursed at the daily psychiatric per diem rate and NOT at DRG.</p>	02	Select event type BI for behavioral health inpatient	Select R for Revenue	<p>Enter the appropriate revenue code for the level of care. The PA request will require documentation to include the Certificate of Need (CON) and Recertification of Need (RON)</p> <p>A Completed copy of the Certificate of Need (CON) must include the date of admission, signed by DO/MD and credentials and DO/MD name must be legible on the document.</p> <ul style="list-style-type: none"> The Certificate of Need (CON) is due within 72 hours of the admission. <p>A Recertification of Need (RON) is required on the 4th covered day of the stay and must be provided weekly (7 days) thereafter until discharge. The RON can be signed by a Medical Doctor (MD), Doctor of Osteopath (DO), Nurse Practitioner (NP) and Physician's Assistant (PA).</p>
Behavioral Health Residential Facility (BHRF)	B8	Select event type BP - BHRF	Select H for HCPCS	<p>BHRF providers can only submit a PA for HCPCS code H0018. All services provided in the BHRF are included in the daily BHRF per diem rate.</p> <p>Required Documents Link: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/BHRFPriorAuthorizationDocumentation.pdf</p>
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Service Type	Provider Type	Event Type	Activity Type	Corresponding Activity Code
Dental Services (Dentist)	07	Select event type - MD	Select H for HCPCS if a surgical procedure code requires PA.	A PA is required for surgical services provided by a dentist to an adult age 21 years and older, only to the extent that such services may be performed under State law by either a physician or a dentist, and the services would be considered physician services if furnished by a physician. To verify if the CPT code requires an authorization, check the FFS Prior Authorization Guide .
Durable Medical Equipment	30	Select event type - DM for durable medical equipment and supplies.	Select H for HCPCS	Enter the appropriate HCPCS code. Monthly DME rentals do not overlap months under one PA sequence. The PA request must include the appropriate modifiers: <ul style="list-style-type: none"> • LL lease/rental • NR new when rented • NU new equipment • RA replacement of medical equipment and appliance item • RB replacement of part of a medical equipment and appliance To verify if the CPT/HCPCS code requires an authorization, check the FFS Prior Authorization Guide .
Hospice	35	OP- Non-inpatient hospice IP- Inpatient hospice	Select R for Revenue	Enter the appropriate Hospice revenue code based on the level of care (0651 - 0656)
Hospital Outpatient (facility) Surgery Request	02	OP- outpatient PA request for the facility	Select R for Revenue	Enter the appropriate CPT code. Date Span should cover the date of the outpatient surgery procedure to include Observation and or PACU days.
Inpatient Hospital Physical / Medical stay	02	Select event type IP for inpatient medical stay.	Select D for DRG.	Enter the appropriate revenue code for the level of care i.e.(200 ICU, 172 nursery, etc.)
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Service Type	Provider Type	Event Type	Activity Type	Corresponding Activity Code
Physical Therapist	14	Select event type PT	Select H for HCPCS	Enter the therapy CPT/HCPCS codes that require a prior authorization. To verify if the CPT code requires an authorization, check the FFS Prior Authorization Guide .
Podiatrist	10	Select event type MD (medical)	Select H for HCPCS	Enter the appropriate CPT /HCPCS. To verify if the CPT code requires an authorization, check the FFS Prior Authorization Guide .
Skilled Nursing Facility (Acute Fee-For-Service Members Only)	22	Select event type IP	Select R for Revenue	Enter the appropriate revenue code based on the level of care (0191 - 0194). AHCCCS covers medically necessary nursing facility services for Fee-For-Service acute care members, who have not been determined eligible for ALTCS services, for a period not to exceed 90 days per contract year (October 1 through September 30) .
Surgical Requests (Surgeon/Physician (applicable to any place of service)	08, 19	Select event type MD (medical)	Select H for HCPCS	Enter the appropriate CPT code. To verify if the CPT code requires an authorization, check the FFS Prior Authorization Guide .

