



**EVV SERVICE CONFIRMATION
PORTAL
USER MANUAL**

EFFECTIVE 10/1/2020

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EVV Service Confirmation Portal

EVV Service Confirmation Portal will allow for applicable providers to input and capture key data elements for defined services not submit to PA or CA165 Authorizations. The State's Electronic Visit Verification (EVV) system must comply with standards set forth by Centers for Medicare and Medicaid Services (CMS) to ensure the system meets the requirements of the 21st Century Cures Act. As part of the CMS certification process of the EVV system, the State must demonstrate the use of the EVV System supports the State to avoid payment for unauthorized or unapproved services by reconciling the linkage of providers, services, units and visits prior to claims payment. The Service Confirmation Portal is being required by AHCCCS to ensure compliance with the CMS requirements for EVV. More information on the EVV program may be found at www.azahcccs.gov/EVV.

Accessing the Portal - AHCCCS Online Website

The new EVV Service Confirmation Portal will only be available to a specific group of provider types. For provider types permitted to use the portal, the account administrator (Master account holder) will have the ability to grant system access to users. If the provider is not permitted to use the EVV Service Confirmation Portal, the "EVV Service Confirmations" option will not be visible in the list of sub-systems.

User Authorization

- AIMH Services Program
- Claim Status
- Claim Submission
- EFT Enrollment
- EVV Service Confirmations
- Member Verification
- Newborn Notification
- NewOperation
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Re-Enrollment/Revalidation
- Provider Verification
- Members Supplemental Data
- Targeted Investments Program

Users, who have been granted access to the EVV Service Confirmation Portal, log-in to the AHCCCS Online website and you will see the option under the "Menu" section.

To obtain access to AHCCCS Online Portal

<https://azweb.statemedicaid.us/Help/LearnMore.aspx>

To use the AHCCCS Online website, you must have an active account. Accounts are created by the user. They are not assigned by AHCCCS. To create an account, click on the [Register](#) link under the "New Account" menu. For assistance, please contact the AHCCCS Customer Support Group at **(602) 417-4451**.

There are two types of accounts that can be created with this system, MASTER Accounts and INDIVIDUAL Accounts. Both types of accounts will allow providers to view eligibility/enrollment information for any valid recipient in the system. However, providers will only be able to view claim status information for claims submitted by the provider under which the account is created, or an affiliated provider. For instance, creating an account under a Billing ID, rather than a Provider ID, will allow the account holder to view claims for all providers associated to the Billing ID. This association is often created for multiple providers using the same Tax ID. For privacy reasons, providers are restricted from viewing claims submitted by other providers, unless a provider group affiliation is established. Please contact AHCCCS Provider Registration at **602-417-7670 Option 5** for questions concerning provider group affiliation.

MASTER ACCOUNTS

The option to create a Master account is only available if no other master accounts have been created for the provider. A Master account has all the functionality of Individual accounts. However, a Master account holder will also have the ability to administer all the Individual accounts for the same provider. This provides an authorized representative from a provider, such as a supervisor or manager, the ability to monitor and maintain who can and cannot access information from the system. If you are not a representative from an AHCCCS contracted provider, please do not attempt to create an account.

- When the registration process is complete for a Master account, a letter will be generated and sent to the mailing address specified by the account holder. The account holder specifies the address by selecting one of the options in the drop-down list during the sign up process. The letter will contain the authentication code necessary to activate the Master account.
- If the Master account is not activated within 15 days of creation, it will be deleted from our system. Please keep in mind that during this time, no other Master accounts can be created. Therefore, please do not attempt to create a Master account unless you are authorized to do so since this will delay your setup process.
- If the Master account is not accessed for more than 90 days, the account will automatically be locked. The master account holder will receive email alerts, sent to the email address registered with the account, prior to the account being locked.
- There can be multiple Master accounts. To create additional Master accounts, an existing Master account holder simply promotes an Individual account to a Master.
- Once the Master account is activated, the Master account holder will have the ability to activate new Individual accounts.
- If an active Master account does not exist for a given provider, Individual accounts cannot be created. Master account holders who are planning to leave the organization should make sure to designate another account holder to a Master status to prevent disruption in service for the provider.
- All Master account holders will receive an email each time an Individual account is created. This email is sent to notify the Master that the account was created and is awaiting activation.

INDIVIDUAL ACCOUNTS

Individual accounts can be created regardless of whether a master account already exists for a provider. However, you cannot use an individual account until a master account holder activates it.

- When the registration process is complete for an Individual account, an email will be sent to the Master account holder(s) for the same provider, if a Master account exists. The purpose of the email is to notify the Master account holder(s) that a new Individual account has been created and is awaiting activation.
- The account will remain inactive for up to 120 days unless it is activated by a Master account holder. If 120 days pass, it will be deleted from our system.

NOTE: For questions or concerns regarding security to EVV Service Confirmation Portal or Providers listings, please open a ticket by email ISDCustomerSupport@azahcccs.gov with the details. The appropriate team will assist you.

Provider Types and Services

Provider Description	Provider Type	
Attendant Care Agency	40	
Behavioral Outpatient Clinic	77	
Community Service Agency	A3	
Fiscal Intermediary	F1	
Habilitation Provider	39	
Home Health Agency	23	
Integrated Clinic	IC	
Non-Medicare Certified Home Health Agency	95	
Private Nurse	46	
Service (Activity Code)	HCPCS Service Codes	DDD Focus Codes
Attendant Care	S5125	ATC
Companion Care	S5135	
Habilitation *	T2017	HAH, HAI
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299	
Direct Skilled Nursing Services	G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123	HN1, HNR
Nursing Care in Home	S9124	
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD
Companion Care	S5136 – effective 1/1/23	
Place of Service Description	POS Code	
Home	12	
Assisted Living Facility	13	
Other	99	

Service Record-Data Entry

EVV Service Confirmations

[Upload File](#)

Service Record Search

* Indicates required fields

AHCCCS ID:

* Service Provider ID:

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

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

Click the New button

Service Record

* Indicates required fields

* AHCCCS ID:

* Service Provider ID:

* Begin Date of Service: (Format: MM/DD/YYYY)

* End Date of Service: (Format: MM/DD/YYYY)

* Units:

* Activity Code:

Medical Necessity Determination Date: (Format: MM/DD/YYYY)

- The *AHCCCS ID* will be verified against the PMMIS Recipient sub-system. A record cannot be added if the member does not exist in PMMIS.
 - AHCCCS ID must be in proper format (Begin with "A", followed by 9 numeric values)
 - Will receive an error message if invalid or member does not exist
 - Will receive an error message if member enrollment is not active
 - Will receive an error message if member has multiple Health Plans for the time span provided. **Provider must submit separate records for each time span and health plan the member is enrolled in. See below error.**
- The *Service Provider ID* drop-down list will be populated with the provider ID associated to the user's account, along with any provider IDs affiliated with the

account holder's organization. However, the list will be restricted to only display provider IDs for specific provider types.

- The *Begin Date of Service and End Date of Service* are required fields and the *End Date of Service* cannot be greater than one year from the *Begin Date of Service*.
 - Valid Date Format MM/DD/YYYY
 - Will receive an error if invalid date is entered
- The Units must be a numeric value, not to exceed 999,999.
 - Will receive an error if invalid number entered
- The *Activity Code* drop-down list will be populated with codes approved for the EVV system. The list of activity codes (HPCPS) will be restricted to a limited set of values.
- The Medical Necessity Determination Date must be a valid date in MM/DD/YYYY format.
 - Will receive an error if invalid date is entered

EVV Service Confirmations

Upload File

Service Record

* Indicates required fields

* AHCCCS ID:

* Service Provider ID:

* Begin Date of Service: (Format: MM/DD/YYYY)

* End Date of Service: (Format: MM/DD/YYYY)

* Units:

* Activity Code:

Medical Necessity Determination Date: (Format: MM/DD/YYYY)

*This member is enrolled in multiple health plans for the specified service dates. Please submit one record per health plan.

HP ID	Begin Date	End Date
110306	01/01/2021	01/31/2021
110306	02/01/2021	07/31/2021
110306	08/01/2021	08/31/2021
110306	09/01/2021	

Next Clear

EVV Service Confirmations

Upload File

Service Record

* Indicates required fields

* AHCCCS ID:

* Service Provider ID:

* Begin Date of Service: (Format: MM/DD/YYYY)

* End Date of Service: (Format: MM/DD/YYYY)

* Units:

* Activity Code:

Medical Necessity Determination Date: (Format: MM/DD/YYYY)

*End Date of Service format error: accepts dates in US format MM/DD/YYYY and one year in a future date.

Next Clear

EVV Service Confirmations

Upload File

Service Record

* Indicates required fields

* AHCCCS ID:

* Service Provider ID:

* Begin Date of Service: (Format: MM/DD/YYYY)

* End Date of Service: (Format: MM/DD/YYYY)

* Units:

* Activity Code:

Medical Necessity Determination Date: (Format: MM/DD/YYYY)

*The Dates Interval should be >= 0 and End Date of Service cannot be greater than 1 year from the Begin Date of Service

Next Clear

NOTE: * indicates required fields. The AHCCCS ID, Service Provider ID, Begin Date of Service,

End Date of Service, Units and Activity Code fields are required. All other fields are optional.

Service Record – Confirmation page

Step 1



EVV Service Confirmations Upload File

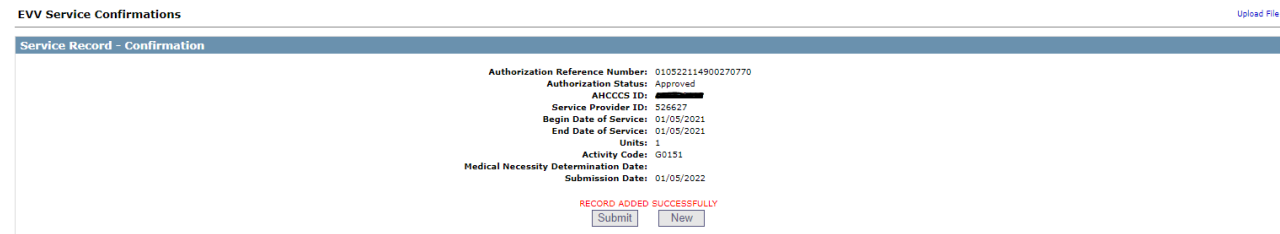
Service Record - Confirmation

AHCCCS ID: [REDACTED]
 Service Provider ID: 526627
 Begin Date of Service: 01/05/2021
 End Date of Service: 01/05/2021
 Units: 1
 Activity Code: 00151
 Medical Necessity Determination Date: 01/05/2022
 Submission Date: 01/05/2022

After the data has been entered, the user must verify and confirm the information before submitting the record. If the data needs correction, the “Edit” button can be clicked to return to the previous data entry page.

Once the data is confirmed, the “Submit” button can be clicked to submit a record. You can submit a record one by one or you can upload a file. Upload File feature can be found on page 8.

Step 2



EVV Service Confirmations Upload File

Service Record - Confirmation

Authorization Reference Number: 010522114900270770
 Authorization Status: Approved
 AHCCCS ID: [REDACTED]
 Service Provider ID: 526627
 Begin Date of Service: 01/05/2021
 End Date of Service: 01/05/2021
 Units: 1
 Activity Code: 00151
 Medical Necessity Determination Date: 01/05/2022
 Submission Date: 01/05/2022

RECORD ADDED SUCCESSFULLY

The Authorization Reference Number and the Authorization Status fields will only display when the record has been successfully written to PMMIS. The Authorization Reference Number is comprised of 3 parts: date of submission (MMDDYY), time of submission (HHMMSS) and Web User ID. This is used to uniquely identify each record and to link the PMMIS record to the AHCCCS Online account holder.

EVV Provider Contact Information



Main | FAQ | Terms Of Use | LogOut | Reaching across Arizona to provide comprehensive, quality health care for those in need.

EVV Service Confirmations EVV Provider Contact Information | Upload File

Service Record Search

* Indicates required fields

AHCCCS ID:

* Service Provider ID: --SELECT--

Begin Date of Service: (MM/DD/YYYY)

End Date of Service: (MM/DD/YYYY)

Search provider contact information by selecting a Provider ID from the dropdown list

Provider Contact Information

Please select the Provider ID for which the contact information needs to be added or updated.

AHCCCS Provider ID: --SELECT--

If the provider contact information already exists, the system will populate the existing data in a grid

Provider Contact Information

Please select the Provider ID for which the contact information needs to be added or updated.

AHCCCS Provider ID: 000001

	First Name	Last Name	Street 1	Street 2	City	State	Zip	Zip4	County	Phone	Fax	Email	Begin Date	End Date
<input type="button" value="Edit"/>	TESTF	TESTL	STE 400	3003 N CENTRAL AVE	PHOENIX	AZ	85012		MARICOPA	602-685-6000		TEST@AZAHCCCS.GOV	06/01/2055	

Users can click on the **Edit** button to modify the record. The **Provider ID** and **Begin Date** are not editable

Add/Update Provider Contact Information

* Indicates required fields

AHCCCS Provider ID: 000001

* Contact First Name:

* Contact Last Name:

* Street Line 1:

Street Line 2:

* City:

* State:

Zip: Zip+4:

* County:

* Contact Phone: - -

Contact Fax: - -

* Contact Email:

Begin Date:

End Date: (MM/DD/YYYY)

If there is no contact information for the provider or the user decides to add a new one, the system will allow the user to enter the data element values.

Add/Update Provider Contact Information

* Indicates required fields

AHCCCS Provider ID: 000001

* Contact First Name:

* Contact Last Name:

* Street Line 1:

Street Line 2:

* City:

* State:

Zip: Zip+4:

* County:

* Contact Phone: - -

Contact Fax: - -

* Contact Email:

* Begin Date: (MM/DD/YYYY)

End Date: (MM/DD/YYYY)

Enter the information values and click the **Next** button

Add/Update Provider Contact Information

* Indicates required fields

AHCCCS Provider ID: 000001

* Contact First Name:

* Contact Last Name:

* Street Line 1:

Street Line 2:

* City:

* State:

Zip: Zip+4:

* County:

* Contact Phone: - -

Contact Fax: - -

* Contact Email:

* Begin Date: (MM/DD/YYYY)

End Date: (MM/DD/YYYY)

User can verify the values and submit it

Add/Update Provider Contact Information

AHCCCS Provider ID: 000001

Contact First Name: TESTF

Contact Last Name: TESTL

Street Line 1: STE 400

Street Line 2: 3003 N CENTRAL AVE

City: PHOENIX

State: AZ

Zip: 85012

County: MARICOPA

Contact Phone: 602-685-6000

Contact Fax:

Contact Email: TEST@AZAHCCCS.GOV

Begin Date: 06/01/2055

End Date: 12/31/2055

Submission confirmation

Add/Update Provider Contact Information

AHCCCS Provider ID: 000001
 Contact First Name: TESTF
 Contact Last Name: TESTL
 Street Line 1: STE 400
 Street Line 2: 3003 N CENTRAL AVE
 City: PHOENIX
 State: AZ
 Zip: 85012
 County: MARICOPA
 Contact Phones: 602-685-6000
 Contact Fax:
 Contact Email: TEST@AZAHCCCS.GOV
 Begin Date: 06/01/2055
 End Date: 12/31/2055

TRANSACTION SUCCEEDED. RECORD(S) SUCCESSFULLY CHANGED

New

Service Record Data - Bulk Entry Upload File Function of the EVV Service Confirmation

To upload a file, click on the [Upload File](#) button in the upper right hand corner of the EVV Service Confirmation page. EVV File Upload page is displayed.

EVV Service Confirmations [Upload File](#)

Service Record Search

* Indicates required fields

AHCCCS ID:

* Service Provider ID:

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

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

The [Help](#) link allows a “show/hide” collapsible [Help](#) information with file format and filing details:

EVV Service Confirmations

EVV File Upload [Help](#)

Valid File Type: A comma-separated values (CSV) file is a delimited text file that uses a comma to separate values. Each line of the file is a data record. Each record consists of 7 fields, separated by commas.
 Ex: A00100110,577747,11.05/01/2020,05/20/2020,05/20/2020,H2014 (no spaces between fields)

File Format:	Column	Field Description	Required Y/N	Max Size	Format/Type
	1	AHCCCS ID	Y	9	alpha/numeric (AHCCCS ID must exist in the system)
	2	Service Provider ID	Y	6	numeric (Provider ID must exist in the system)
	3	Units	Y	6	numeric
	4	Begin DOS	Y	10	Date (Format MM/DD/YYYY) the date cannot be more than one year in the future)
	5	End DOS	Y	10	Date (Format MM/DD/YYYY) the date cannot be more than one year in the future)
	6	Medical Necessity Determination Date	N	10	Date (Format MM/DD/YYYY)
	7	Activity Code	Y	5	alpha/numeric (Activity Code must exist in the system)

File Size: The maximum number of records allowed in each file is 500. Files containing more than 500 records will be rejected.

How to Upload: To upload your file, please follow the steps below:
 • Click on the [Browse](#) button, select the file you are uploading and click Open. The file name will appear in the textbox to the left of the [Browse](#) button. Click on the [Upload CSV File](#) button to start the upload process.
 • If the file was accepted, a message will appear, "The file MyFile.csv was uploaded."

How to Submit: After the csv file is successfully uploaded without errors, click the [Submit](#) button. If errors are encountered during the upload process, the [Submit](#) button will be disabled and the errors posted on the website. To correct the errors, the records in the file must be rectified and uploaded again. Once the file passes all validation checks and no errors are found, the [Submit](#) button will be enabled. In order to successfully submit records to AHCCCS, all records in the file must pass the validation checks. Upon successful submission of the records, the message, "The following records were successfully submitted" will be displayed and the Authorization Reference Number will be assigned to each record.

Once the csv file records are successfully imported to PMMIS system, the *Authorization Reference Number* is dynamically generated.

Testing of the File: A provider can test the Bulk Upload File prior to production submission. This will ensure the file is in compliance for smooth processing. Please submit the Test File to Julie.Nieder@azahcccs.gov for processing and feedback of approval or proper changes that need to occur.

EVV Service Confirmations

EVV File Upload Help

The following records were successfully submitted.

Row ID	Authorization Reference Number	Status	AHCCCS ID	Service Provider ID	Begin Date of Service	End Date of Service	Units	Activity Code	Mod 1	Mod 2	Mod 3	Mod 4	Medical Necessity Determination Date	Submission Date
1	052020082025259391	A		577747	05/01/2020	05/20/2020	10	G0151	TR				05/20/2020	05/20/2020
2	052020082026259391	A		577747	05/01/2020	05/20/2020	10	G0151	BL				05/20/2020	05/20/2020
3	052020082027259391	A		577747	05/01/2020	05/20/2020	11	H2014	LL	T5	T6	T7	05/20/2020	05/20/2020

Validation of the csv file records:

The error highlighted will provide the error information and the row number of the record that has an error, which is associated with the information listed below in blue. Need to correct the records within the file and then upload a correct file.

To upload a file successfully, every record that has an error must be corrected. You will receive a message the file was uploaded when successful. The details of each record that was uploaded will be displayed below in blue for verification purposes.

EVV Service Confirmations

EVV File Upload Help

The file **evv_comma_err.csv** was not accepted. Please fix the errors below.

Records cannot be submitted. Please correct the following records in the file before uploading the file again.

Row ID	Error Message
1	552961 Invalid Service Provider ID; H0018xx Invalid Activity Code.
3	A9700007X Invalid AHCCCS ID; 000051 Invalid Service Provider ID; BB Invalid Modifier 2 Code.

Row ID	AHCCCS ID	Service Provider ID	Begin Date of Service	End Date of Service	Units	Activity Code	Mod 1	Mod 2	Mod 3	Mod 4	Medical Necessity Determination Date
1		552961	01/01/2020	04/12/2020	11	H0018xx	LL				01/01/2020
2		577747	04/01/2020	04/08/2020	0	G0151	TR				04/08/2020
3		000051	04/01/2020	04/08/2020	0	G0151	AA	BB	CC	DD	04/08/2020

Additional Validation information:

- The *AHCCCS ID* will be verified against the PMMIS Recipient sub-system. A record cannot be added if the member does not exist in PMMIS.
- The *Service Provider ID* will be verified with the provider ID associated to the user's account, along with any provider IDs affiliated with the account holder's organization.
- The *Activity Code* will be verified with codes approved for the EVV system.
- The *Modifier* code must be a valid code in the PMMIS Reference sub-system. A record cannot be added if the modifier code does not exist in PMMIS.
- The *AHCCCS ID*, *Service Provider ID*, *Begin Date of Service*, *End Date of Service* and *Activity Code* fields are required. All other fields are optional.

Click the “Submit” button and the user will receive a message the file was successfully submitted to AHCCCS.

EVV Service Confirmations

EVV File Upload Help

The following records were successfully submitted.

										Medical Necessity				
										Determination	Submission			
Row ID	Authorization Reference Number	Status	AHCCCS ID	Service Provider ID	Begin Date of Service	End Date of Service	Units	Activity Code	Mod 1	Mod 2	Mod 3	Mod 4	Date	Date
1	052020082025259391	A		577747	05/01/2020	05/20/2020	10	G0151	TR				05/20/2020	05/20/2020
2	052020082026259391	A		577747	05/01/2020	05/20/2020	10	G0151	BL				05/20/2020	05/20/2020
3	052020082027259391	A		577747	05/01/2020	05/20/2020	11	H2014	LL	T5	T6	T7	05/20/2020	05/20/2020

Service Record – Search page

EVV Service Confirmations

Service Record Search

* Indicates required fields

AHCCCS ID:

* Service Provider ID:

Begin Date of Service:

End Date of Service:

(Format: MM/DD/YYYY)

(Format: MM/DD/YYYY)

Records found: 55

Authorization Reference Number	Status	AHCCCS ID	Service Provider ID	Service Provider Type	Begin Date of Service	End Date of Service	Units	Activity Code	Modifier	Medical Necessity Determination Date	Submission Date
022520111938_259391	APPROVED		577747	IC			12	S5125	AB		
022520132725_259391	APPROVED		577747	IC			23	S5125	AA		
022520140709_259391	APPROVED		577747	IC	11/25/2017	02/25/2020	13	S5130	BB	02/25/2020	02/25/2020
022620141034_259391	APPROVED		577747	IC	11/26/2017	02/26/2020	13	T1021	AB	02/26/2020	02/26/2020
022620144854_259391	APPROVED		577747	IC	11/26/2017	02/26/2020	13	T1021	AB	02/26/2020	02/26/2020
022620192506_259391	APPROVED		577747	IC	11/26/2017	02/26/2020	22	S5150	BB	02/26/2020	02/26/2020
022820143144_259391	APPROVED		577747	IC	01/03/2020	03/31/2020	11	S5125	RR	02/28/2020	02/28/2020
022820143205_259391	APPROVED		577747	IC	01/03/2020	03/31/2020	11	S5125	RR	02/28/2020	02/28/2020
022820143429_259391	APPROVED		577747	IC	01/03/2020	03/31/2020	11	S5125	RR	02/28/2020	02/28/2020
030220064142_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	11	S5151	BB	03/02/2020	03/02/2020
030220064830_259391	APPROVED		577747	IC	01/03/2020	03/31/2020	11	S5125	CC	02/28/2020	02/28/2020
030220065439_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	11	S5151	BB	03/02/2020	03/02/2020
030220065716_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	11	S5151	BB	03/02/2020	03/02/2020
030220070156_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	11	S5151	BB	03/02/2020	03/02/2020
030220070223_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	11	S5151	BB	03/02/2020	03/02/2020
030220072540_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	22	G0153	SS	03/02/2020	03/02/2020
030220073945_259391	APPROVED		577747	IC	03/02/2020	03/02/2020	22	G0153	SS	03/02/2020	03/02/2020
030220074421_259391	APPROVED		577747	IC	01/03/2020	03/31/2020	11	S5125	CC	02/28/2020	02/28/2020
030220081402_259391	APPROVED		577747	IC			22	G0153	SS	03/02/2020	03/02/2020

The Service Provider ID drop-down list will contain the account holder’s provider ID and any active affiliated providers whose provider type is permitted to use the system. This can be an NPI or AHCCCS Provider ID and is required (*).

Other ways to search, to narrow down the results, are by Member’s AHCCCS ID and/or date of service.

NOTE: * indicates required fields

Edit a Service Record

Search for the record you want to edit by entering the proper data elements in the Service Record Search and click “Search”.

Find the Authorization Reference Number to Edit and select the **Edit** to the left of the Authorization Reference Number.

EVV Service Confirmations

Service Record Search

* Indicates required fields

AHCCCS ID:

* Service Provider ID:

Begin Date of Service:

End Date of Service:

Records found: 6

	Authorization Reference Number	Status	AHCCCS ID	Service Provider ID	Service Provider Type	Begin Date of Service	End Date of Service	Units	Activity Code
Edit	092820185610270757	APPROVED	A35324016	526627	40	01/02/2021	01/02/2022	10	H2014
Edit	011121085509270770	APPROVED	A35324016	526627	40	01/11/2021	12/30/2021	15	G0151
Edit	011321065808270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014
Edit	011321065937270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014
Edit	011321070112270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014
Edit	011321143118270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014

The fields that can be changed:

- Begin Date of Service
- End Date of Service
- Units
- Modifier Codes – effective 12/16/2021 modifier codes have been removed.

Once you changed the data elements needed, click **Update** to the left of the record you modified. You can also **Cancel**, if needed.

Reaching across Arizona to provide comprehensive, quality health care for those in need.

EVV Service Confirmations Upload File

Service Record Search

* Indicates required fields

AHCCCS ID:

* Service Provider ID:

Begin Date of Service:

End Date of Service:

Records found: 6

	Authorization Reference Number	Status	AHCCCS ID	Service Provider ID	Service Provider Type	Begin Date of Service	End Date of Service	Units	Activity Code	Mod 1	Mod 2	Mod 3	Mod 4	Medical Necessity Determination Date	Submission Date
Update Cancel	092820185610270757	APPROVED	A35324016	526627	40	01/02/2021	01/02/2022	10	H2014	TS	LL			12/15/2019	09/28/2020
Edit	011121085509270770	APPROVED	A35324016	526627	40	01/11/2021	12/30/2021	15	G0151	LL				11/06/2020	01/13/2021
Edit	011321065808270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014					11/06/2020	01/13/2021
Edit	011321065937270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014					11/06/2020	01/13/2021
Edit	011321070112270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014	↓	↓	↓		11/06/2020	01/13/2021
Edit	011321143118270770	APPROVED	A10999907	526627	40	11/06/2020	11/06/2020	25	H2014	LL	TS			11/06/2020	01/13/2021

NOTE: Effective 12/16/2021 system changes:

1. Modifiers removed
2. Member enrollment match to PMMIS – if no enrollment=error; if multiple Health Plans=must submit separate records for health plans based on begin/end dates

Service Record – Flow Chart

